

RECEIPT FOR PRE-TRIAL/POST-TRIAL PRISONER OR DETAINED PERSON

1. RECEIVED FROM

a. UNIT/AGENCY <i>(Annotate the releasing Unit/Agency.)</i>		b. DATE (YYYYMMDD)	c. TIME
d. PRISONER NAME <i>(Last, First, Middle)</i>	e. SOCIAL SECURITY NUMBER <i>(Last 4 only)</i>	f. GRADE	g. BRANCH
h. INSTALLATION	i. DUTY STATION		

2. TYPE OF CONFINEMENT *(X all that apply)* PRE-TRIAL POST-TRIAL UNDER CUSTODY

3. OFFENSES/CHARGES OR UCMJ ARTICLES VIOLATED *(Annotate the Article Number(s) and the specific charge(s) associated with each one.)*

4. PURPOSE OF TRANSFER OR TEMPORARY RELEASE

5. STATUS OF PERSONAL PROPERTY *(Annotate where the prisoner's personal property is located, i.e., unit supply room, personal storage facility, mailed to Home of Record, etc.)*

6. REMARKS *(Annotate noteworthy information/comments about the prisoner's health, behavior, etc., that will assist in the successful completion of the Temporary Release or Transfer.)*

7. RECEIPT FOR PERSON/PRISONER *(Identification/verification required on the person receiving custody of this prisoner.)*

a. NAME, GRADE, TITLE <i>(Type or print)</i>		b. SSN <i>(Last 4 only)</i>	c. GRADE
d. UNIT/AGENCY	e. SIGNATURE		f. DATE (YYYYMMDD)