

DESERTER/ABSENTEE WANTED BY THE ARMED FORCES <i>(When completed, this form is protected by the Privacy Act of 1974, as amended.)</i>						1. DATE PREPARED (YYYYMMDD)	
2. TO <i>(Installation DES or Military Deserter Information Point)</i>			3. FROM <i>(Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks)</i>			4. DISTRIBUTION	
5. ABSENTEE IDENTIFICATION							
a. FULL NAME <i>(Last, First, Middle)</i>			b. GRADE/RANK/RATE		c. SEX		
d. ETHNICITY <i>(X one)</i> <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> DECLINE TO RESPOND			e. RACE <i>(X one or more)</i> <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> DECLINE TO RESPOND				
f. PLACE OF BIRTH <i>(City, State, Country)</i>			g. DATE OF BIRTH (YYYYMMDD)		h. HEIGHT <i>(Ft, In)</i>	i. WEIGHT <i>(Lbs.)</i>	
j. EYE COLOR <i>(X one)</i> <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> HAZEL <input type="checkbox"/> VIOLET			k. HAIR COLOR <i>(X one)</i> <input type="checkbox"/> AUBURN <input type="checkbox"/> BLACK <input type="checkbox"/> BLOND <input type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> RED <input type="checkbox"/> SILVER <input type="checkbox"/> WHITE <input type="checkbox"/> BALD				
l. DIP CONTROL NUMBER/OCA/NCIC WARRANT NUMBER			m. BRANCH OF SERVICE	n. SOCIAL SECURITY NO.		o. CITIZENSHIP	p. MARITAL STATUS
q. MILITARY OCCUPATION			s. PERMANENT RESIDENCE ADDRESS <i>(Include ZIP Code)</i>				
r. CIVILIAN OCCUPATION							
6. CURRENT ENLISTMENT			7. ENTRY INTO CURRENT PERIOD OF SERVICE			8. ATTACH PHOTOGRAPH <i>(If available) (In addition to a photo attached here, it is also best to provide the photo in its full format (JPEG) as an attachment if transmitted via email, or a print out on its own page)</i>	
a. DATE (YYYYMMDD)	b. PLACE <i>(City and State)</i>		a. DATE (YYYYMMDD)	b. PLACE <i>(City and State)</i>			
9. TIME OF ABSENCE			10. ADMINISTRATIVE DATE OF DESERTION (YYYYMMDD)				
a. DATE (YYYYMMDD)		b. HOUR					
11. ESCAPED OR SENTENCED PRISONER <i>(X as applicable)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," SPECIFY CHARGE			12. DISCHARGE STATUS <i>(X as applicable)</i> a. DISCHARGED <input type="checkbox"/> YES <input type="checkbox"/> NO b. SUSPENDED <input type="checkbox"/> YES <input type="checkbox"/> NO				
13. OPERATOR'S LICENSE			14. VEHICLE LICENSE				
a. NUMBER	b. STATE	c. EXP. DATE (YYYYMMDD)		a. PLATE NO.	b. STATE	c. EXP. DATE (YYYYMMDD)	d. TYPE
15. VEHICLE							
a. VEHICLE IDENTIFICATION NUMBER		b. YEAR	c. MAKE		d. MODEL	e. STYLE	f. COLOR
16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE <i>(If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)</i>							
a. FULL NAME <i>(Last, First, Middle)</i>			b. RELATIONSHIP TO SERVICE MEMBER		c. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER		
(1)							
(2)							
(3)							
(4)							
(5)							

CUI (when filled in)

17. CERTIFICATION (See Notes)

The undersigned states: That he/she is a commissioned officer of the United _____ (Military Department), presently assigned as the Commanding Officer, _____ (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Instruction 1325.02 and _____ (Regulations of the Service concerned which implement DOD Instruction 1325.02 e.g. Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the status of _____ (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with _____ (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and (See Note 1)

_____).
 That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about _____ (Date - YYYYMMDD), _____ (Name and rank of alleged deserter), did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 3) in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent as of _____ (Date this statement is executed - YYYYMMDD). I state under penalty of perjury (under the laws of the United States of America (See Note 2) that the foregoing is true and correct. Executed on _____ (Date - YYYYMMDD).

NOTES:

1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.

18. COMMANDING OFFICER

a. TYPED NAME (Last, First, Middle Initial)	b. RANK	c. TITLE
d. ORGANIZATION AND INSTALLATION	e. SIGNATURE (All copies)	f. DATE SIGNED (YYYYMMDD)

19. REMARKS (List the circumstances surrounding member's desertion, any aliases, identifying scars, marks, and tattoos. List the last known contact information including phone number, cell phone number, last known address and social media information. List command point of contact include name, grade, phone number(s), and email address.)

INFORMATION

1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOLs) when requested to do so by military authorities.

2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES. (See 10 U.S.C. §956 and DoD Instruction 1325.02, "Desertion and Unauthorized Absence or Absence Without Leave")

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

- (1) Payment for apprehension and detention of absentees until military authorities resume custody, or
- (2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of apprehending, keeping, and delivering the absentee. Payment will be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension

not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly by telephone with the Deserter Information Point of the military service concerned.

a. US Army: Department of the Army
USADIP (DAPM-MPO-AD)
Bldg. 298, Room 332
481 Gold Vault Rd.
Fort Knox, KY 40121-5182
Telephone: Area Code (502) 626-3711/3712/3713

b. US Navy: Navy Personnel Command
Navy Absentee Collection and Information Center
5720 Integrity Drive
Millington, TN 38055

Deserter Information Point Watch is operational 24/7
Com: (901) 874-2522
DSN: 882-2522
Fax: (901)874-2061
Or
Call Toll Free: 1-877-663-6772
Email: NACIC-OPS@NAVY.MIL
Telephone: 901-87402522
Collect: 1-877-663-6772

c. US Marine Corps: Commandant, US Marine Corps
Law Enforcement and Corrections Branch (PSL Corrections)
Naval Support Facility
701 South Courthouse Rd., Suite 2000
Arlington, VA 22204-2478
Telephone: Area Code (703)604-0395/3376

d. US Air Force: Headquarters AF Personnel Center
Missing Persons Branch
550 C Street West
JBSA Randolph, TX 78150-4716
Telephone: Area Code (210) 565-3325
(or toll free: 1-800-531-525-0102)

PRIVACY ADVISORY

Disclosure of this information is voluntary and will be used to provide information to local, state, and/or federal law enforcement officials on deserters/absentees wanted by the Armed Forces. When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.

INSTRUCTIONS FOR PREPARING AND DISTRIBUTING DD FORM 553, DESERTER/ABSENTEE WANTED BY THE ARMED FORCES

Prepare DD Form 553 item by item.

The parent unit is responsible for correctly completing the DD Form 553 and submitting it to the installation DES or law enforcement support; the Service member's command should have access to all the information required. The DES or law enforcement support will ensure the information is accurate to the best of their ability. If there are any discrepancies, the DES or law enforcement support will advise the unit to correct the DD Form 553 and re-submit in a timely manner before it can be processed for NCIC Wanted Person file entry.

Item 1 - **Date Prepared:** Enter date the form is prepared YYYYMMDD (for example, 20210122).

Item 2 - **To:** Installation DES which supports the absentee's parent unit. Indicate agency name and address.

Item 3 - **From:** Organization or Activity and Installation or Place from which absent.

Item 4 - **Distribution:** List which agencies will receive copies of the military warrant (DD Form 553), including the absentee's parent unit POCs, DES POCs, external LE agencies, ETC.

Item 5 - Absentee Identification.

Item 5a **Full Name:** Last name, first name and (full) middle in that sequence.

Item 5b - **Grade/Rank/Rate:** Provide name and code; for example, E-1/PVT, E-2/PV2/, E-5/SGT, etc. ("Rate" is the term that the U.S. Navy uses instead of "Rank")

Item 5c - **Sex:** Enter M or F.

Item 5d - **Ethnicity:** Mark or select the appropriate box.

Item 5e - **Race:** Mark or select the appropriate box.

Item 5f - **Place of Birth:** City, state and country, in that sequence.

Item 5g - **Date of Birth:** Indicate the absentee's birth date in YYYYMMDD format.

Item 5h - **Height:** In feet and inches. (Example 5 feet 9 inches, 5' 9" or 5 09).

Item 5i - **Weight:** In pounds. (Example 145 lbs., or 145).

Item 5j - **Eye Color:** Mark or select the appropriate box.

Item 5k - **Hair Color:** Mark or the appropriate box.

Item 5l - **Deserter Information Point (DIP) Control Number:** The DES or LE support will assign an OCA number for the NCIC entry, which will be indicated here. The parent unit or command will leave this item blank.

Item 5m - **Branch of Service:** Absentee's branch of service.

- a. Regular Army (RA); US Navy (USN); US Coast Guard (USCG); US Marine Corps (USMC); Regular Air Force (RegAF); US Space Force (USSF)
- b. US Army Reserves (USAR); US Navy Reserve (USNR); US Marine Corps Reserve (USMCR); US Air Force Reserves (AFRes)
- c. Army National Guard (ARNG); Air National Guard (ANG)

Item 5n - **Social Security Number:** Indicate absentee's Social Security Number here.

Item 5o - **Citizenship:** Country of which the absentee is a citizen.

Item 5p - **Marital Status:**

- a. Married (M)
- b. Divorced (D)
- c. Single (S)

Item 5q - **Military Occupation:** Indicate the absentee's Occupational Specialty and title and or whether the Service member is in basic training or AIT.

Item 5r - **Civilian Occupation:** (not required, can remain blank) Identify any prior civilian employment, including specific job skills.

Item 5s - **Permanent Residence Address:** Indicate the absentee's Home of Record - Street, city and state and include ZIP code.

Item 6 - Current Enlistment.

Item 6a - **Date:** Indicate the date absentee enlisted in the military service YYYYMMDD format.

Item 6b - **Place:** City and state, where the absentee enlisted.

Item 7 - Entry into Current Period of Service.

Item 7a - **Date:** Indicate the date absentee last enlisted/re-enlisted in the military service YYYYMMDD format.

Item 7b - **Place:** city and state, where the absentee last enlisted or re-enlisted.

Item 8 - **Attach Photograph:** NOTE: *the photograph DOES NOT have to be attached.* Make every attempt to obtain or provide a current, identification-quality photograph of the member. It is preferable that the photograph is provided as a separate full size document instead of a reduced copy on the DD Form 553 itself.

Item 9 - Time of absence.

Item 9a - **Date:** YYYYMMDD format (date absentee went AWOL).

Item 9b - **Hour:** Time of reported AWOL.

Item 10 - **Administrative Date of Desertion:** Date on which absentee was administratively classified a deserter in YYYYMMDD format.

Item 11 - **Escaped or Sentenced Prisoner** (if applicable). Mark or select the appropriate box. Indicate in the appropriate space the specific civil or military offense of which convicted and sentenced. Include reference to article(s) of the Uniform Code of Military Justice (UCMJ) where appropriate. This information will only be provided if the Service member is a convicted felon/parole violator.

Item 12 - **Discharge Status** (if applicable). Only applicable for Escaped or Sentenced Prisoners; leave blank for regular Deserter Service members.

Item 12a - **Discharged:** Mark the appropriate box. Mark "yes" if the absentee is an escaped prisoner discharged before serving the entire prison term.

Item 12b - **Suspended:** Mark the appropriate box.

Item 13 - **Operator's License.** If the Parent unit does not have this information, the DES or LE support can obtain it as they do a 50 state OLN check when processing for NCIC Wanted Person file entry.

Item 13a - **Number:** Provide operator's license number.

Item 13b - **State:** State that issued operator's license.

Item 13c - **Date Operator's License Expires:** In YYYYMMDD format.

Item 14 - **Vehicle License.** (If applicable)

Item 14a - **Plate Number:** Vehicle license plate number.

Item 14b - **State:** State that issued vehicle license plate.

Item 14c - **Expiration Date:** Date vehicle license plate expires. In YYYYMMDD format.

Item 14d - **Type:** Type of license plate. For example: personalized, disabled American veteran, handicapped, government, etc.

Item 15 - Vehicle.

Item 15a - **Vehicle Identification Number (VIN):** (if applicable).

Item 15b - **Year:** Year of manufacture.

Item 15c - **Make:** For example, Ford, Nissan, Chevrolet, etc.

Item 15d - **Model:** For example, Mustang, Camaro, Corvette, etc.

Item 15e - **Style:** For example, 2-door convertible, pickup truck, van, etc.

Item 15f - **Color:** Indicate vehicle color

Item 16 - **Relatives and other persons known by absentee.** Next of kin, relatives, friends and other persons most likely to know something about the absentee's whereabouts

Item 16a - **Full Name:** Indicate name in the following format: Last, First, Middle Initial. Also indicate relationship (spouse, mother, etc.) List additional names in item 19, remarks, if necessary.

Item 16b - **Relationship to Service Member:** Enter what relationship the relative has to the service member. For example, Mother, Cousin, etc.

Item 16c - **Address and Telephone Number:** Street, city, state, ZIP code and telephone number for each person listed in 16a.

Item 17 - **Certification:** Military and civilian law enforcement authorities may use this statement to obtain as authorizations for apprehension and holding the absentee. Complete each line carefully: the information may determine whether law enforcement authorities honor the military warrant (DD Form 553) or not.

NOTE: "...on or about _____ (Date- YYYYMMDD)" (Indicate the AWOL date here)

NOTE: "...continuously so absent until _____" (indicate DESERTION date here)

Item 18 - Commanding Officer.

Item 18a - **Typed Name:** Official who issued or prepared the form.

Item 18b - **Rank:** Issuing official's rank.

Item 18c - **Title:** Issuing official's title.

Item 18d - **Organization and Installation:** Issuing official's organization and installation.

Item 18e - **Signature:** Issuing official's signature

Item 18f - **Date Signed.** Date the DD Form 553 was signed. Make sure the signature is not for a date BEFORE the offense (Desertion) occurred.

Item 19 - **Remarks:** List absentee's peculiar habits and character traits; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (AKAs); marks and scars; tattoos; facial characteristics; complexion; posture; build; other SSNs the individual has used; or other data that may assist in identification. List known facts; for example, armed and dangerous, drug and alcohol user, suicidal tendencies, escape risk, allergies, Parole Violator, Special Category. Make additional applicable entries. Annotate any prior AWOL/ Drop from the Roll (DFR) dates.

Item 19-1 - If additional space is needed, use letter-size bond paper to continue remarks. Parent Unit of deserter must include any prior AWOL/DFR dates if applicable.