

APPOINTMENT OF COUNSEL FOR CPEB EVALUEE

SECTION I - COUNSEL

NAME OF COUNSEL (Last, First, Middle)

GRADE OR RATE

SOCIAL SECURITY NUMBER

QUALIFICATIONS OF COUNSEL (If nonlawyer is checked complete Section II.)

ATTORNEY LAW SPECIALIST NONLAWYER

NAME OF UNIT

AREA CODE AND TELEPHONE NUMBER

IN accordance with Section 4-B, COMDTINST M1850.2, you are hereby appointed Counsel and you are required to assist the Evaluatee named below in arriving at a decision regarding the findings and recommended disposition of CPEB No. _____ dated _____.

Your attention is directed to the provisions of COMDTINST M1850.2 and current directives relating to disability separation proceedings which outline your specific duties as counsel.

SECTION II - CERTIFICATION OF NONAVAILABILITY OF LAWYER COUNSEL

I HEREBY CERTIFY THAT AN ATTORNEY OR LAW SPECIALIST OF MY STAFF IS NOT AVAILABLE AT THIS TIME TO SERVE AS COUNSEL TO THE EVALUEE NAMED BELOW:

DATE

SIGNATURE AND TITLE

SECTION III - EVALUEE

NAME OF EVALUEE (Last, First, Middle)

GRADE OR RATE

SOCIAL SECURITY NUMBER

ADDRESS WHERE EVALUEE MAY BE REACHED (Include ZIP Code)

TELEPHONE NUMBER

SECTION IV - APPOINTING OFFICER

TYPED NAME AND GRADE OF APPOINTING OFFICER

SOCIAL SECURITY NO.

SIGNATURE OF APPOINTING OFFICER

DATE RECEIVED BY COUNSEL

SIGNATURE OF COUNSEL