Prescribed by: DoDI 1030.02 CUI (when filled in)										
NOTIFICATION TO VICTIM/WITNESS OF PRISONER STATUS (This form is exempt from Freedom of Information Act release.)										
Disclosure of this information is ve the DD Form 2704 to be notified of form contains personally identifiat	of prisoner's initial ent	try into confin	de basic inforn nement and of	f any status cha	anges in acco	oner's status to vict ordance with DoDI	tims and witne 1030.02. Wh	esses who elected on en completed, this		
EXPLANATION: This form is bein 2704, to be notified. The correction changes in accordance with DoDI	onal facility holding the	e prisoner mu	ust promptly n	notify victims ar	nd witnesses					
		SE	CTION 1 - C	DISTRIBUTIC						
1. TO: (Victim or Witness)				· ·			linator at Corre	ectional Facility/Brig)		
a. NAME (Last, First, Middle Initia	- ,			a. NAME (Last, First, Middle Initial)						
b. STREET ADDRESS (Include a	apartment no.)			b. STREET ADDRESS (Include apartment no.)						
c. CITY	d. STAT	E e. ZIP	P CODE	c. CITY	Y		d. STATE	e. ZIP CODE		
f. TELEPHONE NUMBER (Include area code)				f. TELEPHONE NO. (Include area code) g. EMAIL						
SECTIC	ON 2 - PRISONER	RELEASE	ELIGIBILIT	Y DATE AND	DISPOSIT		EARINGS			
3. PRISONER NAME (Last, First,		REGISTRATION NUMBER		5. MINIMUM RELEASE DAT (YYYYMMDD)						
7. SCHEDULED CORRECTIONAL FACILITY BOARD DATE (YYYYMMDD) 8. PAROLE ELIGIBILIT (YYYYMMDD)				DATE	TE 9. CLEMENCY E (YYYYMMDD)			LIGIBILITY DATE		
10. ADDRESS OF CORRECTIONAL FACILITY/BRIG DISPOSITION BOARD										
NOTE 1: Prior to the Service Cler submissions. NOTE 2: You may submit docume Statement to the Board, please m This board reviews all Victim Impa adds its recommendation to the c Parole Board. NOTE 3: Victim Impact Statemen NOTE 4: The facility Victim/Withe	nentation to the Facility nail it to the above add vact Statement(s) in th case file and the entire nt(s) concerning U.S. I ess Coordinator will no	y Disposition dress as soor ne original me e record, inclu Navy and Ma otify you in ac	n Board when t on as possible. edia in which t luding the Victi arine Corps Pe dvance of the	the prisoner is . Your stateme they were subn tim Impact Stat ersonnel will be	scheduled to ent may be su nitted. Upon ement(s), wh e submitted d	appear. If you we ubmitted in the forn review of all the in nich are forwarded lirectly to the U.S. I	ould like to sub n of a letter, or nformation ava to the Service Naval Clemen	omit a Victim Impact r electronic media. ilable, the board Clemency and cy and Parole Board.		
11. ADDRESS OF SERVICE CLE	EMENCY AND PARC)LE BOARD	1							
NOTE 1: If you wish to appear at this Service board, you must obtain approval 30 days prior to the scheduled board date by contacting the appropriate Service board: US Air Force: 1-240-612-5409; US Army: 1-703-571-0535/0532; US Navy/US Marine Corps: 1-202-685-6338/6632; US Coast Guard 1-785-357-3450. SECTION 3 - CHANGE IN PRISONER STATUS										
12. PRISONER'S SENTENCE TO						<u>.</u>				
13. PRISONER HAS BEEN APP	ROVED FOR (X and	complete as	applicable)							
a. CLEMENCY (Date - YYYYMMDD)	1MDD)	MDD) C. MSR (Date - YYYYMM)		d. RESTORATION TO (Date - YYYYMMD)			OTHER (Date - YYYYMMDD)			
f. NAME OF U.S. PAROLE/PROBATION OFFICER (Last, First, Middle Initial) g. TELEPHONE NUMBER (Include area code)								ea code)		
15. ESCAPE (If applicable)	DATE (YYYYMMDD)	b. RECAPT	FURE DATE ((YYYYMMDD)	c. RECONF	FINEMENT LOCA	TION			
16. TRANSFER (YYYYMMD		b. FACILIT	Y NAME		c. ADDRES	SS (Include Zip Co	de)			

DD FORM 2705, MAR 2023

(If applicable)

PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: OUSD(P&R) Page 1 of 2 CUI Category: CRIM HISTORY LDC: FEDCON POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil

CUI (when filled in)

	RISONER DECEASED	40 TEMPODADY	a. DATE BEGAN	a. DATE TERMINA	IED	c. SPECIFY TYPE						
(Y	YYYMMDD)	18. TEMPORARY PAROLE (If applicable)	(YYYYMMDD)	(YYYYMMDD)								
		SECT	ION 4 - TERMIN	ATION/SUSPENSI	ON C	DF NOTIFICATION						
19. THE ABOVE NAMED PRISONER STATUS NOTIFICATIONS HAVE BEEN (X) TERMINATED SUSPENDED DUE TO:												
a. REQUEST BY YOU b. OTHER (Specify)												
SECTION 5 - POINT OF CONTACT INFORMATION												
	NAME OF VICTIM/WIT		COORDINATOR	b. GRADE	c. Sl	GNATURE	d. DATE SIGNED (YYYYMMDD)					
	INSTRUCTIONS FOR COMPLETING DD FORM 2705, NOTIFICATION TO VICTIM/WITNESS OF PRISONER STATUS											
PURPOSE: Use this form to make notifications to the victims and witnesses who have requested to be informed of the changes in the prisoner's status.												
SECTION 1 - DISTRIBUTION												
Blo	ock 1.a 1.f. Add the Vi ock 2.a 2.g. Add the V CTION 2 - PRISONER F	ictim/Witness Coordi	nator's name, addre	ess, telephone numbe	,							
Bla Bla Bla Bla Bla Bla Bla	ock 3 - 4. Add the prison ock 5. Add the prisoner's ock 6. Add the prisoner's ock 7. Add the date the f ock 8. Add the prisoner's ock 9. Add the prisoner's ock 10. Add the address ock 11. Add the address	ter name and registra s minimum release da s maximum release da facility will hold the dis s parole eligibility dat s clemency eligibility da s for the correctional fa	tion number. ate. sposition board. e. Jate. acility board.		ΠĽΑΚ							
	CTION 3 - CHANGE IN											
Blo Blo Blo Blo bei	ing held temporarily.	the type of conditiona prospective U.S. Pro- te the projected relea te of escape and/or w	I release for which bation Officer infor se date, city and st varrant issuance an	the prisoner has been mation including telep ate where the prisone d the date the prisone	ohone er plan er was	number, if known. as to reside. s taken into custody. Annotate	·					
 Block 16.a 16.c. Add the date, name and address of the facility where the prisoner is being transferred for further confinement. Block 17. Add the date the prisoner expired. Block 18.a 18.c. Add other types of release by Service as listed below and the date. Air Force - Emergency Parole (EP): A conditional release authorized by the confinement officer. EP is for extreme emergency circumstances normally requiring physical presence of the prisoner to save the life of another, e.g., an organ donation/bone marrow donation. Prisoners released on EP return to confinement immediately following the period considered medically necessary, normally should not exceed a seven-day period. Army - Emergency Home Parole (EHP): In accordance with AR 190-47, EHP may be used for prisoners that require a home visit for extreme emergency reasons. Temporary Home Parole (THP): The purpose of THP is to strengthen family relationships and provide an incentive and reinforcement to positive behavior and morale. 												
SE	CTION 4 - TERMINATIO	ON/SUSPENSION OI	F NOTIFICATION									
Block 19. Select the applicable option when all efforts to complete a notification have failed due to incorrect or outdated address and telephone number.												
SE	CTION 5 - POINT OF C	ONTACT INFORMA	ΓΙΟΝ									
	ock 20. Victim/Witness ordinator when necessa		hator. Add the infor	mation for victims and	d witne	esses to contact the facility V	/ictim/Witness					
TE	RMS AND DEFINITION	S										
Art ser Ma to t Cle Ab a. (b. 1 pro in a Ma Min Re	ticle 74(b), UCMJ, for go intence of a court-martial andatory Supervised Re their minimum release da emency and Parole Boar atement Time: Any ded Good Conduct Time: A Earned Time: Deduction ograms, education, self-in accordance with Military aximum Release Date: T	od cause, to substitut elease (MSR): A form ate. This form of relea d concerned. Juctions from the term deduction from the a ns from a prisoner's ro mprovement and pers Service policy. The sentence or sent The sentence or sent be released at the exp	e an administrative n of conditional rele ase is served until t n of a sentence duri djusted maximum elease date earned sonal growth, or oth ences to confinemen m release date redu	form of discharge fo ase granted to individ he adjusted maximur ing confinement such release date for faithf for participation and her support activity sp ent without reductions uced or increased for	r a dis luals v n relea as: ul obs grade ecifica , but k credit	n a sentence approved by the charge or dismissal executed who have served their senten ase, unless otherwise revoke ervance of all rules and regu d effort in the areas of work, ally authorized by the correcti ess 1 day for the day of confi or forfeiture of good conduct is the time deducted for good	d in accordance with the nee to confinement up d or remitted by the lations. offense-related ional facility commander inement or release. t time and abatements.					