Prescribed by: DoDI 1325.07

PRISONER BACKGROUND SUMMARY **SECTION 1 - PERSONAL DATA**

REPORT DATE	(YYYYMMDD)
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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136: "Under Secretary of Defense for Personnel and Readiness"; 10 U.S.C. Chapter 48, "Military Correctional Facilities"; DOD Directive 1325.04, "Confinement of Military Prisoners and Administration of Military Correctional Programs and Facilities"; and DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Authority."

PRINCIPAL PURPOSE(S): To collect a new prisoner's personal history to assist in the classification and assignment process. The information will also be used to evaluate progress toward rehabilitation and/or suitability for parole or clemency.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Information may be provided to the Department of Justice and U.S. Probation Officers for annual statistical data analysis, and to the Federal Bureau of Prisons (FBOP) when a prisoner is transferred to its custody. Additional routine uses

F031 AF SF A, "Co	oplicable System of Records Notice, A correction and Rehabilitation Records" oluntary. However, failure to provide a	" published at https://dpcld.defe	fense.gov/Pr	ivacy/SORNs/					
UPOI	N COMPLETION OF THE DD	FORM 2710, DETACH P	AGE #5 A	.ND MAINTAIN I	N THE PRISO	NER'S ME	DICAL RECORDS.		
1. NAME (Last,	First, Middle)					2. REGIST	RATION NUMBER		
3. MAIDEN NA	AME	4. NICKNAME		5. ALIAS(ES)					
6. AGE	7. SEX:	8. PLACE OF BIRTH (Ci	ity, County a	and State)	9. DATE	OF BIRTH (YYYYMMDD)			
· ·	ne or more) (If prisoner does not fil	ill out or answer questions 10 a			,	HISPAN	CITY (X one) NIC OR LATINO SPANIC OR LATINO		
BLACK OR 12. NATIONAL	AFRICAN AMERICAN LITY	UNKNOWN 13. RELIGION			14. HEIG	UNKNO HT	15. WEIGHT		
16. IDENTIFYI NO 17. HAIR COL AUBURN BLACK BLOND 19. GANG ASS	BROWN GRAY RED	SILVER WHITE BALD GANG NAME/LOCAT	BLAC BLUE BROV	: VN	GREEN GRAY HAZEL	[VIOLET		
NO CHI T/EXT	YES SECONATION	CULT NAME/LOCAT	'Oh (Oh, C	· · · · · ·					
20. CULT/EXT	REMIST ASSOCIATION:	CULT NAME/LOCATI	I ON (City, S	tate)					
21. DOES YOU	UR FAMILY KNOW YOUR WE	HEREABOUTS?	,				_		
22. DO THEY I	NEED TO BE NOTIFIED? YES (If Yes, Name, Relations)	ship Dhana)							
23.a. HAVE YO	OU EVER TRIED TO COMMIT	T SUICIDE?	NO	U FEEL SUICIDAL					
	RE ANY ISSUES THAT NEED			N? (Communicat	ole disease or ais	sabilities)			
25. ARE THER	RE ANY ISSUES THAT NEED	IMMEDIATE ATTENTION	N?						
26.a. FORM COMPLETED BY (Last Name, First, Middle Initial/Grade) b. DATE (YYYYMMDD) c. TIME									
27. ACTIONS	TAKEN IF NECESSARY								
28.a. ACTION	TAKEN BY (Last Name, First, M.	liddle Initial/Grade)		b. DA	TE (YYYYMMDI))	c. TIME		

PRISONER BACKGROUND SUMMARY SECTION 2 - MILITARY BACKGROUND						REPORT	DATE (Y	YYYMMDD)		
1. NAME (Last, First, Middle)								2. REGIS	TRATION	NUMBER
3. BRANCH OF SERVICE AIR FORCE ARMY	NAVY	П ма	ARINE CO	ORPS		DAST GUA	RD □ S	PACE FOR	CE F	RESERVES
4. UNIT/AGENCY]			5. INSTAL					<u> Ш.</u>	
6. HOME OF RECORD (City, State): 7. ACTIVE DUTY BASE DATE (YYYYMMDD) 8. DATE ENTER (YYYYMMDD)							FERED CURRENT TERM			
9. END OF ACTIVE DUTY OBLIGATION (YYYYMMDD)			10. TOTAL	. AC	TIVE LEN	GTH OF	SERVICE		
11. METHOD OF ENTRY (Choose one): INDUCTION INITIAL ENLIS	TMENT	REENLIS	TMENT			DIREC	T APPOIN	TMENT		
12. HIGHEST PAY GRADE ATTAINED		RRENT MO	OS/RAT	E OR SPEC	CIAL		14. PRE		SCHARG	E RECEIVED
15. PRIOR SERVICE PRIOR BRANCH	OF SERVICE	NAVY	МА	RINE CORPS	; <u> </u> [COAST	GUARD	SPACE	FORCE	RESERVES
16. MILITARY AWARDS AND DECORATI	ONS						<u> </u>			
17. MAJOR MILITARY SCHOOLS ATTEN	DED									
a. COURSE TITLE		b. COURSE LOCATION						c. DATE COMPLETED (YYYYMMDD)		
18. PREVIOUS MILITARY OFFENSES										
a. ARTICLE 15 OR COURTS-MARTIAL		b. c. OF INCIDENT OFFENSES ON (YYYYMMDD)				D	d. DISPOSITION		e. CONFINEMENT (Y/N)	
19. MILITARY HISTORY NARRATIVE (Real a. GENERAL MILITARY SERVICE BACKGI		(Explain any	/ specialt	y skills) (Cont	inuat	ions)				

PRISONER BACKGROUND SUMMARY SECTION 3 - CIVILIAN BACKGROUND						REPO	REPORT DATE (YYYYMMDD)			
1. NAME (Last, First, Middle)						2. RE	2. REGISTRATION NUMBER			
3. CIVILIAN EDUCATION (List High	School, Colle	eges, and Trac								
a. NAME AND ADDRESS OF SCH	OOL	b. AGE	C. DATE ENTE (YYYYMM	RED G	RADE(S)	d. COMPLETE	ĒD	DEG	REE	f. DATE (YYYYMM)
g. HIGHEST GRADE COMPLETED]	
h. REASON FOR LEAVING SCHOOL										
4. CIVILIAN EMPLOYMENT					·					
a. EMPLOYER NAME, CITY AND S	TATE		b. TYPE OF WOR	RK	FUL	C. L OR T TIME	d. DAT FROM (YYY)	ES I/TO	REASO	e. ON FOR LEAVING
5. CIVILIAN ARREST RECORD										
a.		b. LACE OF ARREST		c. DATE (YYYYMM)		d. DISPOSITIO OR SENTEN		SITION	Ē	e. CONFINED (Y/N)
6. CIVILIAN HISTORY (Remarks or a a. EDUCATION BACKGROUND b. OCCUPATIONAL BACKGROUND c. GENERAL BACKGROUND		in any specialt	y skills) (Continua	tions)						

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	SONER BACKGROUND SECTION 4 - FAMILY BACK			
	ECHON 4 - I ANILLI DAG	NGROUND		
1. NAME (Last, First, Middle)			2. R	EGISTRATION NUMBER
3. MARITAL STATUS CODES (Cu	urrent)			
1 MARRIAGE ANNULLED	3 COMMON LAW	5 MA	ARRIED	7 WIDOWED
2 DIVORCED	4 LEGALLY SEPARA	ATED 6 NE	VER MARRIED	
4. LIVING STATUS				
	SINGLE PARENT/HEAD W	/ITH SPOUSE	WITH PARENTS	
I ~	_		OTHER	
5. PRISONER'S HOME ADDRESS			6. NUMBER OF FA	AMILY MEMBERS
of the officer of the	(Olivon, Only, Guito and En. Comp.	7)	0.110	WILL MEMBERS
7. FAMILY				
	b.			
a. NAME	RELATIONSHIP (List Spouse, Children and Parents)	ADD	c. RESS City, State)	d. e. TELEPHONE NUMBER (Include Area Code)
8. NEXT OF KIN				
a. NAME (Last, First, Middle Initial)	b. ADDRESS (Street, City,	State, ZIP Code)		c. TELEPHONE (Incl. Area Code
9. EMERGENCY CONTACT (If Nex	 xt of Kin. indicate SAME)			
a. NAME (Last, First, Middle Initial)	b. ADDRESS (Street, City,	State, ZIP Code)		c. TELEPHONE (Incl. Area Code)
			<u>.</u>	
10. LENGTH OF RESIDENCY 11 AT CURRENT ADDRESS				AMILY MEMBER EVER BEEN
	IN THE LOCAL AREA	APART FROM PARENTS YEARS MONTHS		OF A FELONY? (If Yes, complete Item 16
			_	YES UNKNOWN
14. HAVE YOU EVER BEEN REFI PROTECTIVE SERVICES AG		ED IN A MILITARY FAMILY A	DVOCACY PROGRA	AM OR CHILD/SPOUSE
	nere, when and reason.)			
120 (1. 755, 514.5	ere, when and rouson.,			
15. ARE YOU PRESENTLY UNDE	EP A COURT ORDER CONC	EDNING EAMII Y/OTHERS (re	straint arder no-contact	fordarl?
I	es, persons, conditions and name of		Straint Order, no-comact	order):
	18, persons, conductions and name (or jurisaiciiori.)		
40 FARM V NADDATIVE ENVIDE	CALLEGE INCORMATION			
16. FAMILY NARRATIVE ENVIRO a. GENERAL FAMILY BACKGRO		of marriage. financial arrangement	s for family, any family n	nembers incarcerated.)
	(5. Managa,	5 (c y, y	,

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PRISONER BACKGROUND SUMMARY SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND (DETACH THIS PAGE AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.)	REPORT DATE (YYYYMMDD)
1. NAME (Last, First, Middle)	2. REGISTRATION NUMBER
3. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION?	
4. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED DATE OF OCCURRENCE	OR ARE CURRENTLY SUFFERING AND
5. DO YOU HAVE A PHYSICAL HANDICAP? NO YES (Explain)	
6. LAST HIV TEST DATE (YYYYMM)	
7. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION? NO YES (St	ate facility, reason and date)
8. HAVE YOU EVER CONSIDERED SUICIDE? NO YES (Explain)	
9. HAVE YOU EVER ATTEMPTED SUICIDE? NO YES (Explain)	
10. PERSONAL HABITS	_
ALCOHOL USE CLAIMED: NONE OCCASIONAL MODERATE HEAVY WAS ALCOHOL ABUSE APPARENT? NO YES	OTHER (Explain)
HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? NO YES (State facility and date)	
DRUG USE CLAIMED: NONE OCCASIONAL MODERATE HEAVY	OTHER (Explain)
DRUG USE APPARENT? NO YES	
HAVE YOU EVER RECEIVED DRUG TREATMENT? NO YES (State facility and date)	
GAMBLING: FREQUENTLY OCCASIONALLY NEVER	
12.MENTAL/PHYSICAL HEALTH BACKGROUND INFORMATION a. SPORTS AND HOBBIES b. SPECIAL SKILLS/ABILITIES c. NOTES (Is there anything on this form which is not covered that you feel should be brought to the attention of	the confining facility?)

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