

**CONFINEMENT ORDER**

Name (Last, First, M.I.)	SSN	Rate/Grade	Branch Service
Ship or Organization		Date	

**STATUS**

Detained (Alleged violation of UCMJ Articles)	Confined as result of <input type="checkbox"/> VACATED SUSPENSION  <input type="checkbox"/> NJP <input type="checkbox"/> SCM <input type="checkbox"/> SPCM <input type="checkbox"/> GCM																		
Charges and Specification Convicted Of																			
Sentence Adjudged: _____ Date _____																			
If Sentence Deferred, Date Deferment Terminated: _____																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">SENTENCE APPROVED</th> <th style="width:33%;">APPROVED BY</th> <th style="width:34%;">DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td>CA</td> <td> </td> </tr> <tr> <td> </td> <td>SA</td> <td> </td> </tr> <tr> <td> </td> <td>NCMR</td> <td> </td> </tr> <tr> <td> </td> <td>USCMA</td> <td> </td> </tr> <tr> <td> </td> <td>OTHER</td> <td> </td> </tr> </tbody> </table>		SENTENCE APPROVED	APPROVED BY	DATE		CA			SA			NCMR			USCMA			OTHER	
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	CA																		
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	OTHER																		
"I have been informed that I am being confined for the above alleged offense(s)"  _____ Date _____ Signature of Accused _____  _____ Date _____ Signature of Witness _____																			

Pre Trial Confinement Necessary -

BECAUSE OF THE SERIOUSNESS OF THE OFFENSE CHARGED

TO ENSURE THE PRESENCE OF THE ACCUSED AT THE TRIAL

Remarks Section

For Article 86 Offense Only

SURRENDERED (VOLUNTARY RETURN)

APPREHENDED BY CIVIL/MILITARY AUTHORITIES

Confinement Directed At	
Hour	Date

Typed Name/Rank/Title \_\_\_\_\_

Signature \_\_\_\_\_

**MEDICAL CERTIFICATE**

The above named individual was examined by me at \_\_\_\_\_ on \_\_\_\_\_ and found to be  
 (Hour) (Date)

FIT     UNFIT for Confinement. The following irregularities were noted during the examination; (if none, so state):

Typed Name/Rank/Title \_\_\_\_\_

Signature \_\_\_\_\_

**RECEIPT FOR PRISONER**

The above named individual was received at \_\_\_\_\_  
 (Name of Correctional Center)

at \_\_\_\_\_ on \_\_\_\_\_  
 (Hour) (Date)

Typed Name/Rank/Title \_\_\_\_\_

Signature \_\_\_\_\_