

## CONFINEMENT ORDER

<b>1. PERSON TO BE CONFINED</b>				<b>2. DATE (YYYYMMDD)</b>	
a. NAME (Last, First, Middle)			b. SSN		
c. BRANCH OF SERVICE		d. GRADE		e. MILITARY ORGANIZATION (From):	
<b>TYPE OF CONFINEMENT</b>					
3.a. PRE-TRIAL <input type="checkbox"/> NO <input type="checkbox"/> YES			b. RESULT OF NJP <input type="checkbox"/> NO <input type="checkbox"/> YES		
c. RESULT OF COURT MARTIAL: <input type="checkbox"/> NO <input type="checkbox"/> YES					
TYPE: <input type="checkbox"/> SCM <input type="checkbox"/> SPCM <input type="checkbox"/> GCM <input type="checkbox"/> VACATED SUSPENSION					
d. DNA PROCESSING <input type="checkbox"/> IS <input type="checkbox"/> IS NOT REQUIRED UNDER 10 U.S.C. 1565.					
4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:					
5. SENTENCE ADJUDGED:				b. ADJUDGED DATE (YYYYMMDD):	
6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED:					
7. PERSON DIRECTING CONFINEMENT					
a. TYPED NAME, GRADE AND TITLE:			b. SIGNATURE		c. DATE (YYYYMMDD)
8.a. NAME, GRADE, TITLE OF LEGAL REVIEW AND APPROVAL			b. SIGNATURE:		c. DATE (YYYYMMDD)
<b>MEDICAL CERTIFICATE</b>					
9a. The above named inmate was examined by me at _____ on _____ and found to be <input type="checkbox"/> Fit <input type="checkbox"/> Unfit <small>(Time) (YYYYMMDD)</small> for confinement. I certify that from this examination the execution of the foregoing sentence to confinement <input type="checkbox"/> will <input type="checkbox"/> will not produce serious injury to the inmate's health.					
b. The following irregularities were noted during the examination (If none, so state):					
c. HIV Test administered on (YYYYMMDD): _____					
d. Pregnancy test administered on (YYYYMMDD): _____ <input type="checkbox"/> N/A					
10. EXAMINER					
a. TYPED NAME, GRADE AND TITLE:		b. SIGNATURE		c. DATE (YYYYMMDD)	d. TIME
<b>RECEIPT FOR INMATE</b>					
11.a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT: _____ <small>(Facility Name and Location)</small> ON _____ AND TIME: _____ <small>(YYYYMMDD) (Time)</small>					
b. PERSON RECEIPTING FOR INMATE TYPED NAME, GRADE AND TITLE:		c. SIGNATURE:		d. DATE (YYYYMMDD)	e. TIME