NEO Processing Center Station Checklist

Sponsor Info

Sponsor Name: _____

Sponsor Unit: _____

Pay Grade: _____

Date: _____

Service: _____

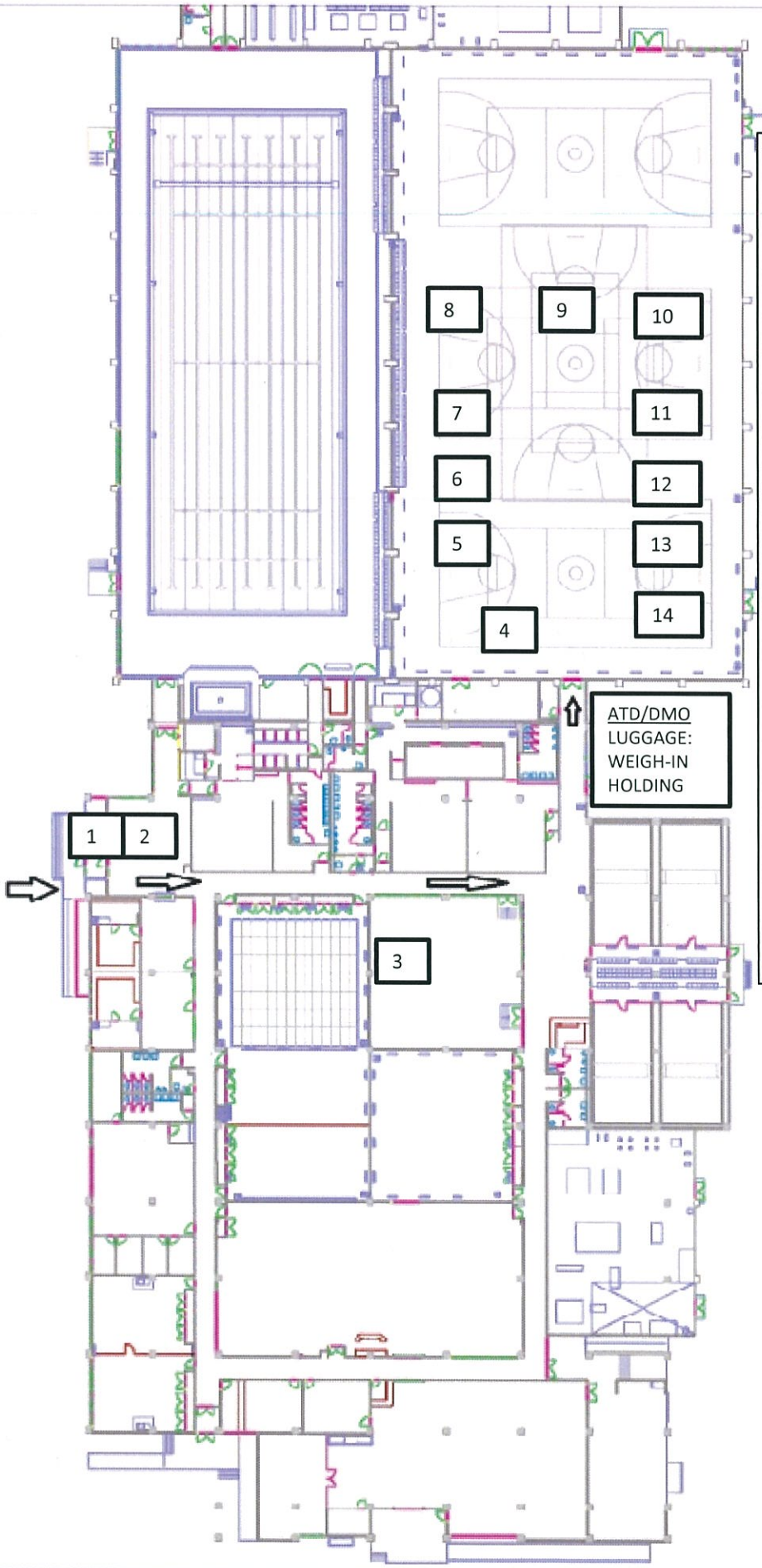
Number of Dependents: _____

REQUIRES STATION INITIALS:

Station #1 IPAC Package Check		Station #10 DODEA Schools	
Station #2 MCAS ADJ/DoS - Priority Number Determination Issue		Station #11 Navy/Marine Corps Relief Society	
Station #3 VET Veterinarian Services		Station #12 American Red Cross	
Station #4 IPAC NTS Registration		Station #13 MEDICAL Medical Records	
Station #5 SJA POA/Notary		Station #14 IPAC Evacuees and Pet ID Tagging	
Station #6 MEDICAL Records Screening			
Station #7 DMO Household Goods			
Station #8 Facilities Billeting/Family Housing			
Station #9 PMO Key Control			

_____

1010 IRONWORKS GYM LAYOUT



STATIONS:

1. IPAC: PKG CHECK
2. ADJ/DoS: PRIORITY#
3. VET: PET DROP OFF
4. IPAC: NTS REGISTRATION
5. SJA: POA/NOTARY
6. MED: SCREENING
7. DMO: HOUSEHOLD GOODS
8. FAC: BILLETING/FAM HOUSING
9. PMO: POV KEY CONTROL
10. DODEA: SCHOOLS
11. N&MCR SOCIETY
12. AMERICAN RC
13. MEDICAL: RECORDS
14. IPAC: EVAC/MANIFEST BUILD UP

REPATRIATION PROCESSING CENTER PROCESSING SHEET

OMB No. 0704-0334
OMB approval expires
Sep 30, 2017

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0334). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 12656, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document the movement of an evacuee from a foreign country to an announced safe haven. Information will be used, as needed, to assist the evacuee in the process of repatriation. This information is covered under DMDC 04, Emergency Evacuation and Repatriation (http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6695/dmdc-04.aspx).

ROUTINE USE(S): To family members of individuals who have been evacuated and about whom information is requested by a family member and/ or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the U.S. Citizenship and Immigration Services (USCIS) for tracking and contacting foreign nationals evacuated to the U.S.; to the Department of Health and Human Services to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx also apply to this system.

DISCLOSURE: Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members. Social Security Number (SSN) is used in the documentation of payments and loans provided in the process of evacuation and may be provided to the IRS if payment is not received. The Social Security Number (SSN) may also be used in the process of verifying an individual's identity and citizenship.

INSTRUCTIONS FOR COMPLETION OF DD FORM 2585, REPATRIATION PROCESSING CENTER PROCESSING SHEET

(Read before completing this form.)

GENERAL INSTRUCTIONS

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, and Executive Order 9397.
Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

(1) Official travel orders for Safehaven Status (DD Form 1610).

(2) Permanent Change of Station (PCS) Orders.

(3) Passport, Visa and International Immigration (shot) record.

(4) Military/DoD Civilian/Dependent Identification Card.

(5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

(1) Passport and Visa (as applicable).

(2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.**

6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.

7. FOR PROCESSING CENTER USE ONLY. Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person."

SPECIFIC INSTRUCTIONS

SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN (Page 5)

This section and Section III (Pages 5 through 8) will be completed by the "responsible person."

SECTION II - PROCESSING CENTER

Item 1. Airline and Flight Number. Enter the airline and flight number arrived on.

Item 2. Date of Arrival. Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1998, MM=08 (August), DD=20 (20th).

Item 3. Repatriation Center. Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

Item 4. Processing Date. Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

Item 5. Processing Time. Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m.=0200, 3:00 p.m.=1500.

SECTION III - EVACUEE IDENTIFYING INFORMATION

Item 6. Name. Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

Item 7. Country Evacuated From. Enter the original country from which you departed enroute to the United States.

Item 8. Date of Birth. Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1963, MM=08 (August), DD=20 (20th).

Item 9. Place of Birth. Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

Item 10. Country of Citizenship. Enter the country of citizenship. (Example: USA, Canada, England, France, Germany, etc.) If you are a U.S. citizen and a citizen of one or more other countries, please write USA. If you are not a U.S. citizen, and you are a citizen of more than one country, please write the country that issued the passport you are using for travel.

Item 11. Gender. Place an "X" in the appropriate block to indicate whether male or female.

Item 12. Social Security Number (SSN). Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

Item 13. Marital Status. Place an "X" in the block that indicates marital status, if applicable.

Item 14. Passport Number and Country of Issue. Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport. If you are a U.S. citizen and a citizen of one or more other countries, please use your U.S. passport information. If you are not a U.S. citizen, and you are a citizen of more than one country, please use the information on the passport you are using for travel.

Item 15. Alien Number and Country of Issue. Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

Item 16. Classification Number(s) and Agency Code(s). Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

NOTE: Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

Item 17. Number of Family Members With You. Enter the appropriate number of family members in the family group.

NOTE: If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

Item 18. Number of Animals With You. This space is only for use by DoD employees and their family members, and private U.S. citizens with service animals. Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).

Item 19. Emergency Contact in U.S.

a. Name. Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.

b. Address. Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.

c. Home Telephone Number. Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.

e. Cell Telephone Number. Enter the "Emergency Contact's" cell telephone number (if known or applicable), to include the area code.

SPECIFIC INSTRUCTIONS *(Continued)*

Item 20. Final Destination. If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

NOTE: If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent. This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

Item 22. Final Destination and Name of Escort for Unaccompanied Minor Child(ren).
If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted (if known or applicable), to include the area code.

e. Cell Telephone Number. Enter the cell telephone number where the escort can be contacted (if known or applicable), to include the area code.

Item 23.a. through d. Accompanying Evacuees (Page 7).
The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family.

Item 23 *(Continued)*.
Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

NOTE: Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

SECTION III *(Continued)* **- SERVICES** (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

Item 24. If No Services are Needed. Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

Item 25. Services Needed. If assistance is required, place an "X" in the block next to each service required.

Item 26. Additional Remarks. This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.

SPECIFIC INSTRUCTIONS *(Continued)*

SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

Item 27. If No Services Are Required/Were Provided. If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person."

Item 28. Services Provided by DHHS.

a. Cash Assistance.

b. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X $150.00 = $600.00.

NOTE: It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

c. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X $50.00 per day per diem = $400.00.

NOTE: If no lodging or per diem was provided, enter a zero in the "Total" block.

d. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

Item 29. Total DHHS Costs. Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

Item 30. Has Emergency Medical Assistance Been Provided Off-Site. Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

Item 31. Additional Remarks. Enter any additional information regarding services provided, if necessary.

SECTION V - CLOSING QUESTIONS (DHHS)

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

Items 32 through 36. Questions. A processing official/ interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

Item 37. Name of Interviewer. The processing official/ interviewer will sign in this space and print his or her name below.

Item 38. Telephone Number. The processing official/ interviewer will enter the telephone number where he or she can be reached should the need arise.

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL

This section should be completed by Military Support Processing Team.

Item 39. If No Services Were Provided. If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

Item 40. Services Provided. If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

NOTE: For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

Item 41. Costs. For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

Item 42. Total Costs. Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

SECTION VII - PROCESSING INFORMATION

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

Item 43. Exit From Processing Center Date. Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

Item 44. Exit From Processing Center Time. Enter the time, using military (24 hour) clock.

Item 45. Destination. Enter the destination by city, state, and/or country that the evacuees are going to.

Item 46. Transportation Carrier(s). Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

Item 47. ETA and Date of Arrival at Destination. Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

Item 48. Additional Remarks. Enter any additional information regarding exit processing, if necessary.

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? *(X one)* ☐ **YES** ☐ **NO**

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER	2. DATE OF ARRIVAL *(YYYYMMDD)*

3. REPATRIATION CENTER

4. PROCESSING DATE *(YYYYMMDD)*	5. PROCESSING TIME *(Military)*

SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

6. NAME OF EVACUEE *(Last, First, Middle Initial)*

7. COUNTRY EVACUATED FROM

8. DATE OF BIRTH *(YYYYMMDD)*	9. PLACE OF BIRTH *(City, State, and Country)*

10. COUNTRY OF CITIZENSHIP

11. GENDER *(X one)*	12. SOCIAL SECURITY NUMBER
☐ MALE ☐ FEMALE	

13. MARITAL STATUS *(X one)*				
☐ SINGLE	☐ MARRIED	☐ WIDOWED	☐ SEPARATED	☐ DIVORCED

14.a. PASSPORT NUMBER	b. COUNTRY OF ISSUE

15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued) (Read before completing Items 16 and 23)*

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN

CLASSIFICATION NUMBER

- **1a** DoD: Service Member
- **b** DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent)
- **c** DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent)
- **2a** DoD: Civilian Employee WITH Transportation Agreement
- **b** DoD: Dependent of Civilian Employee WITH Transportation Agreement
- **c** DoD: Civilian Employee WITHOUT Transportation Agreement
- **d** DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement
- **3a** Non-DoD U.S. Government (USG): Employee
- **b** Non-DoD USG: Employee Dependent and/or Family Member
- **4** Citizen Residing Abroad (Child, Student, Private Business)
- **5** Tourist
- **6** Citizen on Business-Related Travel
- **7** U.S. Government Contractor

TABLE 1b - FOREIGN NATIONAL

CLASSIFICATION NUMBER

- **8** Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen)
- **9** Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date)
- **10** Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.)
- **11** Non-U.S. Civilian Employee (Works for U.S. Government)
- **12** Citizen of Country Other Than U.S.
- **13** Other, None of the Above *(Specify)*

TABLE 2

AGENCY CODE

- **A** Army
- **N** Navy
- **F** Air Force
- **M** Marine Corps
- **G** Coast Guard
- **D** DoD Agency
- **O** Other U.S. Government Agency
- **X** Not Applicable

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)*

a. CLASSIFICATION NUMBER	b. AGENCY CODE
c. CLASSIFICATION NUMBER	d. AGENCY CODE
e. CLASSIFICATION NUMBER	f. AGENCY CODE

17. NUMBER OF FAMILY MEMBERS WITH YOU

	ADULTS *(Include yourself)*		CHILDREN *(Include all children)*

18. NUMBER OF ANIMALS WITH YOU *(If applicable)*
DoD and SERVICE ANIMALS ONLY

	DOGS		CATS
	BIRDS		OTHER

19. EMERGENCY CONTACT IN U.S.

(For person named in Item 6 above)

a. NAME *(Last, First, Middle Initial)*			b. ADDRESS *(Street, City, State/Country, ZIP Code)*
c. HOME TELEPHONE NO. *(Include Area Code)*	d. WORK TELEPHONE NO. *(Include Area Code)*	e. CELL TELEPHONE NO. *(Include Area Code)*	

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT *(If applicable)*

(If same as Item 19, enter "SAME")

a. NAME *(Last, First, Middle Initial)*			b. ADDRESS *(Street, City, State/Country, ZIP Code)*
c. HOME TELEPHONE NO. *(Include Area Code)*	d. WORK TELEPHONE NO. *(Include Area Code)*	e. CELL TELEPHONE NO. *(Include Area Code)*	

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS

(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)

a. BRANCH OF SERVICE/DOD AGENCY *(X one)*

	ARMY		NAVY		AIR FORCE		MARINE CORPS		COAST GUARD		DOD AGENCY

b. NAME OF SPONSOR *(Remaining in Country) (Last, First, Middle Initial)*	c. SSN	d. RANK/GRADE

e. ORGANIZATION/ADDRESS AND MAJOR COMMAND *(Include APO#/FPO#)*

22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)

(Complete if applicable)

a. NAME OF ESCORT *(Last, First, Middle Initial)*			b. ADDRESS *(Final Destination of Escort) (Street, City, State/Country, ZIP Code)*
c. HOME TELEPHONE NO. *(Final Destination of Escort) (Include Area Code)*	d. WORK TELEPHONE NO. *(Final Destination of Escort) (Include Area Code)*	e. CELL TELEPHONE NO. *(Final Destination of Escort) (Include Area Code)*	

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued)*

23. ACCOMPANYING EVACUEES
(Fill out for each accompanying person.)

a.(1) NAME *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)* ☐ MALE ☐ FEMALE

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)*

(7) COUNTRY OF CITIZENSHIP | **(a) CLASSIFICATION NUMBER** | **(b) AGENCY CODE**

(8) PASSPORT NUMBER | **COUNTRY OF ISSUE** | **(c) CLASSIFICATION NUMBER** | **(d) AGENCY CODE**

(9) ALIEN NUMBER | **COUNTRY OF ISSUE** | **(e) CLASSIFICATION NUMBER** | **(f) AGENCY CODE**

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b.(1) NAME *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)* ☐ MALE ☐ FEMALE

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)*

(7) COUNTRY OF CITIZENSHIP | **(a) CLASSIFICATION NUMBER** | **(b) AGENCY CODE**

(8) PASSPORT NUMBER | **COUNTRY OF ISSUE** | **(c) CLASSIFICATION NUMBER** | **(d) AGENCY CODE**

(9) ALIEN NUMBER | **COUNTRY OF ISSUE** | **(e) CLASSIFICATION NUMBER** | **(f) AGENCY CODE**

---

c.(1) NAME *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)* ☐ MALE ☐ FEMALE

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)*

(7) COUNTRY OF CITIZENSHIP | **(a) CLASSIFICATION NUMBER** | **(b) AGENCY CODE**

(8) PASSPORT NUMBER | **COUNTRY OF ISSUE** | **(c) CLASSIFICATION NUMBER** | **(d) AGENCY CODE**

(9) ALIEN NUMBER | **COUNTRY OF ISSUE** | **(e) CLASSIFICATION NUMBER** | **(f) AGENCY CODE**

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d.(1) NAME *(Last, First, Middle Initial)* | **(2) SSN** | **(3) DATE OF BIRTH** *(YYYYMMDD)*

(4) GENDER *(X one)* ☐ MALE ☐ FEMALE

(5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER

(6) PLACE OF BIRTH *(City, State, and Country)*

(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)*

(7) COUNTRY OF CITIZENSHIP | **(a) CLASSIFICATION NUMBER** | **(b) AGENCY CODE**

(8) PASSPORT NUMBER | **COUNTRY OF ISSUE** | **(c) CLASSIFICATION NUMBER** | **(d) AGENCY CODE**

(9) ALIEN NUMBER | **COUNTRY OF ISSUE** | **(e) CLASSIFICATION NUMBER** | **(f) AGENCY CODE**

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) *(Continued)*

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK →		

25. SERVICES NEEDED *(X all that apply)*

	CLOTHING				
	HOUSING		PERMANENT		TEMPORARY
	MEDICAL				
	DOD INFORMATION				
	DOD LEGAL SERVICES				
	CHILD CARE				
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE				
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS				
	TRANSPORTATION TO ONWARD DESTINATION				
	FINANCIAL ASSISTANCE				
	MENTAL HEALTH				
	GENERAL INFORMATION				
	CHAPLAIN ASSISTANCE				
	FUNERAL ASSISTANCE				
	DOD RELOCATION INFORMATION				
	TRANSLATOR *(Indicate language)*				
	OTHER *(Specify)*				

26. ADDITIONAL REMARKS

STOP HERE.

SECTION IV (ITEMS 27 - 36) - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF

27. IF NO SERVICES ARE REQUIRED/WERE PROVIDED, X THIS BLOCK →		

28. SERVICES PROVIDED BY DHHS

(1) SERVICES	(2) COSTS				(3) TOTAL
a. CASH ASSISTANCE	PERSONS		DOLLARS		
		X		=	0.00
b. ONWARD TRANSPORTATION	PERSONS		DOLLARS		
		X		=	0.00
	PERSONS		DOLLARS		
		X		=	0.00
c. TEMPORARY LODGING AND PER DIEM	PERSONS	DAYS	DOLLARS		
	X	X		=	0.00
d. MISCELLANEOUS *(Specify)*					
				=	
				=	
				=	
				=	
			29. TOTAL COSTS	=	0.00

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* →		YES		NO

31. ADDITIONAL REMARKS

SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF

	(X one) YES	NO
32. HAS REPATRIATE BEEN GIVEN A HEALTH AND HUMAN SERVICES WELCOME BROCHURE?		
33. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?		
34. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM?		
35. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? *(Agreement must be attached to file.)*		
36. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

37. NAME OF INTERVIEWER *(Last, First, Middle Initial)*	38. TELEPHONE NUMBER *(Include Area Code)*

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER

39. IF NO SERVICES WERE PROVIDED, X THIS BLOCK ⟶		

40. SERVICES PROVIDED *(X as applicable)*		41. COSTS	
	a. TRANSPORTATION	a. TRANSPORTATION	
	b. FINANCIAL *(Advance per diem)*	b. FINANCIAL *(Amount paid)* VOUCHER NUMBER *(for per diem)*	
	c. AMERICAN RED CROSS (ARC)	c. AMERICAN RED CROSS (ARC)	
	d. HOUSING	42. TOTAL COST	0.00
	e. MEDICAL/OTHER		
	f. LEGAL SERVICES		
	g. CHAPLAIN ASSISTANCE		
	h. FAMILY CENTER ASSISTANCE		

SECTION VII - EXIT INFORMATION - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER

43. EXIT FROM PROCESSING CENTER DATE *(YYYYMMDD)*	44. EXIT FROM PROCESSING CENTER TIME *(Military)*	45. DESTINATION *(City, State, Country)*	
46. TRANSPORTATION CARRIER(S)		47.a. ETA AT DESTINATION *(Military Time)*	b. DATE OF ARRIVAL AT DESTINATION *(YYYYMMDD)*

48. ADDITIONAL REMARKS

ADVANCE PAY CERTIFICATION/AUTHORIZATION

Privacy Act Statement

AUTHORITY: 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

PRINCIPAL PURPOSES: To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System *(JUMPS)*, and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

PART I. REQUEST

1. NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NO.	3. GRADE

4. I REQUEST:	5. I REQUEST A REPAYMENT SCHEDULE OF:	6. I REQUEST PAYMENT OF THE ADVANCE PAY:
☐ a. ONE MONTH ADVANCE PAY *(See Policy Guidance on reverse.)*	☐ a. 12 MONTHS OR LESS *(Specify number of months)*	☐ a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.
☐ b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS *(Parts II and V must be completed.) (Specify amount)* $	☐ b. 13 - 24 MONTHS *(Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)*	☐ b. 31 - 90 DAYS BEFORE MY PCS *(Parts II and V must be completed.)*
		☐ c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS *(Parts II and V must be completed.)*

PART II. CERTIFICATION OF EXPENSES *(Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)*

7. EXPENSE	8. AMOUNT
a.	$
b.	$
c.	$
d.	$
e.	$
f.	$
9. TOTAL	$ 0.00

10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY *(Up to 90 days before and 180 days after).*

PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD *(Continue in Item 23 on reverse if necessary.)*

PART IV. MEMBER CERTIFICATION

Penalty: The penalty for willfully making a false claim/statement is ***a maximum of $10,000 or maximum imprisonment of five years, or both*** *(U.S. Code, Title 18, Section 287).*

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE *(YYMMDD)*

PART V. APPROVAL OF MEMBER'S COMMANDER

15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:	16. WITH LIQUIDATION OVER:	17. AND PAYMENT OF THIS ADVANCE:
☐ a. ONE MONTH BASIC PAY LESS DEDUCTIONS	☐ a. 12 MONTHS OR LESS *(Specify number of months)*	☐ a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS
☐ b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS *(Specify amount)* $	☐ b. 13 - 24 MONTHS *(Specify number of months)*	☐ b. NOT PRIOR TO _____ *(date)* WHICH IS 31 - 90 DAYS BEFORE PCS
		☐ c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS

18. APPROVING OFFICIAL NAME *(Last, First, Middle Initial)*	19. SIGNATURE OF OFFICIAL	
20. TITLE	**21. GRADE**	**22. DATE** *(YYMMDD)*

Adobe Professional 7.0

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

a. Overseas station housing allowance;

b. Servicemember and/or dependent travel allowances and per diem;

c. Dislocation allowance;

d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

AIR FORCE MEMBERS ONLY: E4/SRA and below must have Commander's approval for all PCS advance pay payments.

AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES

(Read Privacy Act Statement on back before completing form)

1. MEMBER *(Last Name, First Name, Middle Initial)*	2. GRADE, RATE OR RANK	3. SOCIAL SECURITY NUMBER

4. MEMBER'S STATION OR ORGANIZATION

5.a. PRIMARY DEPENDENT'S NAME *(or designated representative for minor dependents) (First Name, Middle Initial,Last Name)*	b. RELATIONSHIP

6. DEPENDENTS OTHER THAN PRIMARY

a. NAME *(Last Name, First Name, Middle Initial)*	b. DATE OF BIRTH *(YYYYMMDD)*	a. NAME *(Last Name, First Name, Middle Initial)*	b. DATE OF BIRTH *(YYYYMMDD)*
(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	

7. PAYMENT DESIGNATION

☐ a. ADVANCE OF PAY - MAXIMUM AMOUNT $ _____ *(Not to exceed 2 months basic pay)*

I hereby authorize an advance of basic pay, as indicated above, to be paid to my above named dependent or representative, in the event of an emergency declared by proper authority. I understand that any amount of my basic pay paid to my dependent or representative will be deducted from pay and allowances due me.

☐ b. EVACUATION ALLOWANCE *(Designated dependent or representative)*

☐ c. EVACUATION DISLOCATION ALLOWANCE *(Designated dependent or representative)*

I hereby designate the above named individual to receive the payment checked in the event of an evacuation ordered or approved by competent authority.

d. DATE	e. SIGNATURE OF MEMBER

f. SIGNATURE OF PRIMARY DEPENDENT *(or designated representative for minor dependent)*

g. DATE	h. NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIAL(S)

8. RECORD OF PAYMENTS

a. DATE *(YYYYMMDD)*	b. DISBURSING OFFICER	c. SYMBOL NUMBER	d. PAYROLL NO. OR VOUCHER NO.	e. TYPE OF PAYMENT *(Advance of Pay - Dislocation Allowance - Evacuation Allowance)*	f. AMOUNT PAID

PRIVACY ACT STATEMENT

AUTHORITY: Title 37 U.S.C. Section 1006(c); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To provide a record of the member's authorization/non-authorization to provide an advance of the member's pay to his or her dependents or designated representative for minor dependents. The dependents must be located in an overseas area and may receive the advance in the event of an emergency evacuation.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the member's dependents to make the advance payment, and inform the dependents of the evacuation arrangements made for them. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

DISCLOSURE: Voluntary. However, if the information is not provided, the payments to the dependents could be delayed, possibly causing hardship on the dependents.

INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)

1. The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.

2. To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.

3. Payment of the amount of base pay (if any) authorized in DD Form 1337 as an advance of pay, may be obtained in installments (normally not more than two) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount - "$ _____".

4. If you have been receiving a military allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven area. If you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment checks.

5. If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.

6. If you lose the DD Form 1337 during evacuation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

THIS IS AN IMPORTANT DOCUMENT.
KEEP IT WITH YOUR PASSPORT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations (JTR), Chapter 3)
(Read Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST *(YYYYMMDD)*

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. SOCIAL SECURITY NUMBER	4. POSITION TITLE AND GRADE/RATING

5. LOCATION OF PERMANENT DUTY STATION (PDS)	6. ORGANIZATIONAL ELEMENT	7. DUTY PHONE NUMBER *(Include Area Code)*

8. TYPE OF AUTHORIZATION	9. TDY PURPOSE *(See JTR, Appendix H)*	10a. APPROX. NO. OF TDY DAYS *(Including travel time)*	b. PROCEED DATE *(YYYYMMDD)*

11. ITINERARY ☐ VARIATION AUTHORIZED

12. TRANSPORTATION MODE

a. COMMERCIAL				b. GOVERNMENT			c. LOCAL TRANSPORTATION		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER

PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE: _____
☐ ADVANTAGEOUS TO THE GOVERNMENT
☐ MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

13. ☐ a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. ☐ b. OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	15. ADVANCE AUTHORIZED
$	$	$	$ 0.00	$

16. REMARKS *(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*

17. TRAVEL-REQUESTING OFFICIAL *(Title and signature)*	18. TRAVEL-APPROVING/DIRECTING OFFICIAL *(Title and signature)*

AUTHORIZATION

19. ACCOUNTING CITATION

20. AUTHORIZING/ORDER-ISSUING OFFICIAL *(Title and signature)*	21. DATE ISSUED *(YYYYMMDD)*
	22. TRAVEL AUTHORIZATION NUMBER

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§5701, 5702, and E.O. 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

16. REMARKS *(Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*

VETERINARY HEALTH CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

1. OWNER'S NAME *(Last, First, Middle Initial)*	2. TELEPHONE NUMBER *(Include Area Code)*

3. ADDRESS *(Number, Street, City, State, ZIP Code)*

4. ANIMAL

a. NAME	b. SPECIES	c. SEX	d. AGE	e. WEIGHT

f. MICROCHIP NUMBER(S)	g. PREDOMINANT BREED	h. COLOR(S)

5. RABIES IMMUNIZATION DATA

a. PRODUCER *(First 3 letters)*	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS *(Street, City, State, ZIP Code)*	7. VETERINARIAN	
	a. NAME	b. LICENSE NUMBER
	c. SIGNATURE	d. DATE *(YYYYMMDD)*

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
   a. **NAME.** Self-explanatory.
   b. **SPECIES.** Self-explanatory.
   c. **SEX.** Self-explanatory; indicate if spayed or neutered.
   d. **AGE.** Self-explanatory.
   e. **WEIGHT.** Self-explanatory.
   f. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
   g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
   h. **COLOR(S).** Self-explanatory.
5. **RABIES IMMUNIZATION DATA.** Information derived from valid Rabies Vaccination Certificate for described animal.
   a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
   b. **LOT NUMBER.** Production lot number of the vaccine used.
   c. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
   d. **DATE VACCINATED.** Self-explanatory.
   e. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
6. **FACILITY ADDRESS.** Self-explanatory.
7. **VETERINARIAN.**
   a. **NAME.** Name of the veterinarian performing the examination and verifying the rabies vaccination information.
   b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
   c. **SIGNATURE.** Self-explanatory.
   d. **DATE.** Self-explanatory.

RABIES VACCINATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME *(Last, First, Middle Initial)*	2. TELEPHONE NUMBER *(Include Area Code)*

3. ADDRESS *(Number, Street, City, State, ZIP Code)*

4. ANIMAL

a. NAME		b. MICROCHIP NUMBER(S)	c. SPECIES	d. SEX
e. AGE	**f. WEIGHT**	**g. PREDOMINANT BREED**	**h. COLOR(S)**	

5. VACCINE

a. PRODUCER *(First 3 letters)*	b. LOT NUMBER	c. EXPIRATION DATE	d. VIRUS TYPE	e. ADMINISTRATION SITE

6. VACCINATION		7. VETERINARIAN	
a. RABIES TAG NUMBER	b. DATE VACCINATED	a. NAME	b. LICENSE NUMBER
c. VACCINATION DURATION	d. VACCINATION DUE	c. SIGNATURE	

8. FACILITY ADDRESS *(Street, City, State, ZIP Code)*

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
   a. **NAME.** Self-explanatory.
   b. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
   c. **SPECIES.** Self-explanatory.
   d. **SEX.** Self-explanatory.
   e. **AGE.** Self-explanatory.
   f. **WEIGHT.** Self-explanatory.
   g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
   h. **COLOR(S).** Self-explanatory.
5. **VACCINE.**
   a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
   b. **LOT NUMBER.** Production lot number of the vaccine used.
   c. **EXPIRATION DATE.** Expiration date of the vaccine used.
   d. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
   e. **ADMINISTRATION SITE.** Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder).
6. **VACCINATION.**
   a. **RABIES TAG NUMBER.** Self-explanatory.
   b. **DATE VACCINATED.** Self-explanatory.
   c. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
   d. **VACCINATION DUE.** Date that next rabies vaccination is due.
7. **VETERINARIAN.**
   a. **NAME.** Name of the veterinarian responsible for the vaccination.
   b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
   c. **SIGNATURE.** Self-explanatory.
8. **FACILITY ADDRESS.** Self-explanatory.

ANIMAL EUTHANASIA

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; DoD Directive 5136.01; Army Regulation 40-905; SECNAVINST 6401-1B; AFI 48-131.

PRINCIPAL PURPOSE(S): To document your request for animal euthanasia and subsequent disposal of the remains. We will also use this form to identify and remove your animal's registration record from the files of animals registered with this veterinary treatment facility.

ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html may also apply.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information, your animal will not be euthanized by military veterinary personnel.

1. OWNER DATA

a. NAME	b. ADDRESS *(Include ZIP Code)*
c. TELEPHONE NUMBER *(Include Area Code)*	

2. ANIMAL DATA

a. NAME	b. SPECIES	c. BREED	d. SEX *(Click to select)*
e. COLOR	f. AGE	g. MARKINGS/MICROCHIP NUMBER	

3. DISPOSITION OF REMAINS *(X one)*

☐ Owner will retrieve from facility. ☐ Owner will/has arranged for retrieval by third party *(name)*: _____

☐ Army veterinary facility will dispose in accordance with approved installation/local regulation/policy.

4. CERTIFICATION.

I, the undersigned, certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and that I give permission to perform euthanasia of the animal. I also certify that, to the best of my knowledge, the animal has not bitten any person or animal during the last ten (10) days, and has not been exposed to rabies. If remains have not been retrieved within ten (10) days, the veterinary facility may dispose of them without my permission.

a. SIGNATURE OF OWNER	b. DATE SIGNED	c. VETERINARY STAFF WITNESS

****

LEGAL ASSISTANCE OFFICE USE ONLY

Date worksheet received: Office index number:
Received by: Date executed:
Date typed up: Will executed by:
Typed by:

****

WILL WORKSHEET

MCAS IWAKUNI LEGAL ASSISTANCE OFFICE

253-5591

PRIVACY ACT STATEMENT: Individuals seeking legal assistance are asked to complete this worksheet. The information requested is voluntary. It will be used by the staff of the Legal Assistance Office to assign counsel to you, to answer your questions, to prepare necessary documents for you, to monitor the progress of your case, and to prepare periodic statistical reports on the caseload of this office. The authority for requesting and maintaining this information is found in 5 U.S.C. 301 and 44 U.S.C. 3101. If you choose not to provide this information, the legal staff may not be able to assist you.

PRIVACY ACT STATEMENT (プライバシー法): 法的支援を求めている方は　このワークシートにご記入ください。求められている情報は自発的な御意志で記入されるわけですが　当法律事務所のスタッフによって　適切なるカウンセリングを行うため、ご質問にお答えするため、　必要な書類等を準備するため、あなたの事案の進展状態を確認するため、そして当事務所の扱っている件数の統計を取るため等に使わせていただきます。　この情報を要求し　または維持するよう許可されている法律は　5 U.S.C. 301 and 44 U.S.C. 3101に謳ってあります。もし　あなたがこの情報を提供されないという選択をなさるのであれば 当法律事務所のスタッフはあなたをアシストすることが出来ないかもしれません。

Please ensure that the following worksheet is filled out completely and accurately prior to your appointment date with a legal assistance attorney. If your worksheet is not properly filled out, your appointment may be rescheduled.

このワークシートを完全にまた正確に記入されて弁護士との約束の日にお持ちください。　正しく記入されてない場合　別の日の予約になることがあります。

1) Deployment Date (if deploying): _____(演習への)　出発の日

If you otherwise need your will completed by a certain date, please give us the date and explain why:
あるいは遺言書がある特定の日までに完成する必要がある場合　その日付とその理由もお知らせください。

_____

2) Name　（氏名）: _____

☐ Male　（男性）　☐ Female　（女性）

SSN (last four): _____ Date of Birth: _____
社会保障番号の下4桁　　生年月日

Rank: _____ Branch of Service: _____ EAS: _____
（階級）　　（所属軍）　　（兵役終了の日）

Address: _____
（住所）

_____

_____

Telephone Number: (H)_____ (W)_____ (C)_____
（電話番号） （家） （職場） （携帯番号）

E-mail Address: _____
（メールアドレス）

State of Legal Residence: _____
（法的居住の州）

2) Are you a U.S. citizen? （アメリカ国籍ですか？）

- ☐ Yes （はい）
- ☐ No （いいえ）

3) Marital Status: （婚姻状態）

- ☐ Married, and never married previously （婚姻している－前婚なし）
- ☐ Married, but was previously married to another person （婚姻している－前婚有り）
- ☐ Widow(er) （未亡人）
- ☐ Divorced （離婚している）
- ☐ Single （独身）

4) Name of spouse（配偶者の氏名）: _____

5) Is your spouse a U.S. citizen? （配偶者はアメリカ国籍ですか？）

- ☐ Yes （はい）
- ☐ No （いいえ）

NOTE: If your spouse wishes to create a will, he/she must fill out a separate will worksheet.
（注）あなたの配偶者も遺言書を作成したいのであれば 配偶者は別の遺言書のワークシートを記入します。

6) Military Status （軍）

- ☐ I do not wish to have my military status reflected in the will （自分の遺言書には軍関係者ということを反映させないでほしい。）
- ☐ Active Duty Member （現役軍人）
- ☐ Spouse of Active Duty Member （現役軍人の配偶者）
- ☐ Dependent of Active Duty Member （現役軍人の被扶養者）
- ☐ Retired （退役軍人）
- ☐ Spouse of Retiree （退役軍人の配偶者）
- ☐ Dependent of Retiree （退役軍人の被扶養者）

7) Enter the name(s) of your child(ren): （子供の氏名の情報）

	Name （氏名）	**Age** 年齢	**Gender** 性別	**Natural** 実子	**Step** 継子	**Adopted** 養子
1.	_____	____	_____	☐	☐	☐
2.	_____	____	_____	☐	☐	☐
3.	_____	____	_____	☐	☐	☐
4.	_____	____	_____	☐	☐	☐

8) What is the estimated combined value of you and your spouse's estate? *See attached Estate Valuation Worksheet (pgs 16-18) – it is important that you fill out the worksheet.*
あなたとあなたの配偶者の合算した財産価値はどのくらいですか？ （13ページから15ページにある財産評価額のワークシートをご覧ください）— ワークシートの記入は重要です。

- ☐ Less than $500,000 （500,000ドル以下）
- ☐ $500,000-$1,000,000 （500,000ドルから1,000,000ドル）
- ☐ Over $1,000,000 （1,000,000ドル以上）
- ☐ Over $2,000,000 （2,000,000ドル以上）
- ☐ Over $5,000,000 （5,000,000ドル以上）

9) Do you own an interest in a family-owned business or farm that you intend to dispose of in your will?
遺言書の中に 処分するつもりがある家族経営の商売あるいは農場から発生する利益をお持ちですか？

- ☐ Yes （はい）
- ☐ No （いいえ）

10) Do you own any real property (land or house) that you intend to dispose of in your will?
遺言書の中に あなたが処分するつもりがある不動産（土地あるいは家屋）をお持ちですか？

- ☐ Yes （はい）
- ☐ No （いいえ）

If you answered **no**, please skip to question **#13** （もし“いいえ”なら #13の質問へ行ってください）

If **yes**, please provide: （もし “はい”と答えたのであれば 次の項目に記入してください）
Location of Property(ies): （その資産の所在地）

_____

Description of Property(ies): （その資産の詳細）

_____

11) How is title to the real property held? *(Please consult your deed before answering.)*
その不動産の名義はどのようになっていますか？ （答える前にあなたの権利書を確認してください）

- ☐ Joint Tenancy （共同名義） (with_____), or
- ☐ Tenancy in Common （共通名義） (with_____), or
- ☐ Single Owner, or （単独名義） あるいは
- ☐ Other_____ （その他）

NOTE: In most States, land that is titled as a Joint Tenancy means that the property will automatically pass to the surviving person(s) listed on the title in the event of your death, without regard to anything you say in your will.
（注）ほとんどの州では 共同名義になっている土地は あなたが亡くなった場合、あなたの遺言書にあなたが謳っているどんなことにも関わらず、 その土地は自動的にその名義にある生存している人の方に移ります。

12) How do you intend to leave the real property? （どのように不動産を残したいですか？）

- ☐ All to my spouse, or （すべて私の配偶者）へ
- ☐ To one or more different beneficiaries *(please list below)*, or
（一人または何人かの別の受益者）へ（下記のリストに記入）
- ☐ All real property will pass as part of my residuary estate *(see Question 16)*, or
（すべての不動産は残余財産部分として渡す） （質問項目#16を参照）
- ☐ To a trust for the benefit of some minor child(ren) (*see Question 23c)*, or
（未成年の子供のための信託へ） （質問項目#22を参照）
- ☐ The family home will go to my wife/husband and any other real property I own will pass as part of my residuary estate, or
(家族用の家は私の妻か夫へ行き、私が所有する他の不動産は残余財産部分として取り扱う)
- ☐ My spouse will only receive a "life estate" in the real property
（私の配偶者は 不動産部分のなかの "生存中の財産" を受け取るのみ）

Real Estate Beneficiary （不動産の受益者）	**Relationship** （関係）
1. _____	_____
2. _____	_____
3. _____	_____

13) How do you intend to devise your <u>personal effects or other tangible property</u>?
あなたの私物あるいは有形財産をどのように分配しますか？

- ☐ All to my spouse, or all to one beneficiary (enter name): _____
（全てを私の配偶者へ、 または全てを一人だけの受益者へ （その場合名前を記入）
- ☐ As per a schedule of specific gifts (with items not listed passing to my spouse) *(see Question 14 to list specific gifts)*, or
（特定する贈与品の一覧表による（私の配偶者へ行くリストに入ってない物品） ー 質問#14に特記する物品のリストを記入）
- ☐ As per a schedule of specific gifts (with items not listed passing as part of my residuary estate) *(see Question 14 to list specific gifts)*, or
（特記する贈与品の一覧表による（私の残余財産部分としてリストに入ってない物品） ー 質問#14に特記する物品のリストを記入）
- ☐ As provided with regard to my residuary estate
（私の残余財産に関して提供されているように）

14) <u>Specific Gifts:</u> You may elect to make specific gifts of cash *(see Question 15)*, real estate *(see Questions 10-12)*, or personal property to specific people or charities in your will (e.g., wedding ring to daughter, 1957 Chevy to friend, etc.). These gifts will be distributed first and may deplete your estate. Also, specific gifts may complicate the probate of your estate if the property given cannot be found at your death. Therefore, if you make any specific gifts, you should only give property that you are reasonably sure that you will still have when you pass away. If you make no specific gifts, all of your property will pass to your primary beneficiaries.

特別なギフトー特別な物品 ー例えば、 現金（質問#15参照）、不動産（質問#10~12参照）あるいは 不動産を特別な人物あるいは 寄付団体へ寄付すると遺言書に入れる選択肢もあります。(例として 結婚指輪を娘へ、1957年物のシェヴィーを友人へ等。これらの贈与品は最初に割り当てられて あなたの財産を激減させます。 また 特別に贈り物をするということは あなたの死後に もし与えられる財産が発見されなかった場合 あなたの財産を検認する作業を複雑にします。 故に もしあなたが特別な贈り物等されるのであれば、あなたが亡くなる時にあなたがまだ所有していると確信している財産を渡すのが妥当です。もしあなたが特別な贈与をしないのであれば あなたの全財産は あなたの主たる受益者に渡されます。

If you wish to give a specific item to a family member or other individual, indicate below the name of the beneficiary (person receiving the gift) and the type of gift.
もし家族の誰かあるいは 他の個人へ特別な物品を与えたいのであれば その受益者（贈り物を受け取る人）の名前と贈り物のタイプを下記に記入してください。

Gift Beneficiary (include relationship to you; e.g., sister, brother, etc.) （贈り物受益者—名前とあなたとの関係）	**Detailed Gift Description (be specific)** （贈り物の詳しい内容）
1. _____	_____
2. _____	_____
3. _____	_____

15) Cash Gifts: If you make a cash gift and you do not possess the funds at your death, or your cash beneficiary predeceases you, the cash gift may not happen. Additionally, if you possess *joint bank accounts* with your spouse, these accounts will NOT pass through your will; therefore, cash gifts from these accounts may not happen either. Do you wish to make any cash gifts?
（現金での贈与）－もし現金の贈与をしようとして あなたの死の際にその資金を所有していない場合、あるいは あなたの現金受益者があなたより先に亡くなった場合、その現金贈与は起こりません。加えて もしあなたに配偶者との共同名義の銀行口座があれば その口座はあなたの遺言書を通して渡されません。 ですのでこれらの銀行口座からの現金贈与も生じないかもしれません。 いくらかの現金での贈与を希望しますか？

- ☐ Yes （はい）
- ☐ No （いいえ）

If yes to the above question, indicate below to whom and how much.
（上記の質問に “Yes” なら下記に誰にそしてその額を記入してください。

Cash Beneficiary (include relationship to you; e.g., sister, brother, etc.) 現金での受益者（あなたとの関係も記入）	**Amount** （金額）
1. _____	_____
2. _____	_____
3. _____	_____

16) Residuary Estate: Your “residuary estate” is whatever property remains in your estate after your lawful debts, taxes, expenses of administration, and any specific gifts, etc., have been paid or distributed. How do you intend to leave your residuary estate?
（残余財産とはあなたの法的な借金、税金、経営運営に関する経費、そして特別な贈与等が支払われまたは分配された後にあなたに残った財産のことです。

- ☐ All to my spouse, then to my child(ren), if any, if my spouse dies before me, or
（すべて私の配偶者へ、そして子供たちへ）もし居れば、私の配偶者が私より先に死亡した場合。
- ☐ Into a testamentary trust *(see Question 23c)*, or （信託へ預ける）（質問#23を参照）
- ☐ A minimum to my spouse, with the balance going to my children or other beneficiaries, or （最少額を配偶者へ、子供たちへ または 他の受益者があればその差額をもって）
- ☐ Various other types of dispositions （いろいろな別のタイプの処分の仕方）

Indicate below to whom you wish to give your residuary estate and what percentage each beneficiary will receive. The percentages must add up to 100 percent.
下記にあなたが残余財産を誰に渡したいのか　そして各受益者がどのくらいの割合で受け取るかを記入してください。　割合の合計は１００パーセントです。

Residuary Estate Beneficiary (include relationship to you; e.g., sister, brother, etc.) 残余財産の受益者（関係も記載）	**Percentage/Amount** (割合%／額)
1. _____	_____
2. _____	_____
3. _____	_____

17) If all the beneficiaries you named above do not survive you, do you wish to name alternative beneficiaries(s)?（上記に記載の全受益者があなたより先に死亡した場合、別の代替受益者を指名したいですか？）

☐ Yes （はい）
☐ No （いいえ）

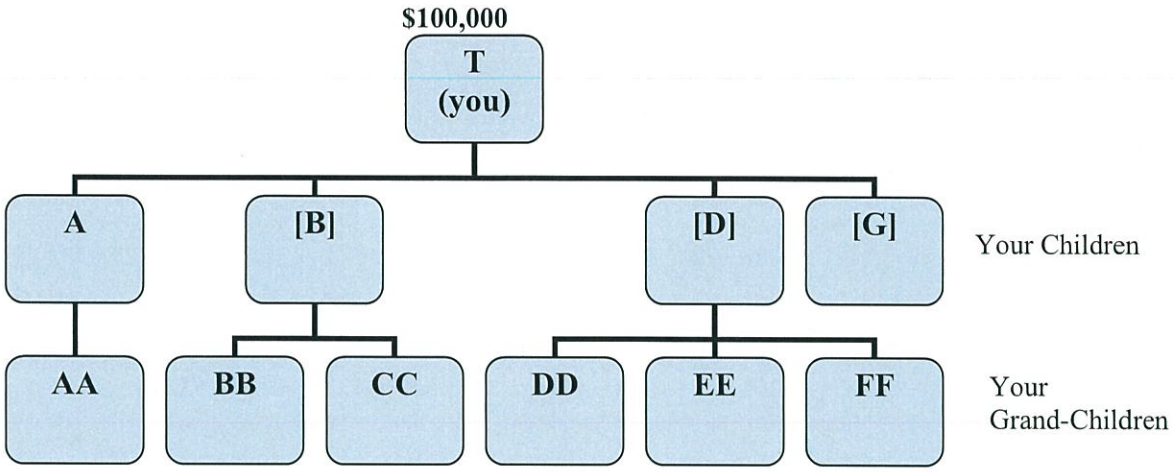
If yes to the question above, indicate below the name(s) of your alternative beneficiary(ies):
（もし上記の質問に“はい”の場合、代替受益者の名前をご記入ください。

Name of Alternative Beneficiary (代替受益者の名前)	**Relation to You** (あなたとの関係)	**% of Your Estate** (割合)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

18) How are the gifts to your child(ren) to be made? *(See explanation below; NOTE: NOT ALL OF THESE CHOICES MAY BE AVAILABLE IN YOUR STATE OF LEGAL RESIDENCE)*
あなたの子供たちへの贈与はどのようしますか？　（下記の説明を参照—*注　必ずしもこれらすべての選択があなたの法的居住の州に適用されないこともありえます)*

☐ Classical Per Stirpes（昔からの代襲）
☐ Modern Per Stirpes　（近代的代襲）
☐ Per Capita at Each Generation　（各世代での一人当たり分）

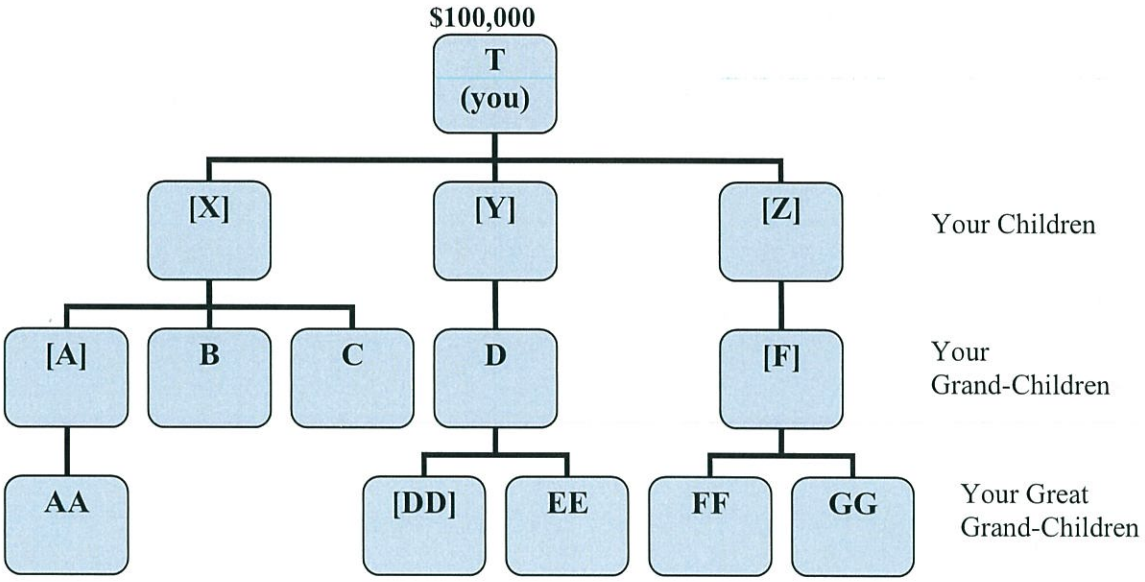
The above terms describe the way a gift is to be divided among a person's descendents. The two graphics and charts that follow illustrate the different results under the three systems if you had a $100,000 estate: (Letters in parentheses indicate children or grandchildren who have passed away before you.)
上記の言い回しは　贈与が子孫の間での分配方法のことを言っています。
下記にある二つの図形と表は　もしあなたに100,000ドルの資産を所有していた場合　これらの3つのシステムで処理されたときの結果の違いを表しています。（カッコ内にある文字はあなたより先になくなった子供あるいは孫を示しています。



Classical Per Stirpes	Modern Per Stirpes	Per Capita at Each Generation
A = 1/3 = $33,333.33	A = 1/3 = $33,333.33	A = 1/3 = $33,333.33
BB = 1/6 = $16,666.66	BB = 1/6 = $16,666.66	BB = 2/15 = $13,333.33
CC = 1/6 = $16,666.66	CC = 1/6 = $16,666.66	CC = 2/15 = $13,333.33
DD = 1/9 = $11,111.11	DD = 1/9 = $11,111.11	DD = 2/15 = $13,333.33
EE = 1/9 = $11,111.11	EE = 1/9 = $11,111.11	EE = 2/15 = $13,333.33
FF = 1/9 = $11,111.11	FF = 1/9 = $11,111.11	FF = 2/15 = $13,333.33

*You'll notice that in this first example, the result under the three systems is similar. However in the next example, you will see how the systems can differ.

（最初の例で気づいたとおもいますが この3つのシステムの結果は似ています。しかしながら 次の例では そのシステムに違いがあるのがお分かりになるとおもいます。



Classical Per Stirpes	Modern Per Stirpes	Per Capita at Each Generation
B = 1/9 = $11,111.11	B = 1/5 = $20,000	B = 1/5 = $20,000
C = 1/9 = $11,111.11	C = 1/5 = $20,000	C = 1/5 = $20,000
D = 1/3 = $33,333.33	D = 1/5 = $20,000	D = 1/5 = $20,000
AA = 1/9 = $11,111.11	AA = 1/5 = $20,000	AA = 2/15 = $13,333.33
FF = 1/6 = $16,666.66	FF = 1/10 = $10,000	FF = 2/15 = $13,333.33
GG = 1/6 = $16,666.66	GG = 1/10 = $10,000	GG = 2/15 = $13,333.33

*If you do not fully understand the various systems, your attorney can further explain it to you during your appointment. （もしあなたがこののシステムを理解できなければ 弁護士が予約の際にさらに説明いたします。）

19) How do you want your adopted or step children (if any) to be treated in this will?
（あなたの養子あるいは継子をどのように遺言書のなかで取り扱いたいですか？

- ☐ Expressly included （明示して含める）
- ☐ Expressly excluded （明示して除外する）
- ☐ This will is to be silent on the subject. （この遺言書はこの件に関して言及しない。）

20) A beneficiary must have attained what age to be entitled to receive a gift outright?
（贈与を直接受ける資格になるためには受益者はある年齢に達していなければならない。
（何歳にしたいか？）

- ☐ 18 （18歳）
- ☐ 21 （21歳）
- ☐ 25 （25歳）
- ☐ 30 （30歳）
- ☐ Other____ （その他）

*Any age greater than 21 may not be possible without a trust. Speak to your attorney about this during your appointment. （21歳より上の年齢のものでも信託がなければ可能ではない。予約の際に弁護士にお話下さい）

21) <u>Executor:</u> An "Executor" is the individual (or individuals) who will administer your estate upon your death. The Executor will be responsible for gathering all your belongings and assets, paying your debts and any taxes that you owe, and ensuring that the remainder of your estate is properly distributed to your intended beneficiaries. Some States have a preference for or require an Executor to be a legal resident of the State where the will is probated. Therefore, you should select family members or responsible friends who are residents of the same State that you claim is your legal residence or the State where you own real property. A successor is a person who will serve in the event that the first named individual is unable or unwilling to serve.

（Executor－執行者とは　あなたの死後にあなたの財産を管理する者です。執行者は　あなたの全ての所有物　資産を集め、あなたが負っていた借金　税金を払い、残った財産があなたの意図した受益者に正しく分配されているかに関して責任があります。　いくつかの州は　執行者は　遺言書が検認されるその州の州民であることを望んでいたりまた　そう条件を要求することがあります。ですので　あなたは　家族または友人を選ぶ際に　彼らが　あなたと同じ州か 或るいはあなた所有の不動産が在る州の住民である責任感のある友人を選ぶべきです。 Successor (後継者)とは第一に指名された個人がこの案件を取り扱いたくないとき　または　出来ないときに　その代わりをする者です。

Who do you want to appoint as your Executor?
あなたの執行者を誰に任命したいですか？

- ☐ My spouse, or　（私の配偶者）
- ☐ My spouse and a co-Executor, or　（私の配偶者と一緒にやってくれる人）
- ☐ My spouse and a successor Executor, or　（配偶者と後継者執行者）
- ☐ One Executor other than my spouse *(please list below)*, or　（配偶者以外の執行者）(下記に記入してください)
- ☐ Other *(please list below)*　（その他）(下記に記入してください)

Name of Executor (in order of succession) 執行者の名前（相続の順番）	**Relation to You** （あなたとの関係）
1. _____	_____
2. _____	_____
3. _____	_____

22) <u>Guardian of the Person:</u> If you and the other natural parent of your child(ren) die while your child(ren) are still minors, you should appoint a Guardian of the Person who will have physical care and custody of your child. Do you wish to appoint a Guardian of the Person?

（後見人）－あなたの子供がまだ未成年である時　あなたともう一方の子供の実親が共に死亡している場合　あなたはその子供の世話とか後見人をする人物を任命しなくてはなりません。

- ☐ Yes, one Guardian for any minor child(ren) , or　はい、未成年の後見人は一人
- ☐ Yes, one Guardian and a successor guardian(s), or
  はい、1名の後見人と１名の後継者
- ☐ Yes, two co-Guardians (with or without any successors), or
  はい、２名の共同後見人　（後継者あるかないか）
- ☐ Yes, a split guardianship – a different Guardian or Guardians for each child, or
  はい、別々の後見人―　各子供に異なる後見人
- ☐ No, I do not wish to appoint a Guardian under this will
  いいえ、　この遺言書では後見人を任命したくない

Name of Guardian (in order of succession) （後見人の名前）	**Relation to You** （あなたとの関係）
1. _____	_____
2. _____	_____
3. _____	_____

23) Leaving Property to Minors: Minors can be beneficiaries of your will, but minors cannot directly receive property. There must be an adult who will hold the property for the minor until the minor reaches a particular age *(see Question 20 above to designate the age)*. *Please read the attached handout on SGLI for further information on gifts to minors (pgs 19 - 21).* There are three means of providing property to minors: guardianship/conservatorship, custodianship, or trust.

未成年への財産を残すこと： 未成年者もあなたの遺言書の受益者になれます。 しかし 未成年者は直接財産を受け取ることはできません。 未成年者が或る特定の年齢に達するまで未成年のために財産を保持する成年者がいなくてはなりません （質問#17の項を参照） 添付のSGLIについてのハンドアウトをお読み下さい、そこには未成年者への贈与についての更なる情報がのっています（16ページと17ページ）。未成年者への財産分与の３つの方法があります： guardianship/conservatorship, custodianship （後見人制度）, あるいは 信託制度

a) Guardianship/Conservatorship: You can appoint a Guardian of the Property (sometimes called a Conservator), who will care for the property of a minor child. The Guardian of the Person is who will physically have custody of your child *(see Question 22 above)*. Because of delays, court oversight, and lack of flexibility, this method is not recommended.

Guardianship 後見人： コンサーヴァーターとも呼ばれますが 財産の後見人を任命することが出来ます。その後見人は未成年の財産の保護をします。 この後見人はあなたの未成年の物理的にも後見をする者です。 （上記の#19の質問を参照）。 遅延、裁判所の見落とし、柔軟性にかけたりするためにこの方法は薦められません。

b) Custodianship: A custodianship is a form of statutory trust under your State's Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA). This is generally preferred to a Guardian of the Property/Conservator because it is faster and there is less court oversight. The custodian must give all the property to the minor by a certain age (usually 21, but in California, it can be delayed until 25). This method is often preferable to a trust because it is less complicated and less expensive. For most people, this is the best option.

Custodianship 後見人： Custodianship はあなたの州の UTMAあるいは UGMAの下での法廷トラスト（信託制度）という形のものです。 これは一般的に財産後見人に対して好意的です。 というのも 迅速ですし また裁判所の見落としもより少ないからです。 Custodian （後見人） は 或る年齢までには 未成年者に全ての財産を渡します（通常21歳ですがカリフォルニア州では25歳まで伸ばせることもできます）。この方法はしばしば信託制度には好ましい方法です。 なぜなら あまり複雑でもないし費用も少なくてすみます。 ほとんどの人にとってこれは最善のオプションです。

c) Testamentary Trust: You may elect to give property to a minor through a trust. The property is given to a person designated as a Trustee, who will hold the estate in trust for the benefit of your beneficiary(ies) until such beneficiary(ies) reach the age you designate. The Trustee will manage the trust under minimal court supervision. Your Trustee should be responsible, well organized, trustworthy, and experienced in maintaining books and records. This method provides the greatest degree of flexibility, but is more complicated and expensive. Please note, the trust will be created in your will and only comes into existence during the probate process. This method is not generally recommended.
遺言信託： あなたには 信託制度を通して未成年者に財産を与えることを選ぶこともできます。 その財産はあなたが管財人と指定した人間に渡されます。そのものはあなたの受益者があなたが決めた年齢に達するまで受益者の利益のためトラスト（信託制度）にある資産財産を保持します。 管財人は最小限の裁判所の監督の下その信託を管理します。 あなたの管財人は責任があり 整理にたけており 信頼でき、帳簿や記録を維持するのにその経験があるべきです。 この方法では結構な範囲の柔軟性もありますが 複雑化しまた 費用もかかります。 注目していただきたいのは 信託制度は あなたの遺言書のなかにあえて作られて検認作業の期間中存在するだけです。

How do you want property that you leave to a minor to be held:
あなたの財産をあなたの未成年にどのようにして保持するようにして残したいですか？

- ☐ Guardianship of the Property/Conservatorship *(not recommended)*
  後見人制度（推奨しない）
- ☐ UTMA/UGMA Custodianship *(frequently the best option)*
  UTMA/UGMAの後見人制度 （しばしば最善のオプション）
- ☐ Testamentary Trust *(not generally recommended)*
  遺言信託制度（一般的には推奨しない）

Please list the person you wish to hold the property for the minor (NOTE: this person should be the same as the person you named to be Guardian of the Person in *Question 22*)
以下にあなたが未成年者のための財産を保持するための希望の人の名前を記入してください
（この人は質問#１９にある後見人としての人物と同じ人物であるべきです。）

Name of Guardian (Conservator)/Custodian/Trustee (in order of succession) （名前）	**Relation to You** （あなたとの関係）
1. _____	_____
2. _____	_____
3. _____	_____

****If you elected to create a TRUST, please continue below. If you did not elect the property to be held in trust, please skip to Question 29****
あなたがトラスト（信託制度）を選ぶのであれば 下記も続けてご記入ください
もし信託制度に財産を預けることを選ばないのであれば Ques#29へ行ってください。

A single trust forces the oldest child to wait until all the other children reach the specified age before the oldest child may receive his/her share of the trust's principal. This may pose a problem if there is a large age disparity between the oldest child and youngest child. On the other hand, a separate trust for each child is cumbersome and likely to be expensive to maintain.
単一信託は 一番年上の子が信託の元本の自分の取り分を受け取れる前に 他の全ての子供たちが特記された年齢に達するまで その一番年上の子供は待つように強制されます。これだと 最年長の子供と最年少者の間に大きな年齢の不均衡という問題が提起されます。 反面 それぞれの子供用に個別の信託制度は面倒になり 費用面で高くつく恐れがあります。

24) If you wish to establish a trust, do you want the gifts to all of your minor children to be held in a single trust, rather than have a separate trust for each child?
信託制度を確立したいのであれば、 あなたの未成年の子供達全てへの贈与を 夫々一人ずつの子供の別信託をもつより 単一信託に預けておきたいですか？

☐ Yes (はい)
☐ No (いいえ)

25) If you wish to establish a trust, do you want to appoint *(list names above)*:
もし信託制度を確立したいのだあれば あなたは 誰か（名前）を指名しますか？

☐ One Trustee — 一人だけの管財人
☐ Two Co-Trustees — 二人で共同管財人
☐ One Trustee and a successor Trustee — 一人の管財人とその後継者

26) Do you want the Trustee to have the power to dissolve the trust if it becomes uneconomical to maintain it? もし信託を維持する上で不経済なことになったばあい あなたは 管財人に その信託制度を解消する力を持たせたいですか？

☐ Yes (はい)
☐ No (いいえ)

27) Do you want the Trustee to have the power to dissolve the trust if the trust falls below a specific amount?
もし信託制度がある特定の金額以下に落ちた場合 あなたは管財人にその信託制度を解消する力を持たせたいですか？

☐ Yes (はい)
☐ No (いいえ)

28) If yes to the question above, what amount? $_____
もし 上記の質問に“はい”なら、その金額とはいくらですか？

29) Is there anyone who you specifically do not want to receive anything from your estate?
あなたの資産から何も受け取ってほしくない特記すべき人はいますか？

☐ Yes (はい)
☐ No (いいえ)

30) If yes to the question above, indicate below the name and relation to you:
上記の質問に “はい”なら その人の名前とご関係を記入してください

Name of Person to be Disinherited (相続させない者の名前)	**Relation to You** (関係)
1. _____	_____
2. _____	_____
3. _____	_____

LIVING WILL & DURABLE POWER OF ATTORNEY FOR HEALTH CARE QUESTIONNAIRE

（リヴィングウィルと　健康管理のための恒久委任状

A Living Will is a declaration that if you were terminally ill or in vegetative state where your survival is not possible without the use of life support, certain medical treatment should NOT be given to prolong your life.
リビングウィルとはもし末期症状の病気　あるいは　あなたが生命維持装置なしでの生存が可能じゃない植物状態になった際、　あなたの寿命を引き伸ばすために　特定の医学的治療はなされるべきではないという宣言です。

A Living Will is often accompanied by a Durable Power of Attorney for Health Care (or Advanced Medical Directive), which permits you to appoint another person (or persons) to make health care decisions on your behalf when you can no longer make such decisions yourself. The scope of the health agent's powers may be very broad (e.g., changing doctors or hospitals, authorizing certain medical treatment, or terminating all medical treatment).
リビングウィルはしばしば　健康ケアの永続的委任状と一緒に付随されます。この委任状は　あなたが健康ケアを自分で決定できなくなったときにあなたの代わりにあなたの健康ケアの決定をしてもらうように別の人物を指名するものです。　健康に関する委任は広範囲にわたります。　（医師や医者の変更、特定の医療行為を許可すること、あるいは全ての医療行為を終止すること。）

Complete this questionnaire if you would like a Living Will and/or a Durable Power of Attorney for Healthcare. You should note that a Living Will, although oftentimes prepared in conjunction with a will, is a separate document and is NOT part of your will.
もしあなたがリビングウィルか あるいは一緒に健康に関する永続的委任状を作成したいのであれば この質問状を完成させてください。　リビングウィルは　しばしば遺言書に伴って用意されるけれども　これはまったく別の書類であって 遺言書の中の一部ではないことをご承知おき下さい。

1) Do you want:　あなたが希望するのは？

- ☐ Both a living will and a durable power of attorney for health care *(recommended option)*, or　リビングウィルと永続的委任状を作成する　（推奨するオプション）
- ☐ Just a living will, or　（リビングウィルのみ）
- ☐ Just a durable power of attorney for health care　健康に関する永続的委任状のみ

2) Who do you want to designate as your health care agent?
あなたの健康ケアの代理人として　誰を任命したいですか？

- ☐ My spouse, or　（配偶者）
- ☐ My spouse and a successor agent who is named below, or
  （配偶者と下記に名前がある後継者）
- ☐ Someone who is not my spouse, and who is named below
  （私の配偶者以外の別のもので 下記に名前があるもの）

Name: _____（名前）

Address: _____（住所）

_____

Phone: _____（電話番号）

Relation of your agent to you: _____（あなたとのご関係）

3) With regard to the appointment of a SECOND agent to make health care decisions:
健康ケアの決定をするために第二番目の代理人の任命に関する質問

☐ A second agent is to be designed, and the second agent is to act as a successor only in the event the first is incapacitated *(recommended)*
第二番目の代理人を任命するべきであり そのものは第一代理人がその役目ができないときのみに行動する。（推奨）

☐ A second agent is NOT to be designated　　第二代理人は指名しない

☐ A second agent is to be designated, and either agent can act separately
第二代理人は指名するが　どちらの代理人も別々に行動することができる

☐ A second agent is to be designated, and the agents must act jointly unless one is incapacitated　第二代理人は指名し　その代理人たちは もし一方が出来なくならない限りは共に行動する。

If you wish to designate a secondary agent, indicate below the name of your second agent.
もし第二代理人を指名したいのであれば　下記にその名前等記入

Name: _____（名前）

Address: _____（住所）

_____

Phone: _____（電話番号）

Relation of your agent to you: _____（あなたとのご関係）

4) Are you currently in a hospital or a nursing facility?
今現在病院あるいは療養所にいますか？

☐ Yes　（はい）
☐ No　（いいえ）

5) Is your agent authorized to donate your organs for transplant?
あなたの代理人はあなたの臓器を移植するために許可を得ていますか？

☐ Yes　（はい）
☐ No　（いいえ）

****If no, please skip to Question 8****
（もし“いいえ”なら　質問#８へ）

6) Is the authority to donate organs to **include** not just transplants but also the donation of organs and tissue for other medical, educational or scientific purposes?
臓器提供するための許可は　移植のみならず　別の医療　教育　科学の目的のための臓器組織提供も含めていますか？

☐ Yes　（はい）
☐ No　（いいえ）

7) Is the authority to donate organs to expressly exclude certain organs?
その臓器提供の許可は特別にある種の臓器を除外すると明示してありますか？

☐ Yes, please list: _____（はい）表記してください
☐ No　（いいえ）

8) Do you wish to express a preference to die <u>at home</u> rather than in a hospital?
病院より家で死を迎えたいという自分の希望を表記したいですか？

☐ Yes　（はい）
☐ No　（いいえ）

FUNERAL ARRANGEMENTS
（葬儀の手配）

9) Upon my death, I wish:
私の死後　希望するのは：

- ☐ To be cremated　（火葬）
- ☐ To have my body given for medical or scientific purposes
  （遺体は医療あるいは科学の目的のため捧げる）
- ☐ To be buried at a specific grave site or location (with or without full military honors).
  Please specify location:　（ある特別な墓地あるいは場所に埋葬）－場所を記入

  _____
- ☐ To be buried with full military honors (without specifying a location)
  （軍的名誉をもって埋葬）－特記する場所はない
- ☐ To be buried at sea　（海への埋葬）
- ☐ OTHER. Please specify: _____（その他）

10) Do you want to be buried with full military honors?
軍的名誉のやり方で埋葬されたいですか？

- ☐ Yes
- ☐ No

ESTATE VALUATION WORKSHEET

（資産価値の試算用ワークシート）

To determine what type of will is appropriate for you, you need to provide a rough estimate of the value of your estate. Exact figures are not necessary. You should use this worksheet to help you compute the net aggregate value of your estate. For this purpose, include the value of all of the property you own in your name, and if married, the value of your spouse's property. Life insurance, including SGLI, ordinarily does NOT pass according to your will; it will go to the beneficiaries you designated on the insurance forms. However, the value of the insurance is typically included in determining whether estate taxes will apply in your case.

あなたにとって適切な遺言書を作成するために　あなたの財産の価値の大体の額の見積もりを出してください。正確な数字は必要ないです。　あなたの名前で所有している全てのものの価値を合算し　また結婚していれば　配偶者の財産も記入してください。　生命保険　SGLIも含めた　生命保険は　通常あなたの遺言書によっては渡されません。それは　保険証券にあなたが指名した受益者へいくものです。　しかしながら　保険の価値は財産の税金が適用するかしないかを決定する際に含まれます。

PERSONAL PROPERTY	
Type of Property	**Fair Market Value**
Automobile(s)　自動車	
Household Furniture　家具	
Aircraft(s)　飛行機	
Boat(s)　船	
Jewelry　宝石	
Collections (art, coin, etc.)　趣味の収集物	
Other　その他	
	TOTAL:

REAL PROPERTY 不動産	
Type of Property	**Fair Market Value**
Residence　住居	
Farm　農場	
Other Real Property　その他の不動産	
	TOTAL:

LIFE INSURANCE POLICIES 生命保険証券	
Type of Policy	**Death Benefit Amount**
SGLI, VGLI　(軍人用生命保険)	
Employer Provided Policy　(雇用者による保険)	
Other Insurance Policy　(その他)	
	TOTAL:

INVESTMENTS 投資	
Type of Investment	**Fair Market Value**
Stocks 株	
Thrift Savings Plan	
Treasury Bonds, Notes, and Bills 証券	
Mutual Bonds, Notes, and Bills	
Corporate Bonds and Notes	
Notes and Mortgages	
Mutual Funds	
Stock Options	
	TOTAL:

ACCOUNTS 口座	
Type of Account	**Value**
Checking 当座預金	
Savings 普通預金	
Security Deposits	
Other Accounts その他	
	TOTAL:

OTHER ASSETS その他の財産	
Type of Asset	**Approximate Value**
Closely Held Business	
Debts Others Owe to You	
Retirement Benefits	
Retirement Plan(s)	
Copyrights or Patents	
Expected Inheritance	
Proceeds from Lawsuit	
Other Assets	
	TOTAL:
	COMBINED ASSETS: (Add All TOTALS)

LIABILITIES 負債	
Type of Liability	**Amount Owed**
Credit Card(s)　クレジットカード	
Debts You Owe Others　他人からの借金	
Vehicle Loan(s)　車のローン	
Mortgage(s)　住宅ローン	
Loan(s) on Life Insurance Policy　生命保険	
Judgment(s) Against You　判決によるもの	
Unpaid Taxes　未払いの税金	
Other Liabilities　その他の債務	
	TOTAL LIABILITIES:

NET ESTATE: (Subtract TOTAL LIABILITIES from COMBINED ASSETS)

Servicemember's Group Life Insurance (SGLI)

§ Minor children, under the age of 18, CANNOT directly receive SGLI proceeds.

§ Do NOT name a minor as a direct beneficiary of your life insurance policy. Doing so will require the court to become involved to appoint a guardian or conservator. The appointment of a guardian is often time consuming and costly and, for that reason, may delay the payment of proceeds. The amount of the proceeds can be materially reduced by the payment of court costs, attorney fees and expenses incurred by the guardian. To avoid such complications and expense, a member may choose to consult with an attorney to designate a pre-appointed trustee of the minor beneficiary.

Guardians / Conservators

§ The role of the guardian or conservator is to safeguard of the SGLI proceeds until the child reaches the age of majority, usually age 18.

§ There are many disadvantages to relying on a guardian or conservator to manage the SGLI proceeds including: delay in the disbursement of SGLI proceeds; extensive court oversight in the use of the funds; the court appointed guardian may not be the person you want to manage the funds, including a costly attorney; all expenses of establishing and administering the guardianship such as bond, court and legal expenses will be paid out of SGLI proceeds; generally the guardian must seek court approval to disburse funds to the minor; and the proceeds will have to be paid to the minor at age 18 regardless of maturity, or lack thereof.

SGLI and UTMA / UGMA

§ The least expensive and simplest option to pass SGLI funds to your minor child is by using the UNIFORM TRANSFER TO MINOR'S ACT (UTMA) or UNIFORM GIFTS TO MINORS ACT (UGMA). All States, except South Carolina and Vermont have adopted the UTMA. South Carolina and Vermont still use the UGMA.

§ The age by which money *must* be given to the minor varies State to State, ranging from age 18 to 25. Most States set the age at 21. CA, NV, and AK can be up to age 25. Until the child reaches the designated age, the custodian has the discretion to make some payments to the child as necessary for maintenance, educational, and health expenses.

§ To pass your SGLI payment to a minor using the UTMA or UGMA, use the following language on the SGLI beneficiary designation form:

"[name of adult] as Custodian for [name of minor child] pursuant to the [your child's State of residence] Uniform Transfers to Minors Act"

"[name of adult], as Custodian for each of my children, pursuant to the UTMA (or UGMA) of the State of [name of State], with distribution to each minor when that minor reaches age [desired age, which cannot be older than the statutory maximum of your State, usually age 21]"

§ Advantages: no court involvement; keeps SGLI money out of probate; no delay in distribution of SGLI proceeds; servicemember decides who will act in child's best interest, rather than the court; custodian can disburse SGLI proceeds as they deem appropriate for benefit of children during the time the children are minors; and no costly bond required.

§ Disadvantages: Custodian MUST give the money to the beneficiary at by the designated statutory age regardless of the beneficiary's maturity and since no bond or surety is required there may be a danger of theft, fraud, or waste by the Custodian. However, upon reaching age 18, the minor will be able to hold the Custodian personally accountable for losses.

SGLI and Trustees

§ You may designate a Trustee to manage the SGLI proceeds for a minor, but before doing so you must have executed a will that contains a testamentary trust or created a living trust.

§ Advantages: Trustee can use SGLI proceeds for the benefit of the minor for the period of time, and in the manner specified, in the will. Direct distribution may be delayed beyond age 18, (e.g. upon completion of college, or age 25, whichever occurs first); you may minimize court involvement; and you may waive the bond requirement.

§ Disadvantages: the will, which might not have otherwise required probate, will have to be probated in order for the court to appoint the Trustee before the designated Trustee may receive the SGLI proceeds; distribution of the proceeds will be delayed; court and legal expenses will have to be paid; and SGLI proceeds my not be protected from theft, fraud, or waste without a bond. (Note - you may require or waive the bond in your will)

Sample Testamentary Trust Designations:

"[name of adult] as Trustee to fund a trust established for the benefit of my children under my will"

Living trusts. You may also name a Trustee of a trust created during your life. If you do so, provide a copy of the trust agreement to the SGLI office.

"[Name of trustee], my trustee, pursuant to a trust agreement dated [date]"

SGLI Handbook available at
http://www.insurance.va.gov/sgliSite/handbook/handbook.htm

SPECIAL POWER OF ATTORNEY AND
VOLUNTARY APPOINTMENT OF STANDBY GUARDIAN

THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044b AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY UNDER THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

INTRODUCTION: In the event that I am absent from my current duty station (e.g., training exercises, temporary duty, deployments, leave of absence, etc.) as verified by my Commanding Officer or command designee, or upon a determination of my mental or physical incapacity by a competent medical professional, which causes me to be unable to properly care for my minor child/children/dependents,

I, _____, currently residing at _____, hereby:

DO MAKE, CONSTITUTE, AND APPOINT: _____, who currently resides at _____, as the **Standby Guardian** of my minor child/children/dependents until such time as I am able to resume the care custody and control of my minor child/children/dependents or until such time as a proper determination may be made as to the best interests of my minor child/children/dependents by a court of competent jurisdiction. The names and birth dates of my dependent minor child/children/dependents are as follows:

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____

In the event that the aforenamed **Standby Guardian** is unable or unwilling to serve in this capacity, I hereby make, constitute, and appoint _____, currently residing at _____, as the **Alternate Standby Guardian** of the aforenamed minor child/children/dependents.

And I do authorize said Standby Guardian or Alternate Standby Guardian to act as my true and lawful attorney-in-fact and to do the following acts in my name and in the names of my minor child/children/dependents **(Initial all that apply):**

_____ (1) To have temporary custody and control of my child/children/dependents and to do all acts necessary or desirable for maintaining the child/children/dependent's health, education, and welfare, and to maintain the customary living standards that they are accustomed to, including, but not limited to, provision of living quarters, food, clothing, medical, surgical, and dental care; entertainment and other customary matters; **AND**

_____ (2) To register, re-register, and enroll said child/children/dependents in educational programs and schools, to receive school/educational records of said child/children/dependents of any kind or nature whatsoever as well as making any decisions relating to the child/children/dependent's education, including, but not limited to: placement, service, grades, performance data, disciplinary records, health records, and class assignments; to make decisions concerning school and school attendance, including, but not limited to: class assignments, counseling, participation in field trips, sports and athletic activities or any other extracurricular activities, transportation and travel, special education, testing, evaluations, and the exercise of any disciplinary or other hearing rights, **AND**

_____ (3) To authorize any and all medical care and treatment, including major surgery deemed necessary by a duly licensed staff physician, at any military hospital or medical facility at which my dependents are eligible for benefits under the Civilian Health and Medical Program of the Uniformed Services, for the health and well-being of my child or children or lawful dependents, and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release, or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical, or dental care to any of them by qualified medical personnel; to act in loco parentis to my child/children/lawful dependents named herein. I **(do / do not)** authorize this power of attorney to include Psychological/Psychiatric health care, including evaluations, therapy and medications, **AND**

_____ (4) To enroll my child/children/dependents in military benefits programs such as DEERS, TRICARE, DELTA DENTAL, UNITED CONCORDIA or any other benefits program to which I am or my child/children/dependents are entitled by virtue of my military affiliation. To do all things necessary, and to execute and deliver to the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing. I specifically authorize my attorney-in-fact to sign, prepare and execute any and all documents necessary to ensure that my child/children/dependents' military identification cards are renewed as necessary and required by applicable regulations, **AND**

_____ (5) To transport and arrange for the transportation of my minor child/children/dependents, as necessary, to and from daycare and after school providers, school and school activities, any and all sports, athletic, and other extra-curricular activities, **AND**

_____ (6) To transport and arrange for the transportation of my minor child/children, as necessary, to comply with any court orders, visitation orders, parenting or custody agreements, or marital separation agreements even if such orders and/or agreements require the transportation of the child/children/dependents out of the state of their residence, **AND**

_____ (7) To take possession of, use, operate, maintain, register, license, insure, cause to be inspected, pay taxes on, and to execute and deliver to proper persons and authority any and all documents, instruments, and papers necessary to accomplish any of these purposes in regard to my vehicle described below. I certify that said vehicle has the requisite liability insurance as required by law and that I will maintain such insurance. This Special Power of Attorney DOES / DOES **NOT** authorize my attorney-in-fact to sell or lease this vehicle if necessary.

Make: _____ Model: _____ Year: _____

VIN #: _____ Color: _____

_____ (8) **If I do not live in base housing**, to enter and to manage, maintain, and control all of my property and affairs of every kind and description which may be connected with the house and parcel of land located at:

_____.

As a non-exclusive list, these obligations are to include: making all utility, cable, satellite, and internet payments; contacting, speaking with, and making payments to the mortgage company and/or landlord; overseeing the property; maintaining and having a key in his/her possession to enter the house and shed, to remove any tangible personal property within the house, as necessary, and to be able to park in the driveway; maintain the grounds, i.e.(cut and water the grass); collect the mail from the mailbox and place it inside the house; handle the minor upkeep on the house (broken windows, etc.); handle any claims with my homeowners insurance company in the event of a natural disaster or fire; acting as security by ensuring others are kept off my property; and employ with the right to terminate such services (payment provided by the owner), landscapers and other such persons to maintain the physical integrity of the property, **AND**

_____ (9) **If I live in base housing**, to communicate, correspond, and deal with _____regarding the base housing unit to which I am assigned located at: _____ and to further to have access to and manage, maintain, and control all of my property and affairs of every kind. As a non-exclusive list, these obligations are to include: making all utility, cable, satellite, and internet payments; contacting, speaking with, and making payments to the mortgage company; overseeing the property; maintaining and having a key in his/her possession to enter the house and shed, to remove any tangible personal property within the house, as necessary, and to be able to park in the driveway; maintain the grounds, i.e.(cut and water the grass); collect the mail from the mailbox and place it inside the house; handle the minor upkeep on the house (broken windows, etc.); handle any claims with my homeowners insurance company in the event of a natural disaster or fire; acting as security by ensuring others are kept

off my property; and employ with the right to terminate such services (payment provided by the owner), landscapers and other such persons to maintain the physical integrity of the property; and to effect the termination of such U.S. Government quarters assigned to me and/or my family members and to procure or return any and all U.S. government property used in or for such quarters; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.

FURTHER, I do authorize my aforesaid attorney-in-fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I myself could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives and assigns. **PROVIDED**, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "ATTORNEY-IN-FACT."

This Power of Attorney shall only become effective in the event that I am absent due to military duties (e.g. training exercises, temporary duty, deployments, etc.) from my current duty station or upon a determination of my debilitation or mental or physical incapacity, thereby causing me to be unable to properly care for my minor child/children/dependents or upon a determination of my debilitation or mental or physical incapacity to care for such minor child/children/dependents. I hereby waive any requirement that my attorney-in-fact file any inventories or accounts as a result of this appointment.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID one year from the date of my execution below.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20____.

_____(SEAL)
Printed Name:

WITNESSED BY:

_____
Printed Name:
Witness

_____
Printed Name:
Witness

ACKNOWLEDGEMENT

Before me personally appeared _____, the designator, and the two witnesses, _____, and _____, persons who are either personally known to me or who have provided satisfactory evidence of their identity, and have either personally signed this document in my presence or have acknowledged that the signatures on this document are their respective signatures, and each has acknowledged that they are at least 18 years of age or older, and each has acknowledged that he or she signed this document voluntarily for the purposes contained therein. And I do further certify that I am a Commissioned Officer of the Armed Forces of the United States serving in the rank indicated below, that by Federal law I am authorized to exercise the powers of a notary without requirement of a seal, and that this document is executed by me in accordance with those powers and in that capacity.

This the _____ day of _____, 20_____.

_____
Signature of Officer

Authority: 10 U.S.C. 1044a
JAG Manual 0902c
NO SEAL REQUIRED

_____
Rank

_____
Branch of Service

_____
Command

_____

Printed Name of Officer

AFFIDAVIT THAT POWER OF ATTORNEY IS IN FULL FORCE AND EFFECT

STATE OF _____

_____ **COUNTY**

I, _____, being duly sworn, depose and say:

That _____, having and address at:

_____,

did, in a writing dated _____, 20_____, appoint me the Standby Guardian or Alternate Standby Guardian and also his/her true and lawful attorney-in-fact or alternate attorney-in-fact, and that attached hereto is a true copy of said power of attorney. Said power of attorney has become effective by reason of the following conditions:

_____.

That I have no actual knowledge or actual notice of the revocation or termination of the aforesaid power of attorney by death or otherwise, or knowledge of any facts indicating that the power of attorney has been revoked or terminated. I have no actual knowledge or actual notice that the power of attorney has been modified in any way that would affect the ability of the attorney-in-fact to authorize or engage in any transaction with a third party, or knowledge of any facts indicating the power of attorney has been so modified. I further represent, to the best of my knowledge after diligent search and inquiry, that: said principal is now alive; has not, at any time, revoked, terminated, suspended or repudiated the power of attorney; and that the power of attorney still is in full force and effect.

That I make this affidavit for the purpose of inducing to accept delivery of the following instrument(s), as executed by me in my capacity of attorney-in-fact of said principal, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of said instrument(s) and in paying good and valuable consideration therefore.

Dated: _____ _____

(Name of Attorney-in-Fact)

Sworn to and subscribed to before me
This the _____ day of _____, 20_____.

_____

Notary Public

My Commission Expires on: _____

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY

(Read Privacy Act Statement on back before completing form.)

1. DATE PREPARED *(YYYYMMDD)*	2. SHIPMENT NUMBER

3. NAME OF PREPARING OFFICE	4. TO *(Responsible Origin Personal Property Shipping Office)*
	a. NAME
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE	b. ADDRESS *(Street, Suite Number, City, State, ZIP Code)*

6. MEMBER OR EMPLOYEE INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. RANK/GRADE	c. SSN	d. AGENCY

7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:

a. HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS *(Enter quantity estimate)*

(1) POUNDS	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (PBP&E) *(Enter "NONE" if not applicable)*	(3) EXPENSIVE AND VALUABLE ITEMS *(Number of cartons)*

b. MOBILE HOME INFORMATION *(Enter dimensions in feet and inches)*

(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDO *(Describe)*

c. MOBILE HOME SERVICES REQUESTED *(X as applicable)*

☐ CONTENTS PACKED ☐ MOBILE HOME BLOCKED ☐ MOBILE HOME UNBLOCKED ☐ STORED AT ORIGIN ☐ STORED AT DESTINATION

8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:

a. TYPE ORDERS *(X one)* ☐ PERMANENT ☐ TEMPORARY	b. ISSUED BY	c. NEW DUTY ASSIGNMENT	
d. DATE OF ORDERS *(YYYYMMDD)*	e. ORDERS NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. *(Include Area Code)*

h. IN TRANSIT ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

9. PICKUP (ORIGIN) INFORMATION	10. DESTINATION INFORMATION
a. ADDRESS *(Street, Apartment Number, City, County, State, ZIP Code)* *(If a mobile home park, Include mobile home court name)*	a. ADDRESS *(Street, Apartment Number, City, County, State, ZIP Code)* *(If a mobile home park, include mobile home court name)*
b. TELEPHONE NUMBER *(Include Area Code)*	b. AGENT DESIGNATED TO RECEIVE PROPERTY

11. EXTRA PICKUP/DELIVERY ADDRESS *(If applicable)*	12. SCHEDULED DATE FOR *(YYYYMMDD)*		
	a. PACK	b. PICKUP	c. DELIVERY

13. REMARKS

14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW *(If none, indicate "NONE.")*

a. FROM	b. TO	c. NET POUNDS *(Actual or estimated)*	d. POUNDS OF PBP&E *(Actual or estimated)*

15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS

I certify that I have read and understand my shipping responsibilities and storage conditions printed on the back side of this form.

a. SIGNATURE OF MEMBER/EMPLOYEE	b. DATE SIGNED	c. ADDRESS OF CONTRACTOR *(Street, Suite No., City, State, ZIP Code)*
d. NAME OF CONTRACTOR *(Origin DPM or non-temporary storage)*		

16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.

a. REASON FOR NONAVAILABILITY OF SIGNATURE	b. CERTIFIED BY *(Signature)*
	c. TITLE

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406, 5 USC 5726; and E.O. 9397.

PRINCIPAL PURPOSE(S): Primarily used for evaluating requests submitted by Service members and eligible individuals for shipment and/or storage of personal property. Also used to prepare the Government bill of lading and other shipping documents (as applicable) to move the personal property. Used by the Finance Office for collection from the member in case goods to be shipped exceed Government entitlement limits.

ROUTINE USE(S): DD Form 1299 is provided to commercial carriers and shipping agents as the official shipping and storage order.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay shipping dates and impede storage arrangements.

CERTIFICATION OF SHIPMENT RESPONSIBILITIES

In consideration of said household goods or mobile homes being shipped at Government expense, I hereby agree that:

1. This shipment/storage lot consists of my property or the property awarded to my ex-spouse incident to a divorce which was acquired by me prior to the effective date of my orders.

2. If my orders are modified or cancelled and affect this shipment, I will immediately notify the shipping office at point of origin (or port, if any) and destination.

3. I will remit the proper amount or consent to the collection from my pay as may be necessary to cover all excess costs occasioned by this shipment.

4. I agree, prior to shipment and at my expense to place my mobile home in condition to withstand transportation.

5. I understand that transportation of my mobile home and shipment of baggage and household goods within the United States are provided in Chapter 10, JTR.

6. I understand the Government will not be responsible for goods remaining in storage after the expiration of the authorized period.

7. Professional books, papers and equipment are or were necessary in the performance of official duties.

CONDITION FOR STORAGE

In consideration of said household goods being stored at Government expense, I hereby agree as follows:

1. I will notify the transportation office responsible for storing my nontemporary storage account of any changes in my storage entitlement.

2. The Government is authorized to enter into any agreement and to do all acts and things which may be convenient or necessary to store the household goods. Storage of the household goods is furnished subject to such applicable laws and regulations as are now or may hereafter be in effect.

3. The Government may store the household goods in Government facilities or in commercial storage under a Government contract.

4. The Government may move or transfer by any appropriate means the household goods from their present location to Government or commercial storage facilities and from such facilities to an appropriate destination upon termination of storage.

5. When the household goods are stored in Government facilities and the authorized period for storage at Government expense expires, the Government may require me to remove the household goods from their place of storage. In the event, after 30 days notice, I fail to remove the household goods, or if, after diligent effort, notice to me cannot be effected, the Government may proceed as follows: (a) place and store the household goods in commercial storage at my expense, or (b) if a commercial warehouse will not accept the household goods for commercial storage at my expense, the Government is hereby authorized to take whatever action in accordance with law and regulation may be deemed appropriate to effect disposition of the household goods.

6. When the household goods are stored in commercial facilities and the authorized period of storage at Government expense expires, all storage and incidental charges accruing after the last day of the authorized period of storage shall be at my expense.

7. The Government shall not be liable for charges incident to storage or services in connection with the household goods (1) not authorized by law or regulation to be at Government expense, (2) in excess of weight limitations imposed by law or regulation, or (3) after the expiration of the period of which storage at Government expense is authorized.

8. Government contracts for the storage of household goods limit the liability of the warehouseperson to $50 per article or package as listed on the warehouse receipt. Applicants are advised to consider obtaining insurance on their household goods while such goods are in storage.

INVENTORY OF HOUSEHOLD GOODS

PROPERTY OF	HOME PHONE NUMBER	DUTY PHONE NUMBER	DATE

FROM	TO (Destination)

ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.
LIVING ROOM			
Bench, fireside or piano	5		
Bookcase	20		
Bookshelves, sectional	5		
Cabinet	10		
Cartons, books	2		
Chair, arm	10		
Chair, occasional	15		
Chair, overstuffed	25		
Chair, rocker	12		
Chair, straight	5		
Clock, grandfather/grandmother	20		
Credenza	35		
Davenport, 2, 3, 4 cushions	35		
Day bed	30		
Desk, small or Winthrop	22		
Desk, secretary	35		
Footstool, hassock, ottoman	0		
Hideabed	50		
Lamp, floor, table	3		
Magazine rack	2		
Organ, electric	60		
Piano, baby grand or upright	70		
Parlor grand	80		
Spinet	60		
Radio, table or phonograph	2		
Sectional, 2, 3, 4 piece	50		
Stereo, Hi Fi	10		
Studio couch	50		
Tables, drop leaf or occasional	12		
Tables, coffee, end or nest	5		
Table, library	20		
Telephone stand and chair	5		
Television combination/color	25		
Television, table model/color	10		
DINING ROOM			
Barrel, dishes	15		
Buffet	30		
Chair, arm	8		
Chair, straight	5		
China closet	25		
Server	15		
Table, dinette	15		
Table, extension	30		
BEDROOM			
Bed, include. spring and mattress	0		
Double	60		
Single or Hollywood	40		
Bunk (set of 2)	70		
King size/Queen size	70		
Cartons, clothes	10		
Chair, boudoir	10		
Chair, straight or rocker	5		
Chaise lounge	25		
Chest, cedar	15		
Dresser, bureau, chest of			
drawers, chifrb. or chifnr.	25		
Dresser bench	3		
Dresser, double, triple	50		
Lamps, floor, table	3		
Table, night	5		
Wardrobe, small	20		
Wardrobe, large	40		
Wardrobe, carton	10		
CHILDRENS ROOM			
Bathinette	5		
Bed, youth	30		
cartons, clothes	10		
Chair, child's	3		
Chair, high	5		
Chair, rocker	3		
Subtotal Column 1	1460		

ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.
CHILDRENS ROOM (Con't)			
Chest	12		
Chest, Toy	5		
Crib, baby	10		
Play pen	10		
Table, child's	5		
KITCHEN			
Boxes, pots/pans	5		
Cabinet, kitchen	30		
Cabinet, utility	10		
Chairs, breakfast	5		
Ironing board	2		
Rotisserie	5		
Stool	3		
Table	5		
Table, breakfast	10		
Vegetable bin	3		
APPLIANCES (Large)			
Air conditioner, window	30		
Dehumidifier	10		
Dishwasher	20		
Dryer, electric or gas	25		
Freezer: (Cubic capacity)	0		
10 or less	30		
11 to 15	45		
16 and over	60		
Mangle	12		
Range, electric	30		
Refrigerator (cubic cap.)	0		
6 cu. ft. or less	30		
7 to 10 cu. ft.	45		
11 cu. ft. and over	60		
Vacuum cleaner	0		
Washing machine	0		
Washer/dryer combination	0		
PORCH, OUTDOOR			
FURNITURE & EQUIPMENT			
bar	15		
Bar stools	3		
Bird bath	5		
Chair, porch	10		
Chair, lawn	5		
Fireplace equipment	5		
Garden hose	5		
Glider	20		
Grill, barbecue, portable	10		
Gym, outdoor child's	20		
Ladder, extension	10		
Lawn mower (hand)	5		
Mower, power	15		
Picnic table	20		
Picnic bench	5		
Rack, outdoor dryer	5		
Rocker, swing	15		
Sandbox	10		
Settee	20		
Slide, outdoors, child's	10		
Swings, outdoor porch	30		
Table	10		
TV antenna	5		
Tool chest	10		
Umbrella	5		
Wheelbarrow	3		
PROFESSIONAL ITEMS			
Clothing, specialized	0		
Instruments	0		
MARS equipment	0		
Subtotal Column 2	793		

ARTICLE	CU FT. PER PC.	NO OF PCS	CU. FT.
PROFESSIONAL ITEMS (Con't)			
Reference material	0		
Tools	0		
Books	0		
Papers	0		
Equipment	0		
MISCELLANEOUS			
Ash or trash can	7		
Auto tires	2		
Basket, clothes	5		
Bicycle	5		
Bird cage and stand	5		
Brooms and mops bundle	2		
Cabinet, filing	20		
Carriage, baby	20		
Carriage, doll or folding	5		
Chairs, folding	2		
Clothes hamper	5		
Cot, folding	3		
Golf bag	2		
Golf cart/go cart	3		
Fan	5		
Fernery or plant stand	0		
Foot locker	0		
Heater, gar or electric	5		
Incinerator	10		
Linens, cartons	5		
Mirrors	0		
Pictures	0		
Power tools	0		
Rollaway bed	20		
Rugs, large roll or pad	0		
Rugs, small roll or pad	0		
Sewing cabinet	2		
Sewing machine	10		
Shop smith	0		
Sled	2		
Table, card	1		
Tricycle	5		
Trunk, steamer	10		
Trunk, wardrobe	15		
TV trays	2		
Typewriter	2		
OTHER ITEMS			
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
CONTAINERS PREPACKED			
BY OWNER, e.g.,			
Footlockers or Trunks	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
Subtotal Column 3	180		
TOTAL Column 1	1460		
TOTAL Column 2	793		
TOTAL Column 3	180		
GRAND TOTAL	2433		
Summary 0 cu. ft. @ 7 lbs. per cu. ft.			0 lbs.
Estimated Total Weight			0 lbs.

APPLIANCES TO BE SERVICED		
TYPE (Place "X" in applicable boxes)	MAKE	YEAR
CLOTHES DRYER GAS ☐ ELECTRIC ☐		
WASHING MACHINE AUTOMATIC ☐ NON AUTOMATIC ☐		
IRONER ☐ MANGLE ☐		
FREEZER CHEST ☐ UPRIGHT ☐		
REFRIGERATOR GAS ☐ ELECTRIC ☐ SINGLE DOOR ☐ DOUBLE DOOR ☐		
TELEVISION TABLE ☐ PORTABLE ☐ CONSOLE ☐		
STOVE GAS ☐ ELECTRIC ☐		
DISHWASHER		
AIR CONDITIONER		
STEREO		
HI-FI RADIO		
RECORD PLAYER		
OTHER (*Specify*)		

THE FOLLOWING ITEMS ARE TO BE WITHDRAWN AND PLACED IN NON-TEMPORARY STORAGE IN THE EVENT WEIGHT IS IN EXCESS OF THE ADMINISTRATIVE WEIGHT RESTRICTION:

1.
2.
3.
4.
5.
6.

Name	Grade	Service Number/SSAN

NOTE: Disconnecting or connecting of appliances to gas, water or electricity will not be performed by the carrier. Arrangements for disconnecting or connecting must be made by the owner. Carriers will not remove or install TV antennas or air conditioners.

INTERVIEWER'S NOTES

PERSONAL PROPERTY COUNSELING CHECKLIST

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406; 5 USC 5726; and E.O. 9397.

PRINCIPAL PURPOSE(S): Primary purpose is to ensure the member, dependent, and government employee has been briefed properly on the movement of their personal property within the Defense Transportation System. Information collected in this system may also be used in determining validity of claims for damage and improper shipments and any third party responsibility.

ROUTINE USE(S): Information contained in this system of records may be provided to a carrier, for the purpose of helping to resolve or adjudicate claims brought by Defense Transportation System users.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay settlement of a claim.

1. NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NUMBER	3. GRADE/RANK/RATING
4. ISSUING AUTHORITY	**5. ORDER NUMBER AND PARAGRAPH**	**6. DATE** *(YYYYMMDD)*

7. CHECKLIST *(Record special instructions on back)*

PART I - HOUSEHOLD GOODS

- (1) Entitlements under the order described above *(number of shipments, authorized destination, etc.)*
- (2) Weight allowances: PCS _____ TDY _____
- (3) Weight restriction at new duty station, if any.
- (4) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).
- (5) Pickup date and required delivery date as determined by requirements of the member: PUD _____ RDD _____
- (6) Mode/method of shipment, including name of carrier if known.
- (7) Unauthorized items and disposal of useless items.
- (8) Professional books, papers, and equipment.
- (9) Member's responsibility to prepare and submit a complete DD Form 1701, Inventory of Household Goods.
- (10) Servicing/deservicing appliances.
- (11) Temporary storage *(contractual or intransit)*.
- (12) Checking inventory at origin and destination, noting discrepancies on reverse of PPGBL, DD Form 619, and carrier's inventory prior to signing and report them to ITO.
- (13) Checking DD Form 619 prepared by carrier at origin for complete accuracy of information recorded thereon.
- (14) Member's responsibility to sign delivery documents and release them to carrier immediately upon delivery of property and completion of delivery services and annotation of discrepancies.
- (15) Member's responsibility to contact the destination ITO immediately upon arrival to give e point of contact for the ITO when property arrives.
- (16) Member's responsibility to contact origin and destination ITOs if there is any change in orders or there are other factors that could affect delivery of the shipment.
- (17) Extra pickup or delivery charges, when applicable.
- (18) Procedure to designate agent to release property or accept property in absence of member and use of Power of Attorney or informal letter of authority.
- (19) What documentation given to member and its importance to him.
- (20) Member's responsibility to complete and turn in quality control form.
- (21) Member's responsibility to ensure PP items are free of soil/pest infestation.

PART II - UNACCOMPANIED BAGGAGE

- (1) Included as part of HHG weight allowance when shipped at Government expense.
- (2) Weight allowances: Member _____ Dependents _____
- (3) What can be shipped as unaccompanied baggage.
- (4) Pickup and delivery dates.
- (5) Preparation - Copy of Orders in each container just before closing it.
- (6) How and by whom shipped.

PART II - UNACCOMPANIED BAGGAGE *(Continued)*

- (7) Items of extraordinary value.
- (8) Whom to contact in the event of loss or damage.
- (9) VIP - Very Important Papers *(the importance of documentation)*.
- (10) Member's responsibility to complete and turn in quality control form.
- (11) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).
- (12) Unauthorized items end disposal of useless items.
- (13) Professional books, papers, and equipment.
- (14) Member's responsibility to contact the destination ITO immediately upon arrival to give a point of contact for the ITO when property arrives.
- (15) Procedure to designate agent to release property or accept property in absence of mamber and use of Power of Attorney or informal letter of authority.

PART III - NONTEMPORARY STORAGE

- (1) Entitlements under this order, special services, etc.
- (2) Included as part of HHG weight allowance when stored at Government expense.
- (3) Where stored and for how long.
- (4) Pickup date.
- (5) Appliance servicing.
- (6) Checking inventory at time of pickup.
- (7) What documentation given to member and its importance to him.
- (8) Items of extraordinary value, excess weight/cost.
- (9) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).
- (10) Unauthorized items and disposal of useless items.
- (11) Professional books, papers and equipment.
- (12) Member's responsibility to contact the destination ITO immediately upon arrival to give a point of contact for the ITO when property arrives.
- (13) Procedure to designate agent to release property or accept property in absence of member and use of Power of Attorney or informal letter of authority.

PART IV - HOUSE TRAILERS/MOBILE HOMES

- (1) Entitlements under this order, limitations, possible costs.
- (2) Services authorized at Government expense and those billed to member.
- (3) Responsibility of member to get trailer ready for movement.
- (4) Inventory and contents of trailer. Items that cannot remain in trailer.
- (5) Pickup and delivery dates.
- (6) Intransit storage and probability of excess costs.
- (7) Carrier and Government liability.
- (8) What documentation given to member and its importance to him.
- (9) Responsibility to promptly submit quality control information.

7. CHECKLIST *(Continued)*

	PART V - PRIVATELY OWNED VEHICLES (POV)		PART VI - WEAPONS AND AMMUNITION
	(1) Does vehicle qualify as a POV.		(1) Limitations and restrictions of country to which assigned.
	(2) Authorizations, restrictions, special Host Government requirements.		(2) US Government requirements and restrictions applicable for import.
	(3) Applicable port of embarkation and debarkation; alternates if needed.		(3) Special forms and procedures; responsibilities of carriers, etc.
	(4) Preparation of POV prior to delivery to port.		**PART VII - LIABILITY, CLAIMS, PROTECTION**
	(5) Application and other documents required; Power of Attorney if required.		(1) Carrier, storage firm and Government liability for loss or damage.
	(6) Excess costs, when applicable; oversize; excess distance.		(2) Carrier and Government liability for mobile home. Liability for repairs enroute.
	(7) Checking inventory of items left in POV; origin and destination.		
	(8) Secure lien holder's permission if required.		(3) Carrier and Government liability for POV.
	(9) Responsibility to provide Port of Debarkation proper address where notification of arrival can be sent; period POV can remain at port.		(4) Limitations on Government liability.
			(5) Importance of documentation - accurate inventory exception on delivery, etc.
	(10) Joint inspection of POV at time of delivery and pickup.		
	(11) Licensing and insurance requirements of state or overseas country.		(6) Valuation of items of extraordinary value - substantial value.
	(12) Foreign manufactured POVs.		(7) Whom to see at destination in the event of loss or damage.
	(13) Delivery of POV to port by agent; special requirements for.		

8. SPECIAL INSTRUCTIONS

9. CONFIRMATION OF COUNSELING

I understand that if I elect to ship any household goods at Government expense to a designated location when the waiting period for any type of housing at or in the vicinity of the oversea duty station is less than 20 weeks (as determined by the oversea commander), all entitlement to further shipment of such property at government expense will be exhausted until such time as I receive subsequent PCS orders returning me to CONUS or assigning me to another oversea duty station.

a. I HAVE BEEN BRIEFED RELATIVE TO THE DISPOSITION OF MY PERSONAL PROPERTY AS FOLLOWS:

(X)	YES	NO	*(X)*	YES	NO
(1) HOUSEHOLD GOODS			(6) MOBILE HOMES *($150.00 limitation on repairs enroute)*		
(2) NONTEMPORARY STORAGE			(7) WEAPONS AND AMMUNITION		
(3) PRIVATELY OWNED VEHICLES			(8) I HAVE BEEN FURNISHED A COPY OF THE PERSONAL PROPERTY SHIPPING INFORMATION PAMPHLET.		
(4) LOSS AND DAMAGE					
(5) UNACCOMPANIED BAGGAGE					

b. SIGNATURE OF COUNSELOR	c. SIGNATURE OF MEMBER/DEPENDENT/AGENT	d. DATE *(YYYYMMDD)*

PERSONAL PROPERTY RECORD

For use of this form see Eighth Army Reg 190-31; the proponent agency is Eighth Army Provost Marshal's Office.

DATE OF PREPARATION

Recording identifying data of your high value property will assist in recovering lost or stolen property, and for claims against the Government and/or private insurance, as appropriate.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. **AUTHORITY:** Title 10 USC 3012 and 5 USC 301.
2. **PRINCIPAL PURPOSE:** To record identifying data of individual property.
3. **ROUTINE USES:** Upon the reporting of a loss by the individual, information may be used to assist in the recovery and return of the personal property. Information can also assist in the adjudication of claims against the Government for loss or damage to personal property.
4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure of information is voluntary. Failure to provide information will have no adverse effect on the individual.

TYPED OR PRINTED NAME OF OWNER (Last -First - MI)	SSN	SIGNATURE OF OWNER

REMEMBER --
1. When marking your personal property, use the prefix "USA" followed by your Social Security Number.
2. When you have completed marking your property, display DA Label 167, Warning, Army Operation Identification, in a conspicuous location outside your room or building, announcing that property inside has been marked for identification by law enforcement agencies.

ITEM NO.	NAME OF ITEM	QTY	BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION	SERIAL NO. OR MARKING	DATE ACQUIRED *(If known)*	VALUE	INITIALS/SIGNATURE OF INDIVIDUAL VERIFYING RECORDING OF PROPERTY AND DATE

ITEM NO.	NAME OF ITEM	QTY	BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION	SERIAL NO. OR MARKING	DATE ACQUIRED *(If known)*	VALUE	INITIALS/SIGNATURE OF INDIVIDUAL VERIFYING RECORDING OF PROPERTY AND DATE

RESIDENCE KEY ENVELOPE

Owner's Info

Last Name:_____
First Name:_____
Grade: _____
Unit:_____
Last 4:_____

Contact Information
Forwarding Address:

Telephone Number:
E-mail address:

On Base Quarters: Base:
Unit #:_____

Off Base
Address:_____
_____
_____
_____

☐ For off-base residents, enclose a map with written instructions to your quarters

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PROVOST MARSHAL'S OFFICE
MCAS IWAKUNI, JAPAN
PSC 561 BOX 21
FPO AP 96310-0009

VEHICLE CONTROL FORM

SPONSOR INFORMATION:

Rank: _____ Name: _____ SSN# ____-____-_____
Last First MI

Command: _____

EVACUEE INFORMATION:

Name: _____ SSN# ____-____-_____

VEHICLE INFORMATION: (Please fill out a separate form for each vehicle.)

MAKE: _____ (Ex. Toyota, etc.)

MODEL: _____ (Ex. Hi-Ace, etc.)

TYPE: _____ (Ex. Van, Truck, Sedan, etc.)

COLOR: _____ (Ex. Black, Red, etc.)

OF DOORS: _____ (4, 5, etc.)

VIN/SERIAL # _____

LICENSE PLATE # _____

PASSENGER CAPACITY: _____ (2, 5, 8, etc.)

VEHICLE LOCATION (Penny Lake or address (Bldg#): _____
_____
_____
_____
_____

TEMPORARY MAIL DISPOSITION INSTRUCTIONS

FOLD

NAME (Last, First, MI) (Print):	RECEPTACLE NUMBER:

STATUS		
☐ ADV ASG	☐ LEAVE	☐ CONFINED
☐ TDY	☐ HOSPITAL	☐ AWOL

EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)

FROM: TO:

☐ FORWARD ALL MAIL	☐ HOLD ALL MAIL

FORWARD ONLY		
☐ LETTERS	☐ PARCELS	☐ NEWSPAPERS/MAG
☐ PAYCHECK(S)	☐ OTHER *(Use Spec Inst)*	

COMPLETE FORWARDING ADDRESS:

SPECIAL INSTRUCTIONS:

SIGNATURE OF RECEPTACLE HOLDER	DATE (Yr, Mo, Day)

FOLD

FOR ADVANCE RECEPTACLE ASGN, LIST NAME OF SPONSOR AND DUTY PHONE IN THE SPECIAL INSTRUCTIONS BLOCK.

DD Form 2258, JAN 82 RESET

AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

1. SPONSORING CIVILIAN EMPLOYEE	2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME *(First, Middle Initial, Last)*	5. POSITION TITLE		
b. ADDRESS *(Street, City, State and Zip Code)*	6. EMPLOYING DEPARTMENT		7. APPROPRIATION
8. EVACUATED INSTALLATION	9. EVACUATION ORDER NO.	10. DATE OF ORDER *(YYYYMMDD)*	11. DATE EVACUATED *(YYYYMMDD)*
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE *(First, Middle Initial, Last)*		13. RELATIONSHIP	

14. OTHER DEPENDENTS *(If additional space is needed, use back.)*

a. NAME	b. DATE OF BIRTH *(YYYYMMDD)*	a. NAME	b. DATE OF BIRTH *(YYYYMMDD)*

15. I hereby authorize payment of $ _____ per pay period and/or advance of pay of $ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.

16. I hereby authorize dependent named above or designated representative to receive payments indicated:

a. EVACUATION SUBSISTENCE ALLOWANCE: $	b. EVACUATION TRAVEL AND TRANSPORTATION: $

17. EMPLOYEE

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

18. DEPENDENT OR DESIGNATED REPRESENTATIVE

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

19. AUTHORIZED OFFICIAL

a. TYPED NAME	b. TITLE
c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

20. I request the amount of $ _____ per pay period as an allotment or assignment of monies due dependent named above *(to be completed only when, because of emergency conditions, certification by employee is not available).* I *(dependent or designated representative named above)* certify that the above information is complete and accurate to the best of my knowledge and belief.

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

21. PAYMENT RECORD *(If additional space is needed, use back.)*

a. DATE *(YYYYMMDD)*	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT