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UNITED STATES FORCES, KOREA
UNIT #15237
APO AP 96205-0010

USFK Pamphlet
No. 600-300-1

25 April 1994

Personnel-General
NONCOMBATANT EVACUATION OPERATIONS HANDBOOK FOR COMMANDERS, UNIT
WARDENS, AND NONCOMBATANT EVACUATION OPERATIONS REPRESENTATIVES

INTERIM CHANGES. Interim changes to this pamphlet are not official unless they are authenticated by the Adjutant General. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.

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CHAPTER 1

GENERAL

1-1. **PURPOSE.** This pamphlet provides information on how to plan and prepare for emergency situations which may involve assembly, relocation/evacuation of noncombatants (NCs). It provides criteria, responsibilities, procedures, and actions to be taken to aid and assist the NC in the preparation for relocation/evacuation operations. This pamphlet complements Commander, United States Korea (COMUSKOREA) OPLAN 5060-90(C). It must be clearly understood that decisions to implement the provisions of OPLAN 5060-90(C) require close American Embassy, Seoul, and United States Forces, Korea (USFK) liaison, but the actual decision to evacuate (actually leave the Korean peninsula) is a Department of State (DOS) decision.

a. **Function.** It is extremely important that commanders and managers at all levels clearly recognize the importance of NEO and its direct link to the successful mission accomplishment in Korea. NEO is a key factor in the execution of the USFK mission in Korea, because it allows soldiers, sailors, airmen, and marines to fulfill their contingency responsibilities, without having to worry about their loved ones.

b. **Objectives.** Personnel involved in the NEO planning and execution must also recognize two key aspects affecting its potential implementation. First, NEO execution may involve support to NCs who are not U.S. citizens or family members of U.S. citizens. Evacuation is a DOS decision, and the military provides support to implement that decision. The DOS decides who to evacuate along with U.S. citizens. Because of this, many NCs from other countries (third country nationals (TCN)) will most likely be included in NEO processing. Second, NEO processing is planned to cover all contingencies, not just war or attack by hostile countries. Accordingly, planning must deal with a wide range of possibilities (e.g., civil unrest, natural disaster, etc.), which could precipitate the necessity for NEO execution.

c. **Unique concerns.** The COMUSKOREA NEO plan relies heavily on host nation support from the Republic of Korea (ROK) Government for successful execution. This support is largely logistical in nature and includes transportation facilities, personnel, etc. Because of this reliance on host nation support, it is imperative that agreements and formal documents to secure access to and use of these logistical assets are complete and determined in advance of any possible contingency. Additionally, all NEO planning must assure that NEO processes are completely preplanned and comprehensive. Plans should be "stand alone" documents with a minimum of assumptions, and all logistical and resource support "deconflicted." In short, the resources needed for NEO must be completely predetermined and dedicated; to preclude commitment elsewhere during contingencies.

d. The primary focus of NEO is to move NCs safely and quickly away from danger. This means that there will be sacrifices--in terms of comfort, possessions carried, etc. It is the sponsor's responsibility to ensure

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that their family member(s) are prepared for relocation/evacuation and are prepared to process, without their sponsor, through the entire NEO process flow.

1-2. APPLICABILITY. This pamphlet applies to all United States (U.S.) military commanders within the ROK and to all U.S. military and DOD civilian personnel within the ROK who are involved in NEO. It also applies to TCN authorized evacuation under NEO.

1-3. REFERENCES.

a. Required publications.

(1) COMUSKOREA OPLAN 5060-90(C). Cited in paragraphs 1-1, 1-4, 2-5, and 3-1; subparagraphs 1-5b(1), 2-2a, 2-3b, 2-6a, 4-10e(7), 5-10e(7); and appendix A.

(2) DOD 1400.11-I (Payments to Civilian Employees and Their Dependents During an Evacuation). Cited in appendix T.

(3) Joint Federal Travel Regulation. Cited in appendix T.

(4) USFK Pam 37-2 (Payments to DOD Civilian Employees and Their Dependents During an Ordered Evacuation). Cited in appendix T.

(5) USFK Pam 600-300 (Noncombatant Emergency Evacuation Instructions). Cited in paragraph 7-1 and subparagraphs 2-2a, 3-1, 3-3h, 3-3j(3), 7-5a, 7-5b, and appendixes A and H.

(6) USFK Reg 37-6 (Emergency Payments and Won Conversion Contingent on an Ordered Evacuation). Cited in appendixes S and T.

(7) USFK Reg 55-35 (Wartime Movements Program). Cited in subparagraphs 1-5b(3)(d), 4-4b, and 5-5e.

b. A related publication is CINCPAC OPLAN 5060-90(C).

1-4. EXPLANATION OF ABBREVIATIONS AND SPECIAL TERMS. Explanation of abbreviations and special terms used in this pamphlet are explained in the glossary. Additional definitions are contained in COMUSKOREA OPLAN 5060-90 (C).

1-5. EXECUTION OF NONCOMBATANT EVACUATION OPERATIONS (NEO).

a. Concept of Operations. By order of the COMUSKOREA, noncombatant relocation/evacuation control center(s) (NORECC) will be established within the six NEO areas to provide centralized monitoring and control of relocation/evacuation operations (within the ROK) of U.S. NCs and designated aliens and to effect coordination with COMUSKOREA NORECC Main. The NEO program is divided into three distinct and separate phases.

(1) Assembly. This is the process of notifying NCs to report to assembly points (AP) in preparation for entrance into the NEO processing flow. Assembly can be ordered without relocation immediately following. Accordingly, APs must be prepared to shelter, hold, and subsist NCs up to 10 days.

(2) Relocation. The planned movement of NCs from positions of relative danger to positions of greater relative safety. Relocation normally is conducted only from areas I, II, and III to positions further south. However, if circumstances dictate, relocation between other areas may also be directed. NCs will be moved to predetermined relocation centers (RC) where they may stay up to 10 days.

(3) Evacuation. The planned movement of NCs from the ROK to a safe haven country.

b. Sequence of operations:

(1) The primary focus of detailed NEO planning is to ensure there are comprehensive plans and procedures to handle NC processing and that operations, if implemented, are supportable. Exercises should be as realistic as possible, approximating an actual emergency situation except as otherwise noted in this pamphlet and COMUSKOREA OPLAN 5060-90(C). Further, planning must be comprehensive and complete to eliminate "11th hour" scrambles to arrange needed support.

(2) Once the assembly of NCs is ordered, NEO wardens will be responsible for notification of all NCs and designated aliens within their area of responsibility. Once notified, NCs will assemble at predesignated assembly points and will be prepared to move to designated relocation areas, if ordered. For NC relocation, the emphasis is on rapid and safe relocation from potential danger areas to areas of relative safety. This is the single overriding criterion for success. Routine administrative actions must be eliminated. Those minimum essential processing procedures (identification checks, accountability, assignment to transportation, and basic instructional briefings) and logistics must be thoroughly preplanned not to delay movement. If there is a question regarding an individual's eligibility to relocate, relocate the individual and investigate after the fact. Because of emphasis on rapid movement, it is imperative that administrative actions and logistical support be planned or completed before an emergency exists.

(3) Relocation/evacuation processing will be conducted in the following sequence:

(a) Notification. In this phase, NEO wardens will notify all NCs within their area of responsibility that NEO processing has commenced and that the NCs are to move to the local APs with proper documentation, and NEO kits.

(b) Movement to APs. In this phase, NCs will move, on their own by any available transportation, to the designated AP within their area as quickly as possible.

(c) Processing and preparation for movement to relocation area. After arrival at the AP, NCs will be processed and prepared for movement to relocation areas, if needed. Depending on evacuation conditions and circumstances that exist in the area, NCs will be afforded protection and cared for in APs as much as practical and possible. The AP's role is to provide temporary shelter and subsistence for NCs until further movement is directed or until they are released.

(d) Movement to RC. Depending on local circumstances, the movement to relocation areas will be accomplished largely by predetermined transportation assets and opportune available transportation. If privately owned vehicles (POV) or commercial transportation is used, such movement will be by controlled convoys. Access to highways will be tightly controlled. Consequently, there must be close coordination with the local military/security police representative. Convoy requests must be made by the area NORECC to the supporting Movement Control Team (MCT) for approval before dispatch. These transportation requirements must be preplanned as much as possible by establishing requirements such as those as outlined in USFK Reg 55-35, Wartime Movements Program (WMP). When activating a specific WMP line number, the area NORECC will coordinate the movement with the local MCT and inform USFK NORECC Main of action taken.

(e) RC. After arrival at the RC, NCs will be held or processed for departure from the ROK. Normally, RCs will be located where transportation out of country is most available. While in these facilities, NCs will be protected, sheltered, fed, and provided community services, as much as possible and as appropriate. It is at these points that any real evacuation screening/prioritizing will take place.

(f) Evacuation. Evacuation during short notice crises or contingencies will primarily be by airlift, placing NCs on DOD controlled aircraft leaving Korea after having off-loaded supplies, equipment, or personnel. Any additional opportune transportation (such as ships in port) will also be used to the maximum extent possible. However, during times of crisis when there is adequate lead time, evacuation may take place on Embassy contracted aircraft.

NEO ORGANIZATION

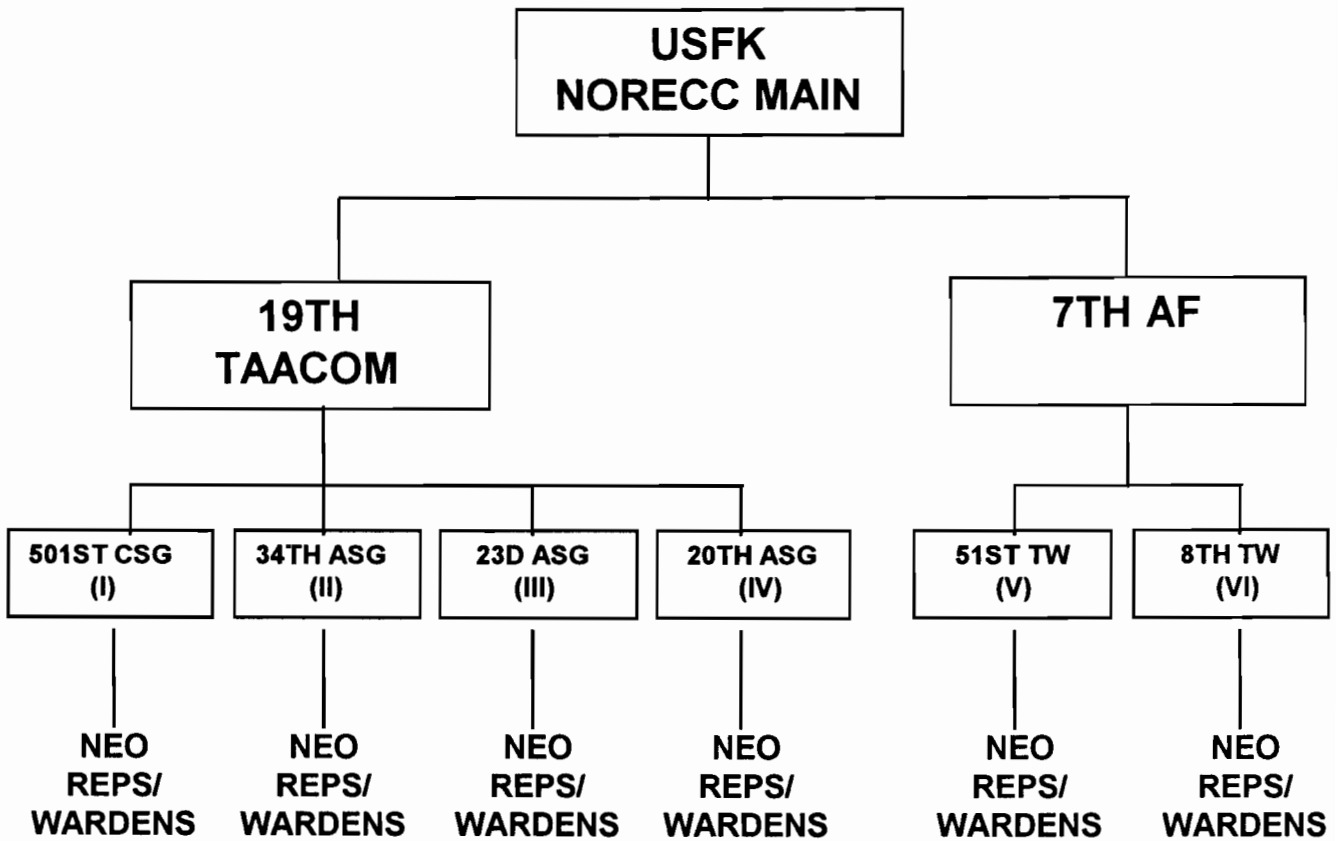


FIGURE 1

CHAPTER 2

AREA/UNIT COMMANDER'S HANDBOOK

2-1. **INTRODUCTION.** A commander plays an extremely important role in NEO by appointing NEO Wardens, monitoring their effectiveness, and counseling U.S. military and DOD civilian sponsors on their responsibilities concerning NC family members located in the ROK. The more active role a commander plays in preparing subordinates' NC family members, the better a unit will be able to perform its combat role should NEO be ordered.

2-2. **RESPONSIBILITIES.**

a. Commanders should become familiar with the contents of COMUSKOREA OPLAN 5060-90(C), USFK Pam 600-300, and this pamphlet.

b. Commanders must develop an active NEO program within their units/areas of responsibility. Doing so will assist in accomplishing the primary military mission of USFK and the unit. Subordinates will perform at a higher degree of proficiency during times of crisis when they are confident their NC family members will be competently provided for. During an ordered NEO, NCs must be given high priority. The sooner they are provided for, the sooner those assets used for NEO can be returned for the primary military mission of USFK and the unit.

c. Commanders will query personnel under their command to ensure all accompanying family members and those added/deleted at a later date, are identified. It is extremely important that soldiers do not hide the fact that they have NC's in the ROK. All NCs, whether command or noncommand sponsored will be registered and carried on a current roster until their departure from the ROK. Commanders will develop procedures to identify personnel who acquire family members while stationed in the ROK in order that they be included in the NEO program. U.S. and potential TCN civilians authorized evacuation within a commander's area of responsibility will also be provided for within the NEO program. This includes those sponsors who reside in one area, but their family members reside in other areas. The sponsor's commander must identify these NCs to the NEO area commander where the NCs reside, to assure they are included in NEO plans.

d. A commander will appoint in writing an adequate number of NEO wardens to assist the NCs within his/her jurisdiction. The number of wardens needed will vary depending upon the makeup of the organization. In some cases, one warden may be able to assist a larger number of NCs because of their close proximity. In other cases, due to NC dispersion, several NEO wardens may be necessary to cover a like sized population. NEO wardens act as a liaison between their commander and those NCs they are responsible for. The warden's duties and responsibilities are outlined in chapter 3. The commander will also appoint an alternate NEO warden to assume the primary warden's duties in his/her absence. The role of the warden is not just another additional duty;

it is primary, until all NCs under his/her jurisdiction are accounted for and safely relocated or until he/she is relieved of responsibilities by the area commander. The safety of the NC should be the warden's primary concern. A sample appointment letter is at appendix A.

e. The following should be considered when choosing NEO wardens:

(1) NEO Wardens should have at least six months remaining in the unit when appointed.

(2) Military or emergency essential civilian personnel of any grade may be appointed NEO wardens. Under no circumstances will a person who will be processed through NEO channels be appointed as a NEO warden.

(3) NEO wardens should be sufficiently intelligent, mature, energetic, resourceful, and responsible to appropriately act as the commander's representative to the NC population.

(4) Do not appoint as wardens those personnel whose primary duties would preclude them from performing warden duties during an emergency situation or whose normal duties would preclude them from providing the attention and time to NEO.

f. Fully support unit NEO wardens to include logistics, program visibility, and priority commensurate with the overall importance of the program.

g. At least twice a year, exercise the unit NEO warden system, in conjunction with USFK COURAGEOUS CHANNEL exercises and unit musters or on any other occasion of the commander's choosing.

h. Ensure all sponsors meet their responsibilities to their family members regarding NEO to include orientations, registration, and NEO kit preparation. Sponsors are responsible for making all preparations to carry their family members completely through the NEO system, including minor children of sole parents or military couples.

i. Advise in writing (name, relationship, and address) area NORECCs in other areas, that NCs reside in their areas whose sponsors are in your unit. Request those area NORECCs contact the appropriate unit commander to appoint NEO wardens to assist those family members.

j. Additionally, commanders must ensure that implementation of NEO at his/her level is logistically feasible. This means that key assets and factors such as vehicles, facilities, personnel, communications equipment, and subsistence supplies must be fully validated and resourced. During crises/contingencies, commanders must not assume routine resources will be available. Further, commanders must ensure logistical support issues are properly sized and predetermined (i.e., facilities predetermined for NEO,

sheltering and beds available, subsistence supplies available by day based on number of expected NCs, etc.).

2-3. GENERAL.

a. **Publicity.** Exchange of information is the key to a good NEO program. Information such as points of contact, telephone numbers, NEO kit/packet requirements, and processing locations should be made available to subordinates and NC family members. Commanders should consider using bulletin boards in common areas, command publications, and radio or television media, when appropriate, to publicize NEO. Caution must be exercised not to alarm NCs or cause them to lose confidence in the NEO system's capability to accomplish a safe and rapid evacuation.

b. **Control.** Commanders can control peacetime NEO programs by directing the NEO wardens to report the status of their NCs on a semiannual basis. This report can coincide with the warden's required semiannual visit with the NCs. As outlined in COMUSKOREA OPLAN 5060-90(C) and chapter 3 of this pamphlet, wardens are required to have a NEO file on each NC within their jurisdiction. In order for USFK to effectively evaluate notification procedures, determine the readiness of NEO packets, and improve the confidence of sponsors and family members in the military's ability to relocate/evacuate NCs, these files will be a subject of inspection by the USFK/Eighth United States Army staff.

c. **Emphasis.** NEO is a fundamental family member care responsibility. Commanders must emphasize its importance to subordinates and NCs. Commanders will hold the sponsor responsible for ensuring his/her family member(s) are equipped and ready for possible relocation/evacuation under the NEO program. Some items in the NEO packet can only be acquired or accomplished with the sponsor's help. To support commanders in assisting NCs in learning about NEO, a Commander's Noncombatant Contact Letter is shown at appendix B. In some cases, it may be necessary for commanders to direct subordinates to assist their family members in preparing for NEO.

d. **Support.** Commanders will support all NEO exercises. NCs will be encouraged to participate except in cases of hospitalization or out-of-country absence. If the entire family unit is absent, the NEO warden is required to coordinate with the family upon return in order for the NEO packet to be inspected and deficiencies corrected. All supervisors will ensure civilian employees are encouraged to participate with no loss of leave or pay to the employee.

2-4. IMPORTANCE. Previous history and recent experience in real world evacuation operations indicate there is little or no preparation time for implementation of NEO and the decision to evacuate will not be made until things "have come apart at the seams." With the confusion and turmoil associated with a relocation/evacuation, we are facing quite an ordeal if it happens. It is the responsibility of all U.S. military commanders within the ROK to ensure that they are prepared to assist in and direct a rapid, orderly and effective NEO at all times.

2-5. **NONCOMBATANT RELOCATION/EVACUATION CONTROL CENTER (NORECC).** All USFK Area commanders will establish a NORECC to oversee all NEO in their area. The NORECC will be manned by an OIC and NCOIC whose sole responsibility will be to monitor all NEO in the specific area. Under no circumstances will the appointed NORECC also perform duties as the AP/RC OIC/NCOIC. Specific and more detailed duty requirements for the Area NORECC are contained in COMUSKOREA OPLAN 5060-90(C).

2-6. **GENERAL RESPONSIBILITIES.**

a. Develop a supporting plan/battlebook to COMUSKOREA OPLAN 5060-90(C) or a USFK subordinate command plan, as appropriate, which outlines the specific responsibilities and unique taskings for all APs and RC(s) for all installations in their area. This plan/battlebook should contain documentation which indicates that it was reviewed/approved by the Area Commander.

b. Address such issues as communication, security, transportation, personnel, subsistence, facilities, preventive medicine/hygiene, and engineer services support to accomplish NEO in their area.

c. Ensure the installation(s) in their area are aware of their taskings and responsibilities.

d. Provide an avenue to the installation to address and declare their shortfalls in capabilities to support taskings and responsibilities.

e. Ensure all APs and RCs battlebooks/plans, Standing Operating Procedures (SOPs) or operating instructions are standardized throughout their area.

f. Ensure successful assembly, relocation and/or evacuation operations can be accomplished and receive sufficient priority in terms of resources, personnel, publicity and command support.

g. Ensure unit commanders establish support and periodically exercise a NEO warden system.

h. Ensure all NEO wardens are appointed in writing and provided NEO warden training.

i. Maintain/establish a NEO single point of contact (POC) at each level or organization in their area of responsibility.

j. Ensure an AP/RC OIC/NCOIC is appointed in writing, responsible for all operations of the respective AP/RC under his/her control.

k. Monitor and ensure AP, RC, and all other personnel associated with the NEO process are trained in compliance with regulatory requirements.

l. Ensure all unit commanders in their area register all newly arrived sponsors and family members (and newly acquired family members in Korea) in the NEO program, and provide them an initial NEO program orientation within 30 days of arrival and continuing follow-up assistance.

m. Responsible to direct and control relocation and evacuation efforts. Identify sufficient resources and capable individuals to ensure successful command and control of NEO.

n. Be prepared to operate the area NORECC on a 24 hour basis.

o. Ensure HQ USFK, FKJ1-PPO-NEO and 19th TAACOM are provided a current POC (name, activity, location, message address, telephone) that can be contacted on a 24 hour basis to activate the area NORECC.

p. Identify, publicize, organize, staff, support, and on order, operate APs and RCs in sufficient quantity, size and location to effectively receive, account for, temporarily secure, shelter, subsist and provide transportation (both tactical and strategic) for the expected number of noncombatants in their area.

q. Develop and coordinate with local DODDS/private schools officials written plans to provide for the safety and supervision of school children should assembly, relocation, and evacuation be ordered during school hours.

r. Monitor and assist subordinate elements in the preparation of the WMP requests. Ensure periodic updates are accomplished.

CHAPTER 3

NONCOMBATANT EVACUATION OPERATIONS WARDEN HANDBOOK

3-1. INTRODUCTION. As a NEO Warden, you are the liaison between the NC and your command. It is your job to provide information, guidance, and assistance to the NC in all areas involving NEO. Your assistance and preparation must be continuous during your tour of duty. This pamphlet and COMUSKOREA OPLAN 5060-90(C) should be used as a basis for NEO responsibilities in conjunction with USFK Pam 600-300.

3-2. APPOINTMENT NOTIFICATION. Inform the area OIC/NCOIC of your appointment. He or she will add your name to the master notification list maintained by the area NORECC. Additionally, provide a copy of your appointment to the area NORECC for control purposes. (A sample appointment memorandum is at app A.)

3-3. RESPONSIBILITIES. It is your responsibility to provide information, guidance and assistance to the NC in all areas involving NEO. These responsibilities include, but are not limited to the following:

a. Warden Placard. You should post the NEO Warden Placard (app C) throughout your area (i.e., bulletin boards, community boards, command/unit sections, unit day rooms, etc.). This card may be locally reproduced.

b. Coordination. You must coordinate with your unit commander to ensure that all NCs within your area of responsibility are identified. Your commander must ensure all incoming personnel and their family members are identified for NEO purposes. All NCs, whether command, or noncommand sponsored will be registered and carried on a current roster until their departure from the ROK. In addition, you will identify and register personnel who acquire family members while residing in the ROK in order to include them in the NEO program. U.S. and TCN civilians within your area of jurisdiction will also be provided for within the NEO program.

c. Establishing contact. You must notify and make personal contact with all NCs within your area of jurisdiction. You are required to send them a letter through their sponsor. (A contact letter is shown at app D.)

d. Registration. You are required to register, in the NEO program, the family members of each sponsor (military or civilian) who has family member(s) within the ROK. USFK Form 178-R (Noncombatant Evacuation Operations (NEO) Data Card), (which will be locally reproduced on 8 1/2- by 11-inch paper), USFK Form 42A (Noncombatant Evacuation Operations (NEO) Command Unique Personnel Information Data System (CUPIDS) Update), and DD Form 2585 (Repatriation Processing Center Processing Sheet) are the primary forms used for NEO registration.

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(1) USFK Form 42A will be initiated by all sponsors with dependents (command or noncommand sponsored) in the ROK upon initial unit inprocessing and by all other U.S. citizens (i.e. DOD employees, contractors, business people, etc.). Also, sponsors/other U.S. citizens who obtain additional family members during their assignment in the ROK should complete a new USFK Form 42A for that dependent(s). Indicate across the length of the form "DEPENDENCY UPDATE." For disenrollment from NEO, prepare a new USFK Form 42A and indicate across the length of the form "DISENROLLMENT/Reason" (i.e., PCS, etc.) USFK Form 42A is used to update the Korea Wide Command Unique Personnel Information System (CUPIDS), and to assist the command in NEO by establishing a data base for potential NCs during a contingency. NEO wardens/inprocessing personnel will ensure all forms are forwarded to the Commander, USFK, ATTN: FKJ1 (Data Management), Unit #15237, APO AP 96205-0010.

(2) The Joint Plan for DOD NC Repatriation (Non-Emergency) requires each family to complete a DD Form 2585 (complete only sections I and III) and include it in their NEO packets. This form will be utilized worldwide and is standardized to ensure accuracy in accounting for NCs from assembly to repatriation. Completion of DD Form 2585 will be an item of special interest during staff assistance visits.

e. If you have a sponsor whose family member(s) reside outside your area of responsibility, you will--

(1) Register the sponsor and NC family member(s).

(2) Establish a NEO file on the sponsor and their family.

(3) Notify and forward a copy of this file to the area commander for the area in which the NC family member(s) reside (and confirm that area's receipt).

(4) Indicate on the USFK Form 178-R that NEO warden control has been transferred to another NEO warden. Similarly, if you have NC family member(s) living in your area of responsibility whose sponsor is stationed in another NEO warden's area, you will be responsible for those NC family members. During exercises and real-world emergencies, all NCs will be notified primarily by unit wardens to report to the nearest AP.

f. NC notification. During exercises or real-world emergencies area NORECCs will be activated. The area NORECC OIC/NCOIC will inform you when to begin notification procedures. At that time, it becomes your responsibility to notify an adult NC in each family. In the case of single parents or dual military parents, you must notify the designated NEO loco parentis (a guardian designated in the Family/Dependent Care Plan to escort children through NEO processing), who must be supported by a power of attorney. A strip map will be provided and attached to the appropriate USFK Form 178-R on all NCs. (A sample strip map is at app F.) When an exercise or real-world emergency commences, notifying the sponsor is not sufficient because the sponsor will not be able to notify NC family member(s) due to mission involvement. Nonetheless, be

prepared to assist the NCs in every way possible to ensure they arrive at the NEO AP. You may need to have strip maps to give to NCs to aid them in locating and getting to the AP. In some cases, you may be required to go to the NC's residence more than once. If unable to reach an adult NC family member, leave a bilingual NC notification letter at the residence. Under no circumstances should you stop attempting to contact the NC, even after leaving a letter at the residence. (A notification letter is shown at app G.) You should be able to physically locate all NCs' residences, using strip maps if necessary, at all times, not just before an exercise. This will require that you become familiar with each new NC's residence as they arrive in your area by conducting a joint route reconnaissance with the sponsor or NC.

g. NEO briefing. You must ensure all NCs within your area of responsibility attend the initial NEO briefing within 30 days of arrival in the ROK. Ask your commander or contact the servicing Army Community Service (ACS) Center, or the unit for NEO briefing dates and locations. (An ACS NEO handout is shown at app H.)

h. Inspection of NEO packets/contacting NCs. You are required to contact each NC family to inspect their NEO packet semiannually (every six months) not to coincide with Courageous Channel exercises. Annotate on USFK Form 197-R (Noncombatant Preparedness Checklist) that the NEO packet was inspected and deficiencies noted. USFK Form 197-R will be locally reproduced on 8 1/2 by 11 inch paper. Use USFK Form 197-R to verify contents of the NEO packet (app I). A USFK Label 40 (Noncombatant Evacuation Operations (NEO) (app J) should be on the outside of the NEO packet. USFK Pam 600-300 contains a bilingual NEO packet list which should be provided to each NC family. Ensure you are able to read and use the strip map provided by the NC to locate their residence. Appendixes I, J, N, O, (if applicable, P, S, T, U, V, W, Y, and Z are forms which are part of the NEO packet and can be used for guidance in completing these forms). Advise your commander of the results of this semiannual inspection, in writing.

i. USFK Form 123-R (Noncombatant Volunteer Information). USFK Form 123-R will be locally reproduced on 8 1/2 by 11 inch paper. Provide a copy of this form to each adult NC upon initial personal contact; inform the NC that USFK is always in need of volunteers and should they desire to become a volunteer, complete USFK Form 123-R and maintain it in their NEO packet. (A copy of this form is at app K.)

j. NEO warden files. In order to effectively evaluate notification procedures, determine the readiness of NEO packets, and improve the confidence of sponsors and NC family members in the military's ability to relocate/evacuate NCs to safe havens in an emergency, all NEO wardens are required to have a NEO file on all NCs within their area of responsibility. The following (in the order indicated) will be included (as appropriate) in this file:

USFK Pam 600-300-1

- (1) NEO warden appointment memorandum.
- (2) USFK Pam 600-300-1.
- (3) USFK Pam 600-300.
- (4) Area/unit SOP or other written guidance.
- (5) Current NCs roster.

(6) Completed NC documentation/information, to include but not limited to, USFK Form 178-R, USFK Form 42A (copy), strip maps, power of attorney, family care plan, etc. Strip maps will contain NCs name, address, telephone number, and a brief description of the route to their quarters.

(7) Educational/orientation material used to assist NCs during periodic visits.

(8) A supply of NEO forms used for registering new NCs who reside in your area of responsibility.

k. Processing of NCs. It is your responsibility to ensure all NCs within your area of responsibility are accounted for until their arrival at the AP or until you are relieved or released from NEO warden duties. During exercises and real-world emergencies, you will transport your NEO files to the AP once you have been released or relieved.

3-4. TRAINING. NEO warden training will be conducted quarterly. Area NORECCs will provide schedules to commander for NEO Warden Training.

CHAPTER 4

ASSEMBLY POINTS

4-1. INTRODUCTION. This section provides guidance for the manning and operation of the AP in the NEO program. The AP is responsible for receiving, initial processing, holding, and shipment of NCs to a RC or port of embarkation (POE), if directed. The AP is also responsible for providing certain services to NCs while they remain at the AP awaiting further transportation. The focus is on minimizing the processing while maximizing the movement of NCs.

4-2. ACTIVATION. APs will be activated by area NORECCs upon direction from NORECC Main.

4-3. ASSEMBLY POINT MANNING. APs will be manned by the following personnel and with representatives from the following agencies:

- a. AP OIC.
- b. AP NCOIC.
- c. Radiotelephone operator.
- d. Clerical personnel.
- e. Military/Security police personnel.
- f. Chaplain representative.
- g. Medical representative.
- h. Transportation representative.
- i. Interpreter(s).

4-4. REQUIREMENTS.

a. **Communications.** The primary means of communication will be by telephone. If this system is nonoperational, tactical communication will be used as an alternate means of communication. The area NORECC will provide frequencies and Signal Operating Instructions (decoding tables) and batteries to the APs. The operator of the radio must be well trained in radio procedures. Communication checks will be made hourly and may be in conjunction with the ALPHA report.

b. **Transportation.** It is a fundamental NC responsibility to provide their own transport to the APs. Primary means of transportation from the AP to the RC/POE will be provided through the WMP as governed by USFK Reg 55-35 or organic transportation available to the AP. Requests for transportation will be made to the local Movement Control Team (MCT).

c. AP. A building with a room large enough to accommodate briefing, processing, and manifesting of NCs. APs must be set up to have a separate entrance and exit. This allows for an even flow of movement, control, and accountability. Signs are required to direct NCs to the AP. Items to be considered in selecting a site for the AP include:

- (1) The proximity to the entrance of the installation.
- (2) The isolation of NCs from other areas of the installation.
- (3) Security of NCs and the installation.
- (4) The ability to handle the numbers of NCs expected.

4-5. ASSEMBLY POINT PROCESSING FUNCTIONS - ACTUAL CONTINGENCY.

a. STATION #1, RECEPTION. Initial arrival point where NCs identification is checked to ensure entitlement to evacuation/relocation. An AP Control Card (app L) will be used to track NCs through AP processing.

b. STATION #2, MEDICAL. The point where medical evaluation takes place. The purpose is to identify those NCs who would be at risk, due to their medical condition, if placed in the NEO channels rather than medical evacuation channels.

c. STATION #3, BRIEFING. A briefing on the current situation will be given by the AP OIC/NCOIC or other designated person. The briefing should not exceed 10 minutes, keeping questions to a minimum. The briefing should be in both English and Hangul. The briefing area should be located away from the manifest station, and when possible, in an enclosed area, to limit distractions and noise.

d. STATION #4, BILLETING. Arranges billeting for NCs if they must remain at the AP for a long time and collects keys for family housing units.

e. STATION #5, TRANSPORTATION. The point that prepares USFK Form 198-R (Noncombatant Manifest) (app M) for relocation to relocation center/POE. USFK Form 198-R will be locally reproduced on 8 1/2 by 11 inch paper. Reviews DD Form 1701 (app V) for accuracy.

4-6. ASSEMBLY POINT PROCESSING FUNCTIONS - EXERCISES. Each AP must, as a minimum, have the stations listed below. The Area NORECC or AP OIC/NCOIC may modify the sequence of the stations to satisfy requirements unique to their area or location. Justification will be documented and filed in the AP Battlebook.

a. STATION #1, RECEPTION. Same as subparagraph 4-5a, except that the AP Control Card will not be used. The AP Control Card will only be checked during exercises; copies will not be detached. During COURAGEOUS CHANNEL exercises, ensure NCs are included in the NEO data base.

b. STATION #2, MEDICAL. Same as subparagraph 4-5c. Shot records may be reviewed and immunizations administered if appropriate, resources permitting.

c. STATION #3, BRIEFING. Same as subparagraph 4-5b, except that the briefing will be a standard briefing provided by the Area NORECC.

d. STATION #4, VOLUNTEER. If a USFK Form 123-R has not been filled out, it will be filled out at this time. (See app K.)

e. STATION #5, LEGAL. Review wills, powers of attorney, marriage and birth certificates, insurance policies, etc., resources permitting.

f. STATION #6, FINANCE. Review for accuracy or complete emergency payment forms.

g. STATION #7, POSTAL. Review DA Form 3955 (Change of Address and Directory Card) (app N) or AF Form 624 (Base/Unit Locator and PSC Directory) (app O) for accuracy. Review USFK Form 194 (Noncombatant Safe Arrival Note) for completeness (app P).

h. STATION #8, BILLETING. Same as subparagraph 4-5d.

i. STATION #9, TRANSPORTATION. Same as subparagraph 4-5e.

4-7. ASSEMBLY POINT OPERATIONS. The following steps should be taken in operating the AP:

a. Open the AP. Safety during AP processing will be a primary concern for all. AP personnel will ensure an orderly flow of NCs through the various stations. All efforts should be made to have an enclosed area, either in the AP facility or adjacent, dedicated to the care of young children while the parents process through the AP. At least two adults will be designated to provide continuous surveillance of the childrens' activities. This measure, while preventing children from using the processing area as a playground, will also afford parents a minimum of time spent on processing.

b. Review installation security/access provisions. Security personnel must know who is allowed access to NEO processing and who must be denied.

c. Set up the various stations (each station to be manned by at least one person).

d. Identify holding/shelter/billeting areas for NCs who have completed processing and who are awaiting transportation to the RC. This must also include numbers that can be housed in each facility. Identify subsistence supplies and cooking/feeding facilities. Shelter and subsistence should be predetermined in order to support the expected numbers of NCs for 10 days (72 hours for Area I).

e. Designate a parking location for transportation used to relocate NCs. It is recommended that buses not be located in an area that will allow NCs access without processing through the AP.

f. Designate a parking lot for private vehicles. NCs arriving at the AP by private vehicle will be directed to park in this location. In some instances, their private vehicles may be used to relocate NCs. Vehicles will be locked and keys will be turned over to the AP. A tag with vehicle identification will be affixed to the keys (app Z).

g. Contact the area NORECC to activate transportation lines if relocation is directed. As NCs arrive, contact area NORECC to arrange for additional transportation. A large number of NCs should not be allowed to accumulate before requesting transportation; if needed, request convoy clearance and escorts from the area NORECC.

h. After NCs have completed processing/briefing, they should be billeted or placed in a separate waiting area where they will await transportation to the RC/POE. All available assistance and support will be provided to NCs during this time. Committees should be established for the following areas, and volunteers will be solicited from among the NCs to staff these committees, as necessary:

- (1) Sanitation.
- (2) Feeding.
- (3) Child care.
- (4) Medical care.
- (5) Billeting.
- (6) NC community security.
- (7) Escorts.
- (8) Team leaders.

i. Once transportation arrives, medical emergencies will embark first. The remaining groups will be relocated in the order of arrival, according to the priorities below and depending upon the capacity of the available transportation assets. Group integrity and family grouping will be maintained to the greatest extent possible.

(1) First priority: U.S. citizens; family members of U.S. citizens; United Kingdom, Canadian, and Commonwealth citizens and their family members.

(2) Second priority: Other authorized TCN personnel. (Authorization for TCN personnel will be determined by the DOS.)

j. Appoint NC group leaders for each group being relocated. Brief them and the drivers on the destination, route, etc. Maps to the RC will be provided by area NORECCs for issue by the AP OIC/NCOIC to the convoy commanders. "Groups" are the largest divisible grouping of NCs. (For example, all NCs in a POV convoy will be a group; all NCs in a convoy of buses will be a group; all NCs on a train will be a group, etc.)

k. It is the NC's responsibility to adequately prepare for NEO regarding their pets. Under no circumstances are pets to be turned loose either on or off the installation. See DOD Pet Procedures, paragraph 7-8.

4-8. DEACTIVATION OF ASSEMBLY POINT.

a. The OIC will notify the area NORECC when the last NCs are about to depart for the RC/POE.

b. All records and documents from the AP will be packaged and given to the last convoy commander to be delivered to the OIC at the RC.

c. Upon confirmation of deactivation, the OIC will secure the remaining equipment/facilities, release personnel to return to their parent units, and the OIC will return to his or her parent unit.

4-9. REPORTS.

a. Convoy report. Submit a report indicating the status of each convoy dispatched using the ALPHA Report (app Q). This report should be submitted to the area NORECC within 1 hour following the departure of the convoy.

b. Status report. Submit the BRAVO Report (app R) to the area NORECC at 0100, 0900, and 1700 daily. These reports cover 8-hour blocks of time, respectively, ending at 2400, 0800, and 1600. These reports are not cumulative.

c. After action report (AAR). An AAR is required within 30 days after completion of an exercise. AARs will not be required after a real-world crisis. Time permitting, a report detailing actual events during a real world NEO would be helpful but probably should wait until after the crisis is over. Reports must address the following:

(1) Lessons learned.

(2) Problems.

(3) Recommendations/suggestions will be forwarded to the area NORECC to be compiled and forwarded to the Commander, USFK, ATTN: FKJ1-PPO, Unit #15237, APO AP 96205-0010.

4-10. TRAINING.

a. Frequency of training. NEO training for all personnel manning the AP processing line will be conducted on a semiannual basis.

b. Notification of training. The AP OIC or NCOIC will publish an annual training schedule that contains the date, time, and location of the training sessions. Any changes to the training session will be published by the AP OIC or NCOIC prior to the training session. The AP OIC/NCOIC or designated instructor will formulate the lesson plan for each training session.

c. Replacement personnel training. The AP OIC or NCOIC will be responsible for providing initial training for all newly appointed personnel manning the processing line. The initial training will cover at a minimum the following areas:

- (1) NEO overview brief.
- (2) Briefing on the AP operation.
- (3) Training on individual responsibilities.

d. Training documentation. All training sessions will be documented and filed in the AP battlebook. The documentation will include the following:

- (1) Students' names/units.
- (2) Training subject/instructor, and date.

e. Other suggested training topics for semiannual or quarterly training. (Not all inclusive).

- (1) WMP.
- (2) Battlebook/SOP preparation and maintenance.
- (3) NEO packets requirements and maintenance.
- (4) NEO Warden duties and responsibilities.
- (5) Preparation for COURAGEOUS CHANNEL.
- (6) NEO casualty reporting.
- (7) Familiarization with COMUSKOREA Plan 5060-90(C).
- (8) AP operations (contingency).

CHAPTER 5**RELOCATION CENTERS**

5-1. INTRODUCTION. RCs are locations where NCs will be moved in-country under military control. Evacuation screening and, if time and resources permit, support services will be provided at RCs. RCs are collocated with major aerial/sea POEs in the ROK. RCs may or may not be collocated with APs.

5-2. ACTIVATION. RCs will be activated by area NORECCs upon direction from NORECC Main.

5-3. RELOCATION CENTER MANNING. RCs will be manned by the following personnel during actual contingency:

- a. RC OIC.
- b. RC NCOIC.
- c. Radio/telephone operator.
- d. Clerical personnel.
- e. Military/security police.
- f. Chaplain representative.
- g. Medical representative.
- h. Transportation representative.
- i. Installation club management system representative (for feeding operations).
- j. Installation billeting representative.
- k. Servicing finance office representative.
- l. Interpreter(s).
- m. State Department representative.

5-4. REQUIREMENTS.

a. **Communications.** The primary means of communication will be by telephone. If this system is nonoperational, a tactical radio will be used as an alternate means of communication. The area NORECC will provide frequencies, signal operating instructions, and batteries to the RCs. The operator of the

radio must be well-trained in radio procedures. Communication checks will be made hourly. They may be made in conjunction with the BRAVO report.

b. Transportation. The primary means of transportation from the RC to the POE will be by bus. Requests for transportation (if necessary, due to lack of available transportation) will be made to the area NORECC, who will be in constant contact with the local MCT/transportation office. It is absolutely imperative that these transportation assets be predetermined and predesignated for NEO support to avoid possible conflicts during crises/contingencies.

c. RC. A building with a room large enough to allow both briefing and manifesting of NCs to be conducted simultaneously without distracting the other. RCs must be set up to have only one entrance and one exit. This will allow for an even flow of movement, control and accountability. Signs should be placed directing traffic to the RC. While the RC may be collocated with an AP, NCs in the RC process will be kept separate from those in the AP process. It is absolutely imperative that these predetermined facilities be designated. If no U.S. facilities are available, consideration should be focused on a ROK facility capable of handling supplies and equipment necessary to conduct a NEO operation. These facilities must be physically investigated before use for a NEO operation, and must be predetermined to adequately and accurately project transportation to them.

d. Billeting. Buildings suitable for housing of NCs should be predesignated for that purpose. The installation billeting representative should be available to make billeting assignments if NCs must remain overnight at the RC. If there are inadequate facilities on the installation, local ROK facilities must be considered. Billeting must be predetermined (in terms of available beds/floor space), in order to preclude conflicts with other billeting requirements.

e. Feeding. A building suitable for feeding NCs should be predesignated for that purpose, but not necessarily a separate building from others used for NEO purposes. The installation club management representative should be available to coordinate feeding operations. NCs should be used to assist in this area to reduce manpower requirements. Rations to feed NCs can be drawn from stocks maintained by the commissary or a Korea Service Activity facility. The RCs must predetermine the stocks required to subsist the expected number of NCs for 10 days to assure adequate subsistence supplies.

f. Medical. Medical personnel should be available to operate a first aid station for any injuries/illnesses that may occur within the NC population during the relocation/evacuation process. Screening will be conducted to determine if injured/ill NCs should be entered into medical evacuation channels. A location for this medical operation must be predesignated and coordinated with medical authorities for suitability. Procedures and logistics for entering NCs into medical evacuation channels must also be predetermined for use of vehicles, facilities, personnel, etc.

5-5. RELOCATION CENTER FUNCTIONS - EXERCISES.

a. STATION #1, RECEPTION. Initial arrival point for NCs or relocatees from other APs. This station performs initial reception and verifies manifest documents to ensure all NCs have arrived.

b. STATION #2, POSTAL. Turn-in change of address cards. DA Form 3955 (app N) or AF Form 624 (app O). NCs will turn in USFK Form 194 to advise sponsors of their family's safe arrival at the RC (app P). These cards will be collected from the NCs and mailed.

d. STATION #3, FINANCE. Point at which payment of emergency evacuation allowances are made to family members of DOD personnel as authorized by the NC's sponsor according to the completed DD Form 1337 (Authorization/Designation for Emergency Pay and Allowances) (app T), or DD Form 2461 (Authorization for Emergency Evacuation Advance and Allotment Payments for DOD Civilian Employees) (app U). These forms are stocked at the Publications and Printing Center, Korea. This payment may be only a partial payment due to restricted availability of funds/limited time to pay NCs, or payment may be accomplished in the safe haven location.

e. STATION #4, TRANSPORTATION. Point at which transportation requirements are accomplished through the designated MCT in accordance with USFK Reg 55-35, and USFK Form 198-R (app M) are completed for movement of NCs to POE for evacuation. This manifest is separate from any requirement that may be made by Air Mobility Command or Military Sealift Command.

f. STATION #5, BRIEFING. A briefing on the current situation will be given by the AP OIC/NCOIC or other designated person. The briefing should not exceed 10 minutes, keeping questions to a minimum. The briefing should be conducted in both English and Hangul. The briefing area should be located away from the manifest station, and when possible, in an enclosed area, to limit distractions and noise.

5-6. RELOCATION CENTER OPERATIONS.

a. Open the RC. Safety during RC processing will be a primary concern for all. RC personnel will ensure an orderly flow of NCs through the various stations. All efforts should be made to have an enclosed area, either at the RC facility or adjacent, dedicated to the care of young children while the parents process through the RC. At least two adults will be designated to provide continuous surveillance of the children's activities. This measure, while preventing the children from using the processing area as a playground, will afford parents a minimum amount of time spent on processing.

b. Set up the various stations. Each station is to be manned by at least one person.

c. Establish holding areas for NCs who have completed processing and are awaiting transportation to the POE.

d. Designate a parking location for transportation being used to move NCs from RC to POE. It is recommended that buses not be located in an area that will allow NCs access to them without processing through the RC.

e. Designate a parking lot for private vehicles. NCs arriving at the RC by private vehicle will be directed to park in this location. Vehicles will be locked and keys surrendered to the RC OIC/NCOIC. A tag with vehicle identification will be affixed to the keys (app Z).

f. If adequate transportation assets are not available, request additional transportation from the area NORECC.

g. After NCs have completed processing/briefing they should be placed in a separate waiting area where they can await transportation to the POE. All available assistance and support will be provided to NCs during this time. Establish committees to provide support in the following areas, and obtain volunteers solicited from among the NCs to man the committees:

- (1) Sanitation.
- (2) Feeding.
- (3) Child care.
- (4) Medical assistance.
- (5) Billeting.
- (6) NC Community Security.
- (7) Escorts.
- (8) Team leaders.

h. Once transportation arrives and airlift/sealift is available, groups will be relocated in the order of arrival at the RC, as prioritized by the DOS.

i. Appoint NC group leaders for each group being transported to the POE for evacuation and brief them and the drivers on their destination, route, etc.

j. It is the NC's responsibility to adequately prepare for NEO regarding their pet(s). Under no circumstances are pets to be turned loose either on or off the installation. See DOD Pet Procedures, paragraph 7-8.

5-7. COLLOCATED RELOCATION CENTER AND ASSEMBLY POINT. Two separate centers do not need to set up for RC and AP as long as each is able to process the flow of NCs (for those arriving directly at the AP/RC and those arriving from another AP) without confusion or delay.

5-8. DEACTIVATION OF RELOCATION CENTER.

a. The OIC will notify the area NORECC when the last NCs are about to depart for the safehaven country.

b. The area NORECC will inform the RC OIC of proper disposition of all records and documents from the RC operation.

c. Upon confirmation of deactivation, the OIC will secure the remaining equipment/facilities, release personnel to return to their parent units, and return to his/her parent unit.

5-9. REPORTS.

a. Convoy Report. Submit a report indicating the status of each airlift/sealift dispatched using the ALPHA Report (app Q). This report should be submitted to the area NORECC within 1 hour following the departure of the airlift/sealift.

b. Status Report. Submit the BRAVO Report (app R) to the area NORECC at 0100, 0900, and 1700 daily. These reports cover 8-hour blocks respectively ending at 2400, 0800, and 1600. These reports are not cumulative.

5-10. TRAINING.

a. Frequency of training. NEO training for all personnel manning the RC processing line will be conducted on a semiannual basis.

b. Notification of training. The RC OIC or NCOIC will publish an annual training schedule that contains the date, time, and location of the training sessions. Any changes to this training session will be published by the RC OIC or NCOIC prior to the training session. The RC OIC/NCOIC or designated instructor will formulate the lesson plan for each training session.

c. Replacement personnel training. The RC OIC or NCOIC will be responsible for providing initial training for all newly appointed personnel manning the processing line. The initial training will cover as a minimum the following areas:

- (1) NEO overview brief.
- (2) Briefing on the RC operations.
- (3) Training on individual responsibilities.

d. Training documentation. All training sessions will be documented and filed in the RC battlebook. The documentation will include the following:

- (1) Student names/unit.
- (2) Training subject/instructor/date.

e. Other suggested training topics for semiannual or quarterly training (not all inclusive).

- (1) WMP.
- (2) Battlebook/SOP preparation and maintenance.
- (3) NEO packet requirements and maintenance.
- (4) NEO Warden duties/responsibilities.
- (5) Preparation for COURAGEOUS CHANNEL exercises.
- (6) NEO casualty reporting.
- (7) Familiarization with COMUSKOREA OPLAN 5060-90(C).
- (8) Relocation point operations (actual contingency).
- (9) Relocation point operations (exercise).
- (10) Command sponsored/noncommand sponsored benefits during NEO.
- (11) Forms preparation.

CHAPTER 6

CASUALTY REPORTING

6-1. GENERAL.

a. Purpose. This section outlines procedures to be used when reporting NC casualties during relocation or evacuation operations.

b. Scope. These procedures apply to all NC casualties that occur while under military control, regardless of service affiliation or citizenship during relocation or evacuation operations.

6-2. REPORTING PROCEDURES.

a. NC casualties that occur during a military controlled relocation or evacuation will be promptly reported to the senior on-scene NEO authority.

b. All casualties will be documented, to the fullest extent possible, using DA Form 1156 (Casualty Feeder Report), regardless of service affiliation or citizenship.

(1) DA Form 1156 is normally used for reporting wartime active duty casualties; however, the form will be used to report any NC casualties (app U) during NEO. DA Form 1156 may also be used to report multiple casualties.

(a) Who will complete the form. Any person(s) having the best knowledge of the casualty/incident(s) may prepare the report. The witness completes as much of the form as possible and immediately forwards it to the nearest senior military NEO authority.

(b) Casualty status reports. The categories; killed in action, missing in action, and wounded in action, do not apply to NC casualties. A person is reported dead only when remains have been recovered and positively identified. A person is reported missing when his or her whereabouts and status are uncertain. Persons believed dead where remains are not recovered are initially reported as missing. A person may be reported as captured when he or she is seen being taken into custody by enemy forces while apparently alive.

(c) Multiple NC casualty situations. In cases where DA Form 1156 is used to report incidents of two or more multiple casualties, the circumstances and other elements of information pertaining to the incident are the same; however, the names, casualty status, and disposition of the remains may differ. When multiple casualties are reported on a single report, no name entry is made. Instead, "See attached roster of (specific number) names" is written in block 1. Names are provided by an attached roster which includes the following information (if known):

USFK Pam 600-300-1

- Name: Last, first, and middle.
- Sponsor's rank, name, and unit (U.S. Government and DOD only).
- Relationship of NC to sponsor.
- Casualty status: Dead, missing, captured, or injured.
- Religious ministrations received: Yes or no.
- Disposition of remains: REC (recovered) or NOTREC (not recovered).

(2) Additional instructions. The remaining blocks are filled out as if for a single incident. Detailed instructions for completing DA Form 1156 are at appendix U.

(3) Reports of death. Reports of death will be certified by competent medical personnel whenever possible. When death occurs enroute and remains cannot be evacuated, convoy commanders will submit available information to the authorities at the RC or POE, who will notify appropriate graves registration personnel.

6-3. RESPONSIBILITIES.

a. Senior NEO authority.

(1) The AP OIC, RC OIC, or convoy commander is the senior NEO authority responsible for NC casualty reporting, depending on where and when the casualty occurs.

(2) DA Form 1156 will be completed for all NC casualties and delivered to the nearest area NORECC as soon as possible.

(3) AP OICs will ensure all convoy commanders have a sufficient supply of DA Forms 1156 before departing with convoy from APs.

(4) AP OICs and RC OICs will ensure their facilities have sufficient stocks of DA Form 1156 while operational.

b. Area NORECCs. Collect completed DA Form 1156 documenting NC casualties and immediately contact COMUSKOREA NORECC Main for instructions.

c. COMUSKOREA NORECC Main will--

(1) Compile casualty reports provided by area NORECCs.

(2) Advise appropriate agency, by message, in an initial NC casualty report.

(a) For DOD family members, contact the appropriate service component casualty notification center. Sponsors will be notified through the service components and command channels.

(b) For U.S. Government employees and family members, contact the U.S. Embassy, Korea.

(c) For all other U.S. citizens, contact the American Red Cross.

(d) For all others, contact the International Red Cross.

(3) Casualty reports concerning Army, Air Force, Navy, Marines, or the State Department sponsored NCs will be furnished to Commander, 8th PERSCOM, COMUSAFK, COMUSNAVFORK, or the DOS, respectively, by COMUSKOREA NORECC Main.

6-4. SPONSOR NOTIFICATION PROCEDURES.

a. Notification will only be attempted after vital casualty identification has been verified.

b. Military sponsors remaining in the ROK will only be notified of family member casualties through unit command channels, when possible.

c. U.S. Government personnel remaining in the ROK will be notified of family member casualties through administrative channels, when possible.

d. Official notification to next of kin of all other NC casualties will be through national, international, or governmental agencies, as appropriate.

- (9) AP operations (exercise).
- (10) Command sponsored/noncommand sponsored benefits during NEO.
- (11) Forms preparation.

CHAPTER 7

SUPPLEMENTAL INSTRUCTIONS FOR SPONSORS AND NONCOMBATANTS

7-1. **APPLICABILITY.** These instructions are to be used by unit NEO wardens in initial orientation briefings to supplement information contained in USFK Pam 600-300. They are directed to U.S. military and civilian sponsors and adult family members. Ultimate responsibility for family NC preparation and readiness rests with the sponsor.

7-2. **SECURITY.**

a. Information on NC evacuation should be disseminated on a strict need-to-know basis, since disclosing U.S. military plans to evacuate NCs to unauthorized persons could jeopardize personal safety and plan execution.

b. Discussing specific aspects (i.e., schedules, locations, numbers, etc.) of NC evacuation plans should be confined to talks with sponsors, unit NEO wardens, program administrators, and commanders.

c. These instructions should be kept in a secure place where they will not be readily accessible to children or unauthorized persons.

7-3. **RESPONSIBILITIES.** Each U.S. military and civilian sponsor is responsible for the state of preparedness of his or her family members all the way through the evacuation/repatriation process. Similarly, unaccompanied U.S. civilian employees are responsible to their commander for their individual state of preparedness. It must be clearly understood that failure to prepare properly for relocation/evacuation may delay NCs departure and allow others to be processed ahead who are prepared.

7-4. **MENTAL ATTITUDE.** In preparing for travel under emergency conditions, NCs must understand that they will temporarily be without comforts they may have been accustomed to in everyday life. All military and some U.S. civilian sponsors will be required to remain at their duty station during emergencies. NCs should be prepared to make all final preparations and depart without the sponsor's assistance. NCs must mentally condition themselves for a long, arduous trip which may be made under adverse conditions; however, they can be assured that the military commanders will do everything possible to guarantee their safety and welfare. The paramount concern is the safe and rapid departure of NCs from danger areas. Above all, the evacuee must adopt a firm resolve to remain calm, disregard rumors, obey instructions, and help others in any way possible. With this spirit of cooperation, the hardships involved in evacuation will be minimized.

7-5. **PREPARATIONS.** The following preparations should be accomplished and maintained as soon as possible after arrival in the ROK:

- a. Documents. See USFK Pam 600-300/and designated NEO warden.

b. Supplies and equipment. See USFK Pam 600-300. Store these items within your NEO kit. Sponsors should be prepared to present their NEO packets for inspection of mandatory documents and other items when requested by their immediate commander. Selected food items in the NEO kit should be based on a limit of 66 pounds per person (including weight of luggage); make provisions for seasonal clothing, rain gear, and adequate toilet articles.

c. Property inventory and claims.

(1) During a crisis evacuation, NCs will be forced to leave behind personal belongings which may become damaged, lost, or destroyed. NCs are authorized to submit claims for lost items due to an evacuation. To ease settlement of possible losses or damage claims following evacuation, NCs should develop a personal property inventory list in two copies. One list should be kept with the NEO kit and the other sent to a relative or friend in the U.S. Videotapes and/or photographs of the property are also helpful.

(2) DD Form 1701 (Inventory of Household Goods) (app V) and DA Form 4986 (Personal Property Record) (app W) should be used to list and value each item of personal property. However, these forms MAY OR MAY NOT be accepted as legal documents for filing a claim against the Government for loss or damage of personal property. Documents which would normally be considered legal for filing claims are the Government Bill of Laden (GBL) used to transport household goods to Korea and purchase receipts for items of substantial value acquired while in Korea.

(a) NCs who are submitting a final claim for lost property without a copy of their GBL for shipment to Korea should know that they can obtain a copy of their inventory of household goods at the origin Personal Property Shipping Office if their household goods were moved within the last six (6) years. However, to expedite the processing of a claim, noncombatants should make every effort to secure a copy of their GBL for their NEO packets. Purchase receipts for household goods/items of high value which were acquired in Korea, should also be retained in NEO packets. In the event a GBL and/or purchase receipts are not available, NCs should complete a DA Form 4986 which lists all household goods/items of high value in their household. DA Form 4986 will be verified by the sponsor's commander, first sergeant, platoon sergeant, or anyone in his/her chain of command in the grade of E6 or higher. Items appearing on the DA Form 4986 which are later disposed of (i.e., sold, discarded, etc.) should be deleted from the DA Form 4986 (lined through with an appropriate entry). A copy of your USFK Automobile Registration should also be placed in your NEO packet.

(b) Damage to household goods and motor vehicles are part of the same claim, depending on the facts. The statutory maximum payment for lost/damage to household goods and motor vehicles is \$40,000. The normal maximum for motor vehicles is \$2,000 (not in shipment) and \$20,000 (during Government sponsored shipment only), as well as the category maximums applicable to other types of property that are set by regulation. Guidance as to possible waiver of these maximums will be set by Service Judge Advocate General.

(c) ANY family member who has suffered a loss, but is NOT COMMAND SPONSORED (i.e., they joined their sponsor without authorization, such as on an unaccompanied tour) IS NOT ELIGIBLE for payments for lost or damaged property that WAS NOT IN GOVERNMENT AUTHORIZED QUARTERS. There are instances in which the Government may make exceptions to this policy. Therefore, noncommand sponsored family members are encouraged to follow the guidance contained in subparagraph 7-5c in the event such an exception is granted.

(3) Military members and civilian employees should provide a Special Power of Attorney to their spouse or an agent in the U.S. to submit a claim for lost or damaged property. The agent should be the same person in the U.S. who maintains your duplicate property list. A signed and dated statement such as that below is sufficient:

"I authorize my spouse _____, to file a claim against the U.S. Government for loss or damage to personal property due to evacuation from Korea."

(4) Claims reimbursement checks will be made payable to the sponsor; therefore, the sponsor may want to provide a Special Power of Attorney to their spouse/family members in order that they are able to cash government checks.

(5) Following evacuation and return to the U.S., claims may be filed with the nearest Judge Advocate or legal office, regardless of service affiliation of the member or civilian employee. Each service has implemented claims procedures through its own regulations, and Judge Advocates will accept claims filed by or for members or employees of other services.

7-6. RELOCATION AND EVACUATION.

a. NCs may be directed by unit NEO wardens or American Forces Korean Network radio and television to report to the nearest AP where they will be provided government transportation to a RC near a POE. In this case, dress for comfort and warmth (seasonal); gather your NEO packet and other important documents, NEO kit, and luggage and promptly report to the AP for further instructions.

b. Evacuation from the RC could follow immediately after arrival or may be delayed several days, a week, or longer. Military authorities will attempt to provide food, shelter, security, and basic services, but these may be extremely limited in many areas.

c. Evacuation will most likely be by military aircraft. Conditions may be extremely crowded aboard the aircraft and may require NCs to sit on the floor of the plane for several hours. Unaccompanied baggage, household goods, and privately owned vehicles (POV), will not accompany evacuees. Each evacuee is entitled to bring one bag the weight of which should not exceed sixty-six pounds. Those not evacuated by air may board ships sailing to the nearest safehaven country.

7-7. SPECIAL INSTRUCTIONS.

a. Keep POVs in good repair at all times, including sound tires and a spare.

b. If POVs are permitted to be driven during relocation, obey the following rules:

(1) Follow the prescribed route established by ROK and U.S. military police or the convoy commander.

(2) Do not stop POVs anywhere except in an emergency, when directed by police, or at areas controlled by ROK or U.S. military personnel.

7-8. PETS.

a. DOD policy. Although the EVACUATION OF PETS WITH FAMILIES IS NOT AUTHORIZED, past experience has shown that evacuees will bring pets with them. Therefore, APs and RCs must implement specific plans for the collection, shelter, holding, transportation, and feeding of pets until guidance is received from COMUSKOREA or the DOS. The plan should also address euthanasia (coordination will be made with local veterinary authorities) and disposal of pets in the event these measures are ordered.

b. Upon initial inprocessing NCs will be informed and, thereafter, reminded of the DOD pet policy. Pet owners are required to have portable pet carriers and an adequate amount of pet food as a part of their NEO kit.

7-9. DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS (DODDS)/PRIVATE SCHOOLS PLAN.

a. Area NORECC OIC/NCOIC, AP and RC OIC/NCOIC will coordinate with officials of DOD/private American schools to develop a viable plan for the care of children if a NEO is called during school hours. Plans should include the assignment of a NEO sponsor to ensure the children are properly processed through the APs and RCs and, perhaps, even evacuated without their parents. Sponsors with children who attend Korean schools should make arrangements to have child(ren) picked up by a responsible adult during a contingency.

b. Documentation should be prepared and signed by the parent(s) or other legal guardians of minor dependents as part of this plan. The document(s) should authorize proper military authority to do all acts necessary to transport the minor family member, identify the final destination of the minor family member and identify the person(s) to whom the unaccompanied minor family member will be transferred. The parent(s) or guardian(s) should also sign powers of attorney authorizing the person(s) to whom the unaccompanied minor family member will be transferred to, to do at a minimum, any medical/dental care required, and to do all acts and authorize all things deemed necessary or proper for the care, maintenance, control, and custody of the minor family member. Arrangements should also be made to provide identification tags to

school children who have not attained the regulatory age for issuance of an identification card. These tags would be worn until released from military control.

c. Area NORECC OIC/NCOIC, and/or AP and RC OIC/NCOIC will maintain a current listing of all school children within their respective areas.

The proponent of this pamphlet is the Office of the Assistant Chief of Staff, J1. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, USFK, ATTN: FKJ1-PPO-NEO, Unit #15237, APO AP 96205-0010.

FOR THE COMMANDER:

OFFICIAL:



LILLIAN C. SMITH
Lieutenant Colonel, USA
Assistant Adjutant General

WILLIAM W. CROUCH
Lieutenant General, USA
Chief of Staff

SPECIAL DISTRIBUTION:

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APO AP 96224-0289
- 200 - Cdr, 19th Theater Army Command,
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USFK Pam 600-300-1

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- 2 - Cdr, U.S. Naval Forces Korea, Unit #15250, APO AP 96205-0023
- 2 - Cdr, Korea Support Activity, Unit #15555, APO AP 96205-0003
- 1 - Manager, American Red Cross, Unit #15272, APO AP 96205-0045
- 10 - Superintendent, DODDS-Korea, Unit #15549, APO AP 96205-0005
- 2 - Cdr, UNC Security Force, Unit #15162, APO AP 96251-0417
- 5 - Cdr, 175th Theater Finance Center, Unit #15300, APO AP 96205-0073
- 200 - USAPPCK
- 100 - FKJ1-PPO-NEO
- 8 - FKJ6-R-PM

APPENDIX A

NEO WARDEN'S APPOINTMENT MEMORANDUM

FKJ1

30 April 1993

MEMORANDUM FOR SFC John T. Jones, 000-00-0000, HHC, 34th Support Group,
Unit #15235, APO AP 96205-0010

SUBJECT: Duty Appointment

1. Effective 30 April 1993, you are assigned as Noncombatant Evacuation Operations (NEO) Warden, Area II, USFK J1.
2. Authority: USFK Pam 600-300-1.
3. Purpose: To conduct duties as NEO Warden in accordance with directives of the above cited regulation.
4. Period: Until officially released or relieved from appointment.
5. Special instructions: You are required to be familiar with the following directives:
 - a. COMUSKOREA OPLAN 5060-90 (C).
 - b. Local area NEO plan.
 - c. USFK Pam 600-300-1.
 - d. USFK Pam 600-300.

SAMPLE

JAMES J. SMITH
CPT, IN
Commanding

DISTRIBUTION:
2- SFC Jones
1- Area NORECC

NOTE: Branches of service other than Army may use their respective service duty appointment format.

APPENDIX B

COMMANDER'S NONCOMBATANT CONTACT LETTER

Dear _____
 (Noncombatant's Printed Name)

비 전투원 활자체 이름

I am the commander of _____
 (Unit/Organization)

본인은 _____의 사령관입니다.

As commander, one of responsibilities is to ensure you are prepared for emergency evacuation should the military situation or other circumstances ever require it. In order to assist you with preparation for Noncombatant

여러분들의 비 전투원 후송작전(NEO)을 위한 준비를 돕기

Evacuation Operations (NEO), I have appointed _____

위해 본인은 _____를 여러분의 NEO 책임자로 as your NEO Warden. He/she should contact you soon.

임명하였습니다. 그/그녀는 곧 여러분께 연락을 할 것입니다.

If your NEO Warden does not contact you or you have any questions, I can be reached at _____

(Building Number/Installation)

본인의 _____로 근무시간에 연락하시면

(건물번호/시설)

(전화번호)

_____ during duty hours.

(Phone Number)

됩니다.

 (Printed Name) (활자체 이름)

 (Rank/Branch) (계급/병과)

Commanding 책임관

APPENDIX C

NEO WARDEN'S PLACARD

_____ is the Noncombatant Evacuation Operation
(계급/성명) 은(는)(반/부대/사령부)의 비 전투원

(NEO) Warden for _____
(Section/Unit/Command)
후송작전(NEO)의 책임자입니다.

During duty hours your Noncombatant Evacuation Operation(NEO) Warden can
근무 시간중 여러분은 비 전투원 후송작전(NEO)책임자에게 _____

be contacted at _____
으로 연락할 수 있으며 그/그녀의 전화번호는

and his/her telephone number is _____
_____입니다.

APPENDIX D

NEO WARDEN'S NONCOMBATANT CONTACT LETTER

THRU: (Sponsor)
 경유 (스폰서)

TO: (Noncombatant)
 수신 (비 전투원)

I have been appointed as your Noncombatant Evacuation Operation(NEO)
 본인은 귀하의 비 전투원 후송작전(NEO) 책임자로 임명되었습니다.
 Warden. In areas concerning Noncombatant Evacuation Operations(NEO), I am your
 비 전투원 후송작전(NEO)에 관계된 지역에서 본인은 귀하의 스폰서 부대장의 연락처
 liaison to your sponsor's unit commander. It is very important that we get together
 입니다. 제가 비 전투원 후송작전(NEO) 서류들을 귀하와 귀하의 가족들에게 설명하고,
 as soon as possible so I can explain the Noncombatant Evacuation Operation(NEO) kit
 귀하의 NEO서류들을 정리하는 방법을 설명할 수 있도록 하기 위해 우리가 서로
 to you and your family members, and how to assemble your NEO kit. The NEO kit must
 가능한 한 빨리 만나는 것이 매우 중요합니다. 본 서류들은
 be completed within 30 days of your arrival in Korea. Please visit me at _____
 귀하가 한국에 도착한 후 30일 이내에 편집되어 작성되어야 합니다.
 _____at the soonest possible date. If you would like to set up
 가장 빠른 시일내에 _____로 본인을 방문하여 주십시오. 약속을
 an appointment, or if you have any questions please feel free to contact me at
 하고 싶거나 질문이 있으시면 _____로 주저마시고 본인에게
 _____.
 연락을 주십시오.

Sincerely,
 경구

NEO Warden
 비 전투원 후송작전 책임자

APPENDIX E

USFK FORM 178-R INSTRUCTIONS

E-1. PURPOSE. Used by the unit NEO warden/representative to compile data on NC population served. This form will not be used in processing through the AP or RC; however, it will be maintained by the unit NEO warden to be turned in to the AP after completion of the notification process.

E-2. INSTRUCTIONS.

a. **COMPONENT** block. Place an "X" in the appropriate block which indicates in which component of the service the NC's sponsor is a member. If "OTHER" is checked, indicate in the following space what capacity the NC was in while in the ROK (i.e., missionary, IBM, tourist, etc.).

b. **NONCOMBATANT NAME(S)** block. Enter the last name, first name, and middle initial of each NC. The first line should be used for the principal NC.

c. **SEX** block. Enter male (M) or female (F), as appropriate.

d. **DATE OF BIRTH** block. Enter the day, month, and year (i.e. 10 May 66).

e. **NATIONALITY/CITIZENSHIP** block. Enter U.S., resident alien, etc.

f. **RELATIONSHIP** block. Enter the relationship of the NC to the sponsor (i.e., wife, son, daughter, etc.).

g. **NONCOMBATANT LOCAL ADDRESS** block. Self explanatory.

h. **EMERGENCY CONTACT/DESTINATION** block. Enter the address and phone number the NC will eventually travel to or through, which the NC can be contacted after an emergency evacuation.

i. **SPONSOR NAME/GRADE/SOCIAL SECURITY NUMBER/DUTY PHONE/UNIT** block. Self explanatory.

j. **HOME PHONE** block. Enter the NC's home phone in the ROK.

k. **AUTOMOBILE DATA** block. If the NC does not have a car, enter "NONE". Otherwise, indicate information identifying the NC's vehicle.

l. **SOLE PARENT/DUAL MILITARY** block. If the NC's sponsor is either a sole parent or a dual military parent, indicate the name, address, and phone number of the person who the Family Care Plan indicates will be the caregiver for the NC's minor child(ren).

m. **MEDICAL NEEDS** block. Indicate any specific medical problems that NEO personnel should be aware of in handling the NC for evacuation.

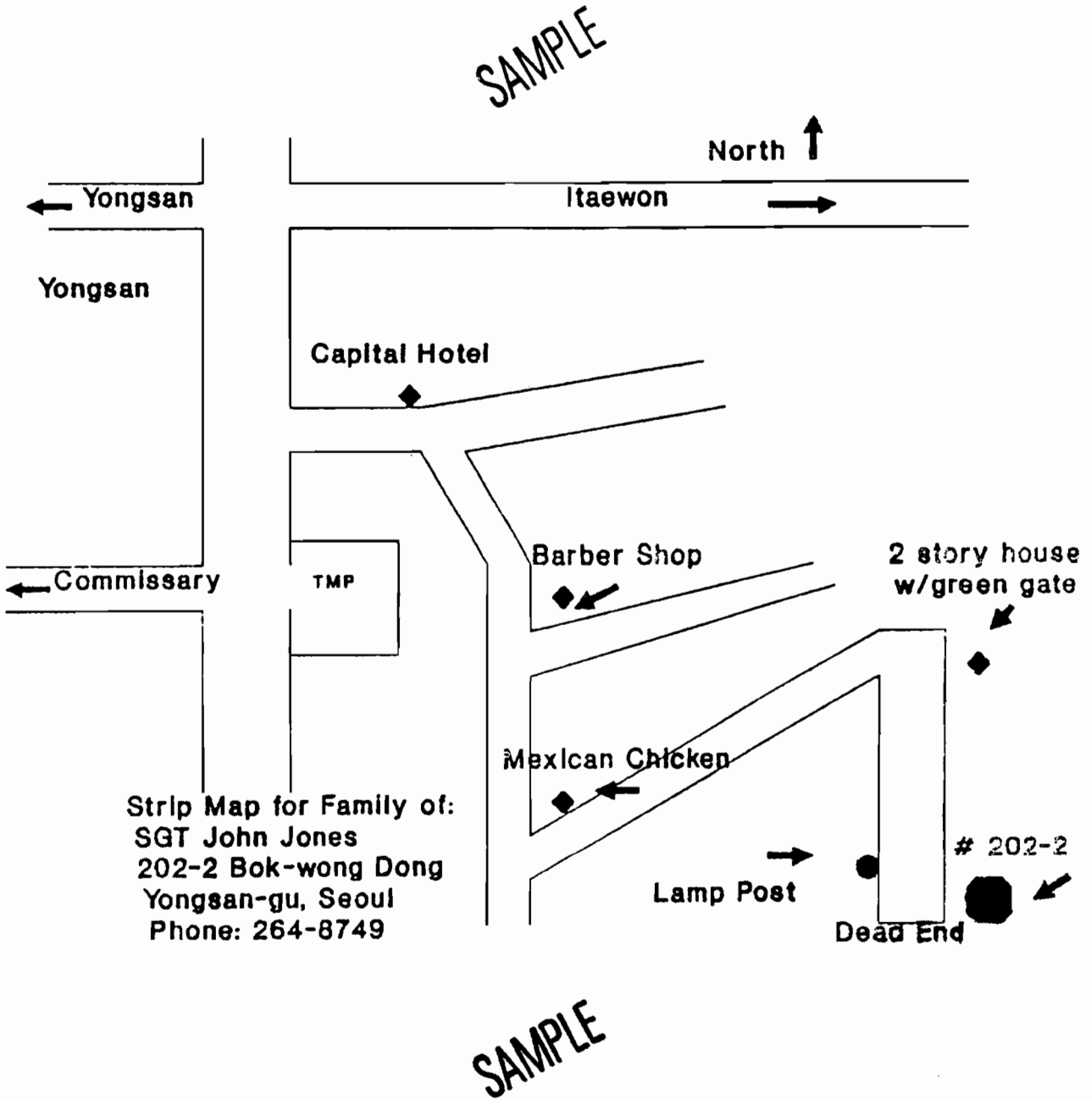
USFK Pam 600-300-1

n. REMARKS block. Indicate any other data that may have an effect on the evacuation/relocation of the NC.

NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD (USFK PAM 600-300-1)				
<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> DOD CIVILIAN <input type="checkbox"/> OTHER ()				
NONCOMBATANT NAMES	SEX	DATE OF BIRTH	NATIONALITY/ CITIZENSHIP	RELATIONSHIP
NONCOMBATANT LOCAL ADDRESS				
EMERGENCY CONTACT/DESTINATION (<i>address and phone number</i>)				
SPONSOR NAME		GRADE	SSH	DUTY PHONE NUMBER
UNIT				HOME PHONE NUMBER
AUTOBOBILE	MAKE	MODEL	YEAR	LICENSE NUMBER
SOLE PARENT DUAL MILITARY	NAME, ADDRESS, AND PHONE NUMBER OF PERSON WITH POWER OF ATTORNEY			
MEDICAL NEEDS				
REMARKS:				
<u>PRIVACY ACT STATEMENT</u>				
1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397. 2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a data base of potential noncombatants during a contingency. 3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants. 4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.				

APPENDIX F

SAMPLE STRIP MAP TO A NONCOMBATANT RESIDENCE



Strip Map for Family of:
SGT John Jones
202-2 Bok-wong Dong
Yongsan-gu, Seoul
Phone: 264-8749

APPENDIX G

NONCOMBATANT NOTIFICATION LETTER

*THIS IS AN EXERCISE
이것은 연습상황입니다.

Dear _____
(Noncombatant's printed name)

_____ 귀하

I _____, your Noncombatant Evacuation Operation
귀하의 비전투원 후송작전 (NEO) 책임자인 본인 _____ 은
(NEO) Warden, visited your residence on _____ to request you report to
(date)

긴급후송을 위한 비전투원으로서의 처리를 위해 귀하가 _____
_____ in order to process as a noncombatant
(Installation/Building Number)

에 보고를 하도록 요청하기 위하여 귀하의 거주지를 _____ 에
(날짜)

for emergency evacuation purposes. The assembly point's hours are from

_____ (time/date)

방문했습니다. 집결지 집결시간은 _____ 부터 _____ 까지

to _____. Please bring your NEO Kit and all necessary documentation
(time/date)

입니다. 귀하의 NEO 서류 및 그외 모든 필요한 문서들을
with you. You may contact the Assembly Point at _____ for additional
(phone number)

휴대하고 오십시오. 추가 정보나 지원이 필요하시면 집결지
information or assistance.

_____에 문의 바랍니다.

전화번호

(NEO Warden's Signature)

NEO 책임자 서명

*THIS IS AN EXERCISE
이것은 연습상황입니다.

*Strike out/blacken out any reference to exercise when this letter is used in real emergency situations.

APPENDIX H

ARMY COMMUNITY SERVICE (ACS) BRIEFING

- H-1.** We will explain in general terms the information you and your noncombatant family members need regarding the plans for the protection, relocation, and evacuation of noncombatants in the Republic of Korea. These plans are termed "Noncombatant Evacuation Operations," often termed by its acronym "NEO."
- H-2.** USFK Pam 600-300 is your basic guide for noncombatants in Korea regarding emergency relocation and evacuation instructions. It is written in both English and Hangul. You should have a current copy of this pamphlet. If you don't, a copy may be obtained through your unit NEO warden. You and your family members must become familiar with this document and keep a copy readily available in your home. You should also be familiar with your unit NEO warden as he or she will be your point of contact in times of crisis or an emergency.
- H-3.** In times of crisis or danger, the U.S. Government in Korea has very detailed plans to move noncombatants in the northern areas to the south (to positions of greater relative safety) and then, if needed, actually evacuate them from the Korean peninsula. The Commander, U.S. Forces Korea, or the U.S. Ambassador to the Republic of Korea will decide when to relocate and evacuate noncombatants. If it does become necessary, U.S. military forces will serve as the focus to execute the relocation and evacuation.
- H-4.** In the event of a relocation or evacuation order, the installation commanders are responsible for ensuring sponsors and family members are prepared, are given adequate notification, and are relocated/evacuated in an efficient and orderly manner.
- H-5.** Emergency situations which could result in relocation or evacuation might be natural disasters, civil disturbances, or increased military tension. Of course, the outbreak of full scale hostilities would require immediate implementation of the detailed plans.
- H-6.** Once the installation commander has received instructions to implement the noncombatant relocation plan, a noncombatant relocation and evacuation control center will be activated. The center will be staffed with representatives from various installation activities (such as transportation, security, etc.) and is the focal point for management and coordination of noncombatants reporting for movement.
- H-7.** Personnel to be relocated will be notified either through command channels, public announcements, AFKN radio or TV, or unit wardens. There are 14 noncombatant assembly points in Korea, and you need to know where they are.
- H-8.** How will the relocation actually work?

USFK Pam 600-300-1

a. Let's take an Army spouse with children at Hannam Village in Seoul. Once word is received of the relocation, the spouse locates the important documents (e.g. passport and I.D. card) and the essentials required for the NEO kit. Contents of the NEO kit as spelled out in the USFK Pam 600-300. The spouse then reports to the nearest assembly point. A backpack to carry supplies is recommended, if there are young children.

b. If the children are in school, every attempt will be made to reunite them with parents. They will remain in school to be picked up by parents. If unable to reunite children with their parents, the children will be evacuated without their parents. In the interest of safety, these children will be reunited with the evacuated parent in the safehaven country of Japan.

c. In many cases, family members must walk to the nearest assembly point. Let me emphasize, it is your responsibility to get to the assembly point. Obviously, in times of crisis, military vehicles will not be available to transport noncombatants from their homes to the assembly points. If you own a POV, listen for announcements where to park your POV. The keys and vehicle registration will be turned in at the assembly point. Cars may be needed to help transport noncombatants from assembly points to relocation centers. Please understand that the POV should only be used to get to the assembly point. You won't be able to drive to relocation centers yourself, as access to highways will be tightly controlled.

H-9. Now to the actual assembly processing.

a. Supervisors at the assembly point will begin the inprocessing. They will check your identification and schedule you for movement. Special medical attention such as advanced pregnancy or any other special circumstances should be brought to the attention of the medical personnel at this time. The family is then provided transportation to a relocation center via military arranged transportation.

b. Those residing in the areas north of the Han River will usually be moved to a southern location such as Taegu or Pusan.

c. As a reminder, family members should report to the nearest assembly point and follow instructions given to them.

d. It is necessary that you as a family member become familiar with the USFK Pam 600-300, particularly in view of the fact that you will be required to relocate without your sponsor.

H-10. What can you do as a sponsor or family member?

a. Register your family members with your unit NEO warden/representative and ensure your unit has your correct phone number and address.

b. Also, participate in the semiannual COURAGEOUS CHANNEL exercises. There is one scheduled here for the period_____. In case of emergency, be prepared, keep your NEO packet and kit ready, stay informed, obey instructions, and stay calm.

H-11. In the past few minutes, we have attempted to explain the major points in the plan for emergency relocation of noncombatants. Your sponsors may obtain further information from their unit NEO warden.

APPENDIX I

USFK FORM 197-R INSTRUCTIONS

I-1. PURPOSE. Used by the unit NEO warden during NEO packet and kit inspections to assist in determining the preparedness of individual NC NEO packets and kits.

I-2. INSTRUCTIONS. This form will be completed as follows:

- a. **DATE** block. Enter the date of the inspection.
- b. **ITEM** block. Enter the appropriate remarks, such as:
 - (1) Items on hand (enter warden's initials).
 - (2) Items not applicable (enter NA).
 - (3) Items not on hand (leave blank).

I-3. GUIDANCE.

a. Mandatory items are marked by an asterisk (*) on the form. NCs need only one of these items to enter into the NEO flow. The passport is the preferred means of identification, since that document will aid in the NCs processing through any safehaven country to the country of final destination.

b. Other items desirable during the assembly, relocation, evacuation, and repatriation cycle that will make what will be a difficult situation a little more tolerable, or will be needed to resolve legal or other problems after repatriation has been accomplished, are listed on USFK Form 197-R.

NONCOMBATANT PREPAREDNESS CHECKLIST
(USFK PAM 600-300-1)

ITEM	DATE	DATE	DATE	DATE
* IDENTIFICATION CARD				
* PASSPORT				
* BIRTH CERTIFICATES				
* MARRIAGE CERTIFICATE				
FOOD SUPPLY - 3 DAYS				
BABY FOOD/FORMULA - 3 DAYS				
BABY TOILETRIES				
CRITICAL MEDICATION - 30 DAYS				
DA FORM 3955 (Change of Address)				
NC SAFEHAVEN POSTCARDS				
IMMUNIZATION (Shot) RECORD				
EMERGENCY PAYMENT AUTHORIZATION				
USFK PAM 600-300				
POWER OF ATTORNEY - LOCO PARENTIS				
DA FORM 2402 (AP Control Card)				
DD FORM 1701 (HHG Inventory)				
DA FORM 4986 (Property Inventory)				
LETTER OF AUTHORIZATION (Claims)				
WILL				
CHECKBOOK/BANKBOOK/CREDIT CARDS				
VEHICLE REGISTRATION/TITLE				
INSURANCE POLICIES				
BLANKETS				
TOILET ARTICLES				
FEMININE HYGIENE ARTICLES				
EXTRA CLOTHING				
BABY ARTICLES				
FIRST AID KIT				
FLASHLIGHT & EXTRA BATTERIES				
SMALL RADIO & EXTRA BATTERIES				
LIGHT BACKPACK/LUGGAGE				
DD FORM 2585 (Repatriation Form)				

NEO WARDEN: *Items with asterisk (*) are mandatory, other items are highly desirable. Date the column at time of NEO Kit inspection and enter your initials for each item contained in the NEO Kit.*

APPENDIX J

USFK LABEL 40 INSTRUCTIONS

J-1. PURPOSE. USFK Label 40 is to be attached to the folder or envelope in which the NC places his/her NEO packet documents. This label is designed to serve as a ready reminder of what documents should be in the NEO packet.

J-2. INSTRUCTIONS. This form will be completed as follows.

a. **SPONSOR'S NAME** block. Enter sponsor's name (last, first, and middle initial).

b. **RANK** block. Enter sponsor's rank (i.e., SGT).

c. **UNIT PHONE NUMBER** block. Enter sponsor's duty phone number.

d. **SPONSOR'S UNIT** block. Enter sponsor's unit designation (i.e., B Co, 1st Bn, 501st Inf).

e. **APO** block. Enter APO number for sponsor's unit.

f. **REQUIRED AND DESIRABLE DOCUMENTS** block. Enter a check mark in those blocks which identify the documents which have been placed in the envelope or folder to make up the NCs NEO packet.

SAMPLE

NONCOMBATANT EVACUATION OPERATIONS (NEO) (USFK PAM 600-300-1)		
SPONSOR'S NAME JONES, CAROLYN ANN	RANK SGT	UNIT PHONE NUMBER 723-0000
SPONSOR'S UNIT HHC 1/17th FA		APO 96204
REQUIRED DOCUMENTS <i>(Keep these in this envelope)</i>		
1. <input type="checkbox"/> PASSPORT <i>(individual/group)</i>		
2. <input type="checkbox"/> BIRTH CERTIFICATES AND MARRIAGE LICENSES		
DESIRABLE DOCUMENTS <i>(Recommend these items be kept in this envelope)</i>		
1. <input type="checkbox"/> INVENTORY OF PERSONAL PROPERTY <i>(DD Form 1701, DA Form 4986, Bill of Lading, Appraisals, Receipts for locally purchased items, etc.).</i>		
2. <input type="checkbox"/> POWER OF ATTORNEY <i>(see servicing legal or staff judge advocate).</i>		
3. <input type="checkbox"/> PERSONAL LEGAL DOCUMENTS <i>(divorce decrees, adoption papers, insurance documents, bank/checkbooks, wills, etc.).</i>		
4. <input type="checkbox"/> INTERNATIONAL CERTIFICATES OF VACCINATION <i>(PHS Form 731) PER INDIVIDUAL.</i>		
5. <input type="checkbox"/> MILITARY REGISTRATION AND CERTIFICATE OF TITLE OF MOTOR VEHICLE <i>(USFK Form 207).</i>		
6. <input type="checkbox"/> NEO INSTRUCTIONBOOKLET <i>(USFK Pam 600-300).</i>		
7. <input type="checkbox"/> AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES <i>(DD Form 1337 [military] or DD Form 2461 [civilians]).</i>		
8. <input type="checkbox"/> USFK FORM 194 <i>(Safe Arrival Note) POSTCARDS.</i>		
9. <input type="checkbox"/> DA FORM 2402 <i>(1 per family member).</i>		
NEO KIT <i>(These items should be kept readily available)</i> EMERGENCY SUPPLIES FOR THREE DAYS <i>(see USFK Pam 600-300)</i>		

USFK LABEL 40
1 JAN 90

EDITION OF 1 OCT 84 WILL BE USED UNTIL EXHAUSTED.

SAMPLE

APPENDIX K

USFK FORM 123-R INSTRUCTIONS

K-1. PURPOSE. USFK Form 123-R will be completed by those NCs that possess certain skills that will be needed during an emergency evacuation. The form should be completed even though the NC does not desire to volunteer his/her services during such an emergency. NCs possessing such skills will not be delayed in their evacuation processing because they have volunteered their services to be used in the evacuation process. The completed form should be maintained in the NEO packet.

K-2. INSTRUCTIONS. This form will be completed as follows:

a. SPONSOR DATA section.

- (1) NAME block. Enter sponsor's name (last, first, and middle initial).
- (2) RANK block. Enter sponsor's rank.
- (3) SSN block. Enter sponsor's social security number.
- (4) DEROS block. Enter sponsor's DEROS (date eligible for return from overseas).
- (5) UNIT block. Enter sponsor's unit designation.
- (6) APO block. Enter the APO number for the sponsor's unit.

b. NONCOMBATANT DATA section.

- (1) NAME block. Enter NCs name (last, first, and middle initial).
- (2) APO block. Enter the APO number for the NCs residence.
- (3) SKILLS block. Enter checks in appropriate blocks which indicate skills possessed by the NC.
- (4) SIGNATURE block. Enter the NCs signature.

APPENDIX L

DA FORM 2402 INSTRUCTIONS

L-1. **PURPOSE.** DA Form 2402 (Exchange Tag) will be used as the AP/RC control card for tracking NCs through the AP/RC process.

L-2. **INSTRUCTIONS.** This form will be completed as follows. This will reduce processing time at the AP/RC.

- a. **ITEM #1 (SUPPORT AGENCY).** Indicate NC's name (Last, first, and middle).
- b. **ITEM #2 (DATE).** Indicate date-time-group of arrival at AP (i.e., 290810 Aug 88).
- c. **ITEM #3 (ORGANIZATION).** Indicate sponsor's unit.
- d. **ITEM #4.** Not used.
- e. **ITEM #5 (NSN).** Indicate sponsor's social security number.
- f. **ITEM #6 (NOUN NOMENCLATURE).** Indicate citizenship/nationality status (i.e., U.S. citizen, resident alien, etc.).
- g. **ITEM #7 (PD).** Indicate birth date (i.e., 14 Mar 52).
- h. **ITEM #8 (PD AUTHENTICATION).** Indicate sex and relationship to sponsor (i.e., F - wife).
- i. **ITEM #9 (END ITEM NOUN NOMENCLATURE).** Not used.
- j. **ITEM #10 (MODEL).** Not used.
- k. **ITEM #11 (SERIAL NUMBER).** Not used.
- l. **ITEM #12 (DEFICIENCY OR SYMPTOM).** Indicate medical evacuation data.
- m. **ITEM #13 (DATE ACCEPTED).** Indicate the date-time-group of departure from AP (i.e., 291015 Aug 88).
- n. **ITEM #14 (SIGNATURE).** Not used.
- o. **ITEM #15 (NMCS).** Not used.
- p. **ITEM #16 (JON).** Indicate the date-time-group of arrival at RC (i.e., 291830 Aug 88).
- q. **ITEM #17 (INITIALS).** Not used.

USFK Pam 600-300-1

r. ITEM #18 (DATE REPAIRED). Indicate the date-time-group of departure from RC (i.e., 300645 Aug 88).

L-3. DISTRIBUTION. Copies of the DA Form 2402 will be retained as tracking aids at the following locations:

- a. AP Registration desk.
- b. AP Manifest desk.
- c. RC Registration desk.
- d. RC Manifest desk.

NOTE: Items 2, 12, 13, 16, and 18 should not be filled out until actual exercise.

EXCHANGE TAG	1. SUPPORT AGENCY (DODAAC)		2. DATE		DA FORM 2402 DEC 85	
	JONES, CAROLYN ANN		290810 AUG 88			
	3. ORGANIZATION (DODAAC)		4. <input type="checkbox"/> WARRANTY			
	HHC 1/17th FA		<input type="checkbox"/> EIR EXHIBIT <input type="checkbox"/> EXCHANGE			
	5. NSN		6. NOUN NOMENCLATURE			
	111-22-3333		US Citizen			
	7. PD	8. PD AUTHENTICATION				
	14 Mar 52	F-Wife				
	9. END ITEM NOUN NOMENCLATURE		10. MODEL			
	END ITEM IDENTIFICATION		11. SERIAL NO.			
	12. DEFICIENCY OR SYMPTOM					
	13. DATE ACCEPTED		14. SIGNATURE	15. NMCS		
	16. JON		17. INITIALS			
	18. DATE REPAIRED		19. INITIALS			

SAMPLE

APPENDIX M

USFK FORM 198-R INSTRUCTIONS

M-1. PURPOSE. USFK Form 198-R will be used to manifest NCs at both the AP and RC. The manifest should be completed in two copies, one kept at the AP/RC and the other to accompany the NCs to be to the RC/POE for accountability.

M-2. INSTRUCTIONS. This form will be completed as follows:

- a. AP/RC blocks. Indicate whether the form is being used by an AP or RC.
- b. LOCATION block. Indicate the location of the AP or RC.
- c. DEPARTURE DATE and DEPARTURE TIME blocks. Indicate the date and time that the NCs departed the AP or RC.
- d. NUMBER column. Enter the appropriate line number.
- e. NAME column. Indicate the NC's name (last, first, and middle initial).
- f. RELATIONSHIP column. Enter the single letter for relationship to the sponsor (D-daughter, S-son, SP-spouse, or O-other relationship).
- g. AGE column. Indicate NC's age.
- h. SEX column. Indicate NC's sex.
- i. CITIZEN column. Indicate the NC's nationality/citizenship status (for example, U.S., resident alien).
- j. SPONSOR SSN column. Indicate the NC's sponsor's SSN.
- k. MEDICAL PROBLEM column. Indicate any medical problems that may have a bearing on the evacuation process.

APPENDIX N

DA FORM 3955 INSTRUCTIONS

Complete DA Form 3955 (four copies) in ink as follows:

- a. NAME block. Enter NC's name (Last, first, and middle initial).
- b. GRADE block. Leave blank.
- c. SSN block. Enter NC's sponsor's SSN.
- d. PURGE DATA block. Leave blank.
- e. NEW ORGANIZATION block. Leave blank.
- f. OLD MAILING ADDRESS block. Enter NC's current mailing address in the ROK.
- g. NEW MAILING ADDRESS block. Enter a permanent address in the U.S. where the NC can have his/her mail forwarded.
- h. DATE DEPARTED OLD ORGANIZATION block. Leave blank. (RC processing personnel will enter the date the NC processed through the RC).
- i. DATE DUE NEW ORGANIZATION block. Leave blank.
- j. QUARTERS/OFF POST ADDRESS block. Leave blank.
- k. REMARKS block. Enter first names of dependents who receive mail at the indicated address. (Last name if different from sponsor).
- l. CONSENT block. Have NC check appropriate block and initial.
- m. SIGNATURE AND DATE block. To be completed when NC processes through the RC.
- n. REVERSE SIDE - TO ADDRESS (four copies).
 - (1) "CMD" APO AP 96207.
 - (2) Indicate current unit of assignment.
 - (3) Indicate installation APO.
 - (4) Indicate new address (if required).

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

FIRST COPY: "CMD" APO AP 96207
SECOND COPY: UNIT OF ASSIGNMENT
THIRD COPY: INSTALLATION APO
FOURTH COPY: INDICATE NEW ADDRESS

INSTRUCTIONS

Address one completed card each to:

1. Old unit of assignment.
2. New unit of assignment.
3. Old post locator, or APO, if overseas.
4. New post locator, or APO, if overseas.
5. Area Postal Directory, if overseas.
6. Correspondents who write you regularly.
7. Magazines or newspapers you receive (paste publication mailing label or key number in the "OLD MAILING ADDRESS" box on the reverse).

SAMPLE

JONES, Sandra Ann PRINT NAME (Last, First, MI) NEW ORGANIZATION (Complete Designation)	GRADE	123-45-6789 SSN	PURGE DATA BOX NUMBER
--	-------	--------------------	--------------------------

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 39 USC and DOD/Postal Service Agreement, 2 Feb 69. **PRINCIPAL PURPOSE:** To route and forward (Directory) mail. **ROUTINE USES:** Used by Army military and civilian personnel in mail functions and address inquiries. Data are inspected by commanders, postal officers, and military and civilian inspectors. **DISCLOSURE:** Voluntary. However, failure to provide the requested information could result in delay/inability to forward mail.

OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code) HHC, 3d Bn 17 Inf APO AP 96204	NEW MAILING ADDRESS (Include ZIP Code) 123 My Street Hometown, USA 11111		
DATE DEPARTED OLD ORG: QUARTERS/OFF POST ADDRESS	DATE DUE NEW ORG: REMARKS JONES, Jennifer JONES, Adam		
CONSENT: <input checked="" type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.	(IF DEPARTING, COMPLETE BELOW ITEMS) HEADQUARTERS ISSUING ORDERS		
SIGNATURE	DATE	ORDER NUMBER	ORDER DATE

SAMPLE

DA FORM 1 FEB 79 **3955** EDITION OF 1 AUG 78 MAY BE USED. **CHANGE OF ADDRESS AND DIRECTORY CARD**

For use of this form, see AR's 65-1 and 65-75; the proponent agency is TAGCEN.

APPENDIX O

AF FORM 624 INSTRUCTIONS

INSTRUCTIONS. Complete AF Form 624 (one copy in ink as follows:)

- a. NAME block. Enter NC's name (Last, first, and middle initial).
- b. GRADE block. Leave blank.
- c. DUTY PHONE block. Leave blank.
- d. ORGANIZATION/OFFICE SYMBOL block. Leave blank.
- e. BOX NUMBER block. Leave blank.
- f. LOCAL ADDRESS block. Enter NC's mailing address here in Korea to include APO number.
- g. FORWARDING ADDRESS block. Enter a permanent address in the United States where the NC can have his/her mail forwarded.
- h. ADDITIONAL DATA block. Enter first names of dependents that receive mail at the above indicated address. (Last name if different from sponsor).
- i. ESTIMATED ARRIVAL DATE block. Leave blank.
- j. RNLTD block. Leave blank.
- k. DEPARTURE DATE block. Leave blank. RC processing personnel will enter the date the NC processed through the RC.
- l. CONSENT block. Have NC check the appropriate block.
- m. SSAN block. Enter the NC's sponsor's social security number.
- n. SIGNATURE and DATE block. To be completed when NC processes through the RC.

JONES, Sandra Ann <small>NAME (Last, First, Middle Initial)</small>		GRADE	DUTY PHONE	ORGANIZATION/OFF SYM	BOX NO. 1	GM
LOCAL ADDRESS 1 HQ 7AF, BOX 1234, APO SF 96312					HOME PHONE 1	
FORWARDING ADDRESS/ASSIGN AUTH. 1 1234 My Street, Hometown, USA 12345						
ADDITIONAL DATA (See AFR 11-24)					EST ARR. DATE	
JONES, Jennifer					NEO	
JONES, Adam					RNLTG	
					DEPARTURE DATE	
<i>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)</i>						
<input checked="" type="checkbox"/> DO NOT give consent to release my home address, home telephone number and other personal data contained in my Locator File to any person who is not otherwise authorized to receive the information under AFR 11-24 and AFR 12-35.						
SIGNATURE			SSAN 1	DATE		
			123-45-6789			

SAMPLE

AF FORM 624
DEC 79

PREVIOUS EDITION WILL BE USED.

BASE/UNIT LOCATOR AND PSC DIRECTORY

APPENDIX P

USFK FORM 194 INSTRUCTIONS

P-1. PURPOSE. This form is used to identify the NC's sponsor of their safe arrival at the RC and again upon arrival at the safehaven country. Space is provided on the post card for the NC to write a short note to his/her sponsor.

P-2. INSTRUCTIONS.

a. These postcards are to be issued by the unit NEO warden to the NC to be placed in the NEO packet. Two postcards should be issued to each NC family.

b. The NC's sponsor should assist the NC in completing the address information on the front of the postcard with his or her military mailing address.

c. NCs will complete the reverse side of the postcard only during an actual NEO relocation/evacuation upon arrival at the relocation center and again upon arrival at the safehaven evacuation center outside the ROK. These cards are not valid for mailing from the U.S. to the ROK.

d. Completed postcards will be collected from the NCs at the relocation center and safehaven evacuation center, for mailing to the NC's sponsor in the ROK.

e. Extra copies of these postcards will be maintained by each RC to be issued to NCs in case they have lost those postcards issued to them by the unit NEO warden.

f. These postcards are to be issued only to those NCs authorized use of the APO system.

P-3. These postcards can only be mailed from within the ROK or the Pacific theatre. An additional postcard for use from the continental U.S. is still in the process of being developed.

MPS

SPONSOR'S GRADE/NAME MSG Jack Jones
UNIT/ORGANIZATION HQ CO, EUSA
APO AP 96204

SAMPLE

NONCOMBATANT SAFE ARRIVAL NOTE

(USFK PAM 600-300-1)

WRITE YOUR MESSAGE HERE:

SIGNATURE

PRINTED NAME

PRESENT LOCATION

DATE

APPENDIX Q

ALPHA REPORT INSTRUCTIONS

The ALPHA Report is submitted by each AP to their area NORECC within 1 hour of departure of each convoy. The report is transmitted in the following format:

- LINE A - Name of AP: _____
- LINE B - Report number (sequential): _____
- LINE C - Convoy number: _____
- LINE D - Departure time: _____
- LINE E - Transportation mode: _____
- LINE F - Number of NCs: _____
- LINE G - Destination: _____
- LINE H - ETA at destination: _____
- LINE I - Number of vehicles: _____
- LINE J - Remarks:

APPENDIX R

BRAVO REPORT INSTRUCTIONS

The BRAVO Report is submitted every 8 hours at 0900, 1700, and 0100 (close out periods for the reports, respectively, are: 0800, 1600, 2400) in the following format:

- LINE A - Name of AP/RC: _____
- LINE B - Report Cutoff date-time-group: _____
- LINE C - Total U.S. NC processed: _____
- LINE D - Total TCN NC processed: _____
- LINE E - Total U.S. NCs injured: _____
- LINE F - Total TCN NCs injured: _____
- LINE G - Total U.S. NCs killed: _____
- LINE H - Total TCN NCs killed: _____
- LINE I - Total U.S. NCs MEDEVACed: _____
- LINE J - Total TCN NCs MEDEVACed: _____
- LINE K - Total number of convoys departed: _____
- LINE L - Total number of convoys arrived: _____
- LINE M - Convoy number/number of NCs arrived: _____
- LINE N - Total U.S. NCs assembled awaiting transportation: _____
- LINE P - Total TCN NCs assembled awaiting transportation: _____
- LINE Q - Total U.S. NCs dispatched: _____
- LINE R - Total TCN NCs dispatched: _____
- LINE S - Total vehicles turned in at AP/RC: _____
- LINE T - Total vehicles used to relocate/evacuate NCs: _____
- LINE U - Remarks:

APPENDIX S

DD FORM 1337 INSTRUCTIONS

S-1. PURPOSE. Used by military personnel (Army, Air Force, Navy, and Marine) to authorize payment of emergency funds to their family members in the event of evacuation from the ROK. See USFK Reg 37-6 for additional information.

S-2. INSTRUCTIONS. Prepare DD Form 1337 in two copies as follows:

- a. MEMBER block. Self-explanatory.
- b. GRADE, RATE, OR RANK block. Self-explanatory.
- c. FILE OR SERVICE NUMBER block. Leave blank.
- d. SOCIAL SECURITY ACCOUNT NUMBER block. Self-explanatory.
- e. MEMBER'S STATION OR ORGANIZATION block. Indicate the unit where the member (sponsor) is assigned.
- f. PRIMARY DEPENDENT'S NAME block. Self-explanatory. (This is the individual who will receive the payments.)
- g. RELATIONSHIP block. Self-explanatory.
- h. ADVANCE OF PAY block. Indicate the amount of advance pay authorized by the sponsor to be paid to the primary family member. The amount may not exceed 2 months of basic pay. **NOTE:** Individuals with affidavits will receive only 1 month's basic pay. Repayment procedures may vary according to service branch.
- i. EVACUATION ALLOWANCE block. Authorizes COMMAND SPONSORED family members to be paid an evacuation (per diem) allowance after departure from the ROK in accordance with the Joint Federal Travel Regulation.
- j. EMERGENCY DISLOCATION ALLOWANCE block. Authorizes COMMAND SPONSORED family members to be paid an emergency dislocation allowance upon arrival at the designated location in accordance with the Joint Federal Travel Regulation.
- k. SIGNATURE blocks. The DD 1337 is signed by the sponsor and the primary family member. The unit commander will verify the ADVANCE OF PAY block amount and sign the DD Form 1337. The original will be returned to the service member and one copy retained for unit files.
- l. Military personnel desiring to have family members receive no emergency advance of pay are still required to prepare the DD Form 1337 with "\$ NONE" entered in the ADVANCE OF PAY block. This form must be signed by both the sponsor and primary family member or designated representative.

AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES					
MEMBER (Last Name, First Name, Middle Initial)	GRADE, RATE, OR RANK	FILE OR SERVICE NUMBER	SOCIAL SECURITY ACCOUNT NUMBER		
Johnson, Gregory E.	MAJ		123-45-6789		
MEMBER'S STATION OR ORGANIZATION					
175th Theater Finance Command, Yongsan Korea 96301-0073					
PRIMARY DEPENDENT'S NAME (or designated representative for minor dependents) (First Name, Middle Initial, Last Name)			RELATIONSHIP		
Beverly C. Johnson			Wife		
DEPENDENTS OTHER THAN PRIMARY					
NAME (First Name, Middle Initial, Last Name)	DATE OF BIRTH	NAME (First Name, Middle Initial, Last Name)	DATE OF BIRTH		
1. Gregory C. Johnson	3 Mar74	5.			
2. Anson E. Johnson	1 Jun79	6.			
3.		7.			
4.		8.			
<input checked="" type="checkbox"/> ADVANCE OF PAY - MAXIMUM AMOUNT \$ <u>2,000.00</u> (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.					
<input checked="" type="checkbox"/> EVACUATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE)					
<input checked="" type="checkbox"/> EMERGENCY DISLOCATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE) I HEREBY DESIGNATE THE ABOVE NAMED INDIVIDUAL TO RECEIVE THE PAYMENTS CHECKED IN THE EVENT OF AN EVACUATION ORDERED OR APPROVED BY COMPETENT AUTHORITY.					
DATE	SIGNATURE OF MEMBER				
9 Feb 87	<i>Gregory E. Johnson</i>				
SIGNATURE OF PRIMARY DEPENDENT (or designated representative for minor dependents)					
<i>Beverly C. Johnson</i>					
DATE	NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIAL				
10 Feb 87	U.B. GONE, LTC, FC, Finance and Accounting Officer <i>U.B. GONE, LTC</i>				
RECORD OF PAYMENTS					
DATE	DISBURSING OFFICER	SYMBOL NUMBER	PAYROLL NO. OR VOUCHER NO.	TYPE OF PAYMENT (Advance of Pay - Dislocation Allowance - Evacuation Allowance)	AMOUNT PAID

**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 this 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. This will insure prompt receipt of future 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**

APPENDIX T

DD FORM 2461 INSTRUCTIONS

T-1. PURPOSE. Used by DOD civilians to authorize payment of emergency funds to their family members in case of evacuation from the ROK. See USFK Reg 37-6 for additional information.

T-2. INSTRUCTIONS. See sample to complete form.

T-3. PROCESSING PROCEDURES.

a. The employee will complete 3 copies of DD Form 2461 and obtain the signature of the primary dependent.

b. The CPO ensures advance authorized is IAW appropriate regulations, signs as authenticating official, and makes the following distribution: One copy is forwarded to the servicing finance office, one copy is placed in the employees official folder, and the original is returned to the employee along with a copy of USFK Pam 37-2.

T-4. ENTITLEMENTS. Entitlements for U.S. government employees and their family members during an evacuation are contained in the DOS Standardized Regulations, chapter 600, and endorsed for DOD civilians under DOD 1400.11-I and JFTR, Volume 2, chapter 12.

T-5. DISPOSITION OF DD FORM 2461. The primary family member should place the DD Form 2461 in the NEO packet.

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

Privacy Act Statement

AUTHORITY: U.S.C. 5521-5527; E.O. 9397, Nov 1943 and 10982, Dec 1961.

PRINCIPAL PURPOSE: To authorize and record emergency payments to employees and dependents.

ROUTINE USES: This record is kept by the pay office to record these payments on the permanent records. Information on this form may in appropriate cases be disclosed to other Federal agencies (IRS, Social Security Administration, OPM), to State and local taxing/welfare authorities, and to certain private organizations such as financial organizations for crediting the payments to the employee's account.

DISCLOSURE: Voluntary; however, dependent cannot be paid under emergency conditions without this authorization. Disclosure of Social Security Number is voluntary; however, this form will not be processed without employee's SSN, because the DoD identifies employees for pay and personnel purposes by SSN.

1. SPONSORING CIVILIAN EMPLOYEE		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME (First, Middle Initial, Last) JOHN A. JONES		123-45-6789	GS-5	02
b. ADDRESS (Street, City, State and Zip Code) Box 764, APO AP 96204		5. POSITION TITLE Clerk		
8. EVACUATED INSTALLATION Yongsan		6. EMPLOYING DEPARTMENT Army		7. APPROPRIATION APF
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last) Susie Q. Jones		9. EVACUATION ORDER NO.	10. DATE OF ORDER	11. DATE EVACUATED
13. RELATIONSHIP Wife		14. OTHER DEPENDENTS (If additional space is needed, use reverse.)		
a. NAME	b. DATE OF BIRTH	a. NAME	b. DATE OF BIRTH	
Robert A.	2 Feb 88			
<p>15. I hereby authorize payment of \$ 1000.00 per pay period and/or advance of pay of \$ 500.00 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.</p> <p>16. I hereby authorize dependent named above or designated representative to receive payments indicated:</p> <p>a. EVACUATION SUBSISTENCE ALLOWANCE: \$ 500.00 b. EVACUATION TRAVEL AND TRANSPORTATION: \$ 1000.00</p>				
17. EMPLOYEE				
a. SIGNATURE			b. DATE SIGNED	
18. DEPENDENT OR DESIGNATED REPRESENTATIVE				
a. SIGNATURE			b. DATE SIGNED	
19. AUTHORIZED OFFICIAL				
a. TYPED NAME		b. TITLE		
C. P. OFFICER		Director, Civilian Personnel Office		
c. SIGNATURE			d. DATE SIGNED	
<p>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.</p>				
a. SIGNATURE			b. DATE SIGNED	
21. PAYMENT RECORD (If additional space is needed, use reverse.)				
a. DATE	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

APPENDIX U

DA FORM 1156 INSTRUCTIONS

Complete DA Form 1156 as follows:

a. CONTROL NUMBER. Completed by the senior NEO authority. Enter the number of the report provided by the Area NORECC. The Area NORECCs will maintain a control log for assignment of casualty report numbers. Casualty report numbers will be assigned as a two-part number. The first number will be the area number (i.e., 3) and the second number will be a consecutively assigned three digit serial number (i.e., 011). The seventh casualty report number assigned by the Area NORECC for Area II would be 2-007.

b. HOSTILE/NON-HOSTILE ACTION block. Check the appropriate box. Hostile action is that which is inflicted by an enemy force (i.e., enemy artillery results in deaths of NCs travelling on a bus). Non-hostile action is that which is inflicted by a friendly force (i.e., driver's negligence results in the deaths of NCs travelling on a bus).

c. ITEM #1, NAME block. Enter the casualty's last name, first name, and middle initial.

d. ITEM #2, SERVICE NUMBER block. Enter the sponsor's social security number.

e. ITEM #3, GRADE (substitute relationship of casualty to sponsor). Enter the relationship of the casualty to the sponsor (i.e., wife, son, daughter, etc.).

f. ITEM #4, HOUR AND DATE OF INCIDENT block. Enter the hour and date that the casualty occurred (i.e., "1315, 12 Feb 88").

g. ITEM #5, UNIT block. Enter the military unit, business, or private organization to which the sponsor is assigned, if known.

h. ITEM #6, GEOGRAPHICAL AND GRID COORDINATES block. Enter name of nearest town and grid coordinates, if known (i.e., "Seoul, Korea, AB122344").

i. ITEM #7, TYPE OF CASUALTY block. Mark the appropriate box(es). If the casualty is dead, also annotate whether or not the body was recovered/identified and, if applicable, location the body was evacuated to (i.e., "121st Evac Hospital, Seoul, Korea").

j. ITEM #8, WITNESSES WHO SAW THE INCIDENT OR IDENTIFIED REMAINS block. Enter the name, grade, or position, service number, unit and any other identification data of witness.

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k. ITEM #9, REMARKS block. Describe how the casualty occurred; indicate the type of vehicle involved, if any, and whether religious ministrations were performed by a chaplain or other appropriate person.

l. ITEM #10, FOR USE BY C.O. OR MED OFF block. Indicate the sponsor's name and grade.

m. UNIT/GRADE/SERVICE NUMBER/DATE/SIGNATURE OF PERSON PREPARING REPORT blocks. Enter the appropriate information in each block. The person preparing the report signs in the block provided.

CASUALTY FEEDER REPORT <i>(AR 600-10)</i>		CONTROL NO. 2-007	CHECK APPLICABLE BOX <input type="checkbox"/> HOSTILE ACTION <input checked="" type="checkbox"/> NON-HOSTILE ACTION
1. LAST NAME - FIRST NAME - MIDDLE INITIAL JONES, CAROLYN A.			
2. SERVICE NO. 111-22-3333	3. GRADE WIFE	4. HOUR AND DATE OF INCIDENT 1315, 12 Feb 86	
5. UNIT GGC 1/17 FA	6. GEOGRAPHICAL LOCATION (nearby town) AND GRID COORDINATES SEOUL, KOREA, AB122344		
7. TYPE OF CASUALTY (Check applicable box(es))			
<input type="checkbox"/> KILLED IN ACTION	<input type="checkbox"/> MISSING IN ACTION	<input type="checkbox"/> WOUNDED OR INJURED IN ACTION	
<input type="checkbox"/> DIED OF WOUNDS OR INJURIES	<input type="checkbox"/> CAPTURED	<input type="checkbox"/> LIGHTLY WOUNDED OR INJURED IN ACTION*	
<input type="checkbox"/> DIED NOT AS RESULT OF HOSTILE ACTION	<input type="checkbox"/> DETAINED	<input type="checkbox"/> SERIOUSLY INJURED OR INJURED IN ACTION*	
BODY RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INTERNED	<input checked="" type="checkbox"/> SERIOUSLY INJURED NOT AS RESULT OF HOSTILE ACTION	
BODY IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MISSING	<input type="checkbox"/> LIGHTLY INJURED NOT AS RESULT OF HOSTILE ACTION	
EVACUATED TO 121 Evac Hospital, Seoul, Korea			
*To be indicated by medical personnel only.			

DA FORM 1156, 1 JUN 66

REPLACES EDITION OF 1 MAY 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.

SAMPLE

8. WITNESSES WHO SAW INCIDENT OR IDENTIFIED REMAINS. (Name, grade, service number and unit) SFC John J. Adams, 123-45-6789, 142d MP Co		
9. REMARKS (Additional circumstances, any religious ministrations performed, etc.) Depn wife of SSG John Jones was hit by taxi while crossing street going to Assembly Point, resulting in broken leg. First aid was administered on scene and depn was evacuated to 121 Evac Hosp.		
10. FOR USE BY C.O. OR MED. OFF. (only for casualties not the result of hostile action) SSG JOHN JONES LINE OF DUTY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETM	AUTHENTICATED BY (CO or Med. Off.)	VERIFIED BY (Pers. Off.)
UNIT HQ EAST	GRADE SSG	SERVICE NO. 012-23-2323
DATE 12 Feb 86	SIGNATURE OF PERSON PREPARING REPORT <i>John Jones</i>	

* GPO:1990-279-898

APPENDIX V

DD FORM 1701 INSTRUCTIONS

V-1. PURPOSE. This form will be used as an inventory of household goods located in the NC's quarters in the ROK. This form may be used later upon return to the U.S. in the event that it becomes necessary to file a claim against the U.S. Government for personal property lost and/or destroyed as a result of the evacuation of the NC from the ROK. See chapter 7, subparagraph 7-5c for detailed information.

V-2. INSTRUCTIONS. Complete two copies of the form as follows:

- a. **PROPERTY OF** block. Indicate the sponsor's name.
- b. **HOME PHONE NUMBER/DUTY NUMBER** block. Leave blank.
- c. **DATE** block. Indicate the date the inventory was conducted. If the inventory is update, this date should be changed.
- d. **FROM/TO** block. Leave blank.
- e. **NUMBER OF PIECES** block. Indicate the numerical quantity of the items of personal property in the NC's quarters in the appropriate blocks.
- f. **CUBIC FEET** block. Leave blank.

V-3. DISTRIBUTION. NCs should keep one copy of this form in their NEO packet and mail the other copy to a permanent address in the U.S.

INVENTORY OF HOUSEHOLD GOODS											
PROPERTY OF JONES, JIMMY J.				HOME PHONE NUMBER		DUTY PHONE NUMBER		DATE 1 Dec 88			
FROM				TO (Destination)							
ARTICLE	CU. FT. PER PC.	NO. OF PCS	CU. FT.	ARTICLE	CU. FT. PER PC.	NO. OF PCS	CU. FT.	ARTICLE	CU. FT. PER PC.	NO. OF PCS	CU. FT.
LIVING ROOM			CHILDRENS ROOM (Con't)			PROFESSIONAL ITEMS (Con't)					
Bench, fireside or piano	5			Chest	12			Reference material			
Bookcase	20			Chest, toy	5			Tools			
Bookshelves, sectional	5	1		Crib, baby	10			Books			
Cabinet	10			Play pen	10			Papers			
Cartons, books	2			Table, child's	5			Equipment			
Chair, arm	10	1		KITCHEN			MISCELLANEOUS				
Chair, occasional	15			Boxes, pots/pans	5			Ash or trash can	7		
Chair, overstuffed	25			Cabinet, kitchen	30			Auto tires	2		
Chair, rocker	12			Cabinet, utility	10			Basket, clothes	5		
Chair, straight	5			Chairs, breakfast	5			Bicycle	5		
Clock, grandfather/grandmother	20			Ironing board	2			Bird cage and stand	5		
Credenza	35			Rotisserie	5			Brooms and mops bundle	2		
Davenport, 2, 3, 4 cushions	35	1		Stool	3			Cabinet, filing	20		
Day bed	30			Table	5			Carriage, baby	20		
Desk, small or Winthrop	22			Table, breakfast	10			Carriage, doll or folding	5		
Desk, secretary	35			Vegetable bin	3			Chairs, folding	2		
Footstool, hassock, ottoman				APPLIANCES (Large)							
Hideabed	50			Air conditioner, window	30			Clothes hamper	5		
Lamp, floor, table	3			Dehumidifier	10			Cot, folding	8		
Magazine rack	2			Dishwasher	20			Golf bag	2		
Organ, electric	60			Dryer, electric or gas	25			Golf cart/Go cart	3		
Piano, baby grand or upright	70			Freezer: (Cubic capacity)				Fan	5		
Parlor grand	80			10 or less	30			Fernery or plant stand	10		
Spinnet	60			11 to 15	45			Foot locker	5		
Radio, table or phonograph	2			16 and over	60			Heater, gas or electric	5		
Sectional, 2, 3, 4 piece	50			Mangle	12			Incinerator	10		
Stereo - Hi Fi	10	1		Range, electric or gas	30			Linens, cartons	5		
Studio couch	50			Refrigerator (cubic cap.)				Mirrors			
Tables, drop leaf or occasional	12			6 cu. ft. or less	30			Pictures			
Tables, coffee, end or nest	5			7 to 10 cu. ft.	45			Power tools			
Table, library	20			11 cu. ft. and over	60			Rollaway bed	20		
Telephone stand and chair	5			Vacuum cleaner	3			Rugs, large roll or pad			
Television combination/color	25			Washing machine	25			Rugs, small roll or pad			
Television, table model/color	10	1		Washer/dryer combination	30			Sewing cabinet	2		
DINING ROOM			PORCH, OUTDOOR			FURNITURE & EQUIPMENT					
Barrel, dishes	15	2									
Buffet	30			Bar	15			Sewing machine	10		
Chair, arm	8			Bar stools	3			Shopsmith			
Chair, straight	5	4		Bird bath	5			Sled	2		
China closet	25			Chair, porch	10			Table, card	1		
Server	15			Chair, lawn	5			Tricycle	5		
Table, dinette	15			Fireplace equipment	5			Trunk, steamer	10		
Table, extension	30	1		Garden hose	5			Trunk, wardrobe	15		
BEDROOM			FURNITURE & EQUIPMENT			OTHER ITEMS					
Bed, incl. spring and mattress:				Bar	15						
Double	60	1		Bar stools	3						
Single or Hollywood	40			Bird bath	5						
Bunk (set of 2)	70			Chair, porch	10						
King size/Queen size	70			Chair, lawn	5						
Cartons, clothes	10	4		Fireplace equipment	5						
Chair, boudoir	10			Garden hose	5						
Chair, straight or rocker	5			Glider	20						
Chaise longue	25			Grill, barbecue, portable	10						
Chest, cedar	15			Gym, outdoor child's	20						
Dresser, bureau, chest of drawers, chair or chair	25			Ladder, extension	10						
Dresser bench	3			Lawn mower (hand)	5						
Dresser, double, triple	50			Mower, power	15						
Lamps, floor, table	3			Picnic table	20						
Table, night	5			Picnic bench	5						
Wardrobe, small	20			Rack, outdoor dryer	5						
Wardrobe, large	40			Rocker, swing	15						
Wardrobe, carton	10			Sandbox	10						
CHILDRENS ROOM			FURNITURE & EQUIPMENT			CONTAINERS PREPACKED BY OWNER, e.g., Footlockers or Trunks					
Bathinette	5			Settee	20						
Bed, youth	30			Slide, outdoors, child's	10						
Cartons, clothes	10			Swings, outdoor porch	30						
Chair, child's	3			Table	10						
Chair, high	5			TV antenna	5						
Chair, rocker	3			Tool chest	10						
Sub total Column 1			Sub total Column 2			Sub total Column 3					
						PROFESSIONAL ITEMS					
						Clothing, specialized					
						Instruments					
						MARS equipment					
						GRAND TOTAL					
						Summary					
						cu. ft. @ 7 lbs. per cu. ft.					
						Estimated Total Weight					
						lbs.					

APPENDIX W

DA FORM 4986 INSTRUCTIONS

W-1. PURPOSE. This form is used to record high dollar value items of NCs' personal property maintained in the ROK. This form may be used to help the NC prepare claims against the U.S. Government for reimbursement for loss or damage to their personal property due to an emergency evacuation from the ROK. Items that should be listed on this form include, but are not restricted to:

- a. Televisions
- b. Stereos
- c. Video Cassette Recorders
- d. Microwaves
- e. Cameras (over \$200)
- f. Items valued over \$200 (i.e., appliances, jewelry, etc.)

W-2. INSTRUCTIONS. Complete DA Form 4986 as follows:

- a. PAGE NUMBER, NUMBER OF PAGES, DATE OF PREPARATION blocks. Self-explanatory.
- b. PRINTED NAME, SOCIAL SECURITY NUMBER, SIGNATURE blocks. Self-explanatory.
- c. NAME OF ITEM block. Indicate generic name of item (i.e., Television, Microwave, etc.).
- d. QUANTITY block. Indicate the quantity of the item described.
- e. BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION block. Indicate the description of the item to include brand name, model number, etc.
- f. SERIAL NUMBER block. Indicate the serial number of the item, if applicable.
- g. DATE ACQUIRED block. Self-explanatory.
- h. VALUE block. Indicate the purchase cost of the item.
- i. INITIALS/SIGNATURE OF INDIVIDUAL VERIFYING block. This block will be verified by a member in the grade of E-6 and above within the sponsor's chain of command.

APPENDIX X

USFK FORM 42A INSTRUCTIONS

X-1. PURPOSE. This form is used to update the Korea Wide Command Personnel Information Data System (CUPIDS), and to assist the command in NEO by establishing a data base of potential NCs during a contingency. For completion of USFK Form 42A, military personnel, their family members, and DOD employees should follow the self-explanatory instructions on the form.

X-2. Instructions for Non-DOD personnel only--

- a. SPONSOR SSN block. Social security number of head of household.
- b. SPONSOR NAME block. Name of head of household.
- c. SPOUSE SSN block. Social security number of spouse (if applicable).
- d. UIC block. Enter NONDOD.
- e. DEPENDENT'S APO block. Enter 3 character code for largest nearby city.

Seoul - SEL	Uijongbu - UIJ
Taejon - TJN	Osan - OSN
Taegu - TGU	Kwangju - KWJ
Pusan - PSN	Chunchon - CHU

f. NONCOMBATANT NAME block. Name, sex, birth date, country of citizenship and relationship of all others residing in your household.

X-3. NEO Warden/inprocessing personnel will ensure that the USFK Form 42A is forwarded to the Commander, USFK, ATTN: FKJ1 (Data Management), Unit #15237, APO AP 96205-0010. A copy of the USFK Form 42A will be maintained in the NEO Wardens files.

NONCOMBATANT EVACUATION OPERATIONS (NEO) COMMAND UNIQUE PERSONNEL INFORMATION DATA SYSTEM (CUPIDS) UPDATE (USFK REG 60-1)					
SPONSOR SSN	SPONSOR NAME (LAST, FIRST, MI)			UIC	
123-45-6789	JONES, JIMMY J.			NONDOD	
SPOUSE SSN	DEPENDENT'S APO	IS SPOUSE EMPLOYED FULL TIME WITH USFK?			
111-22-3333	SEL	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LEGEND: <u>DATE OF BIRTH</u> <u>CITIZENSHIP</u> <u>RELATIONSHIP</u> YYMM U = US W = WIFE A = OTHER MALE <u>PLACE OF BIRTH</u> R = ROK H = HUSBAND B = OTHER FEMALE U = US T = OTHER S = SON R = ROK D = DAUGHTER T = OTHER F = FATHER / IN-LAW M = MOTHER / IN-LAW					
NONCOMBATANT NAME (LAST, FIRST, MI)	SEX	BIRTH DATE	BIRTH PLACE	CITIZENSHIP	RELATIONSHIP
SPOUSE JONES, CAROLYN A.	F	20Dec56	WV	USA	Spouse
OTHER DEPENDENT			<div style="border: 2px solid black; padding: 10px; display: inline-block; transform: rotate(-45deg); font-weight: bold; font-size: 2em;">SAMPLE</div>		
OTHER DEPENDENT					
OTHER DEPENDENT					
OTHER DEPENDENT					
OTHER DEPENDENT					
OTHER DEPENDENT					
PRIVACY ACT STATEMENT					
1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 33012; and Executive Order 9397.					
2. PRINCIPAL PURPOSE: To update the Korea Wide Command Unique Personnel Information Data System (CUPIDS), and to assist the command in noncombatant evacuation operations by establishing a data base of potential noncombatants during a contingency.					
3. ROUTINE USES: Information recorded will provide commanders with updated information to assist in their contingency planning and operations by identifying noncombatants.					
4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information. However, incomplete forms could impede commanders ability to plan and execute contingency operations.					
FILL OUT AND MAIL					

COMMANDER
UNITED STATES FORCES KOREA
ATTN: ACoFS, J1, Data Management
UNIT #15237
APO AP 96205-0010

(FOLD ON THIS LINE)

(FOLD ON THIS LINE)

(Reverse side of USFK Form 42A)

APPENDIX Y

DD FORM 2585 INSTRUCTIONS

Y-1. 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.

Y-2. Only one form is to be completed for each family grouping. 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 family member, family representative, designated escort, private American citizen, or TCN. The "RESPONSIBLE PERSON" is only required to complete the items in sections I and III, pages 5 through 8.

Y-3. Place this form in the NCs NEO packet.

REPATRIATION PROCESSING CENTER PROCESSING SHEET	REPORT CONTROL SYMBOL	Form Approved OMB No. 0704-0334 Expires Feb 28, 1995
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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 this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0334), Washington, DC 20503.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.

PRIVACY ACT STATEMENT

AUTHORITY: EO 12656, EO 9397.

PRINCIPAL PURPOSE(S): To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used, as needed, to assist the evacuee in the process of repatriation.

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 Immigration and Naturalization Service for tracking of 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.

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.

**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, the Department of Defense Directive 3025.14, 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 your receipt of needed services and impede passage of information about your 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 / 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 evacuees either upon departure from the overseas country evacuated from 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, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I AND III, PAGES 5 - 8.**
6. **ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.**
7. **FOR PROCESSING CENTER USE ONLY.** Page 5, Items 1 - 5 and Pages 9 and 10, Items 27 - 48 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the evacuee.

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 evacuee.

SECTION II - FOR PROCESSING CENTER USE ONLY

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 last two digits of the year first, then the month of the year, then the day of the month. Example: YY = 93 (1993), 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. The "responsible person" should complete this entry using his or her last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If you have 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 your date of birth by year, month and day. Do this by entering the last two digits of the year first, then the month of the year, then the day of the month. Example: YY = 93 (1993), MM = 08 (August), DD = 20 (20th).

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

Item 10. Country of Citizenship. Enter the country of which you are a citizen. Example: USA, Canada, England, France, Germany, etc.

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

Item 12. Social Security Number (SSN). Enter the "responsible person's" SSN, if you have one. If you do not have a SSN, enter N/A.

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

Item 14. Passport Number and Country of Issue. Enter your passport number, if applicable. The number can generally be found on the first page as you open your passport. Also, enter the name of the country that issued the passport.

Item 15. Alien Number and Country of Issue. Enter your 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 your 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 who are with you, plus yourself, in the appropriate box.

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

Item 18. Number of Animals With You. 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 you 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.

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

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

SPECIFIC INSTRUCTIONS (Continued)

Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent. This item is to be completed when the "responsible person" is a military dependent (Classification Number 2). If this item is not applicable to you, 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.** Place an "X" in the block next to the branch of service to which the sponsor belongs.
- b. **Name of Sponsor.** Enter the name of the military 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.)
- 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. 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.
- 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. Include the area code.
- d. **Work Telephone Number.** Enter the work telephone number where the escort can be contacted, if known. Include the area code.
- e. **Name(s) of Minor Child(ren).** Enter the last name, first name, and middle initial of each child. If more than one, list in descending order of age.

Item 23.a. through d. Accompanying Persons. (Page 7) The data on this page pertains to each person accompanying the "responsible person." This may be a child of the "responsible person" or a spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family. Complete one block of information for each person other than the "responsible person" 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 individual's last name, first name, and middle initial. If they have no middle initial, enter NMI.

(2) **SSN.** Enter the accompanying individual's social security number, if known.

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

(4) **Sex.** Place an "X" in the appropriate block indicating whether the accompanying individual is male or female.

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

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

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

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

(9) **Alien Number and Country of Issue.** Enter the accompanying individual'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 individual.

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 they may require upon arrival in the U.S.

Item 24. If No Services are Needed. Upon reviewing the list in this section, if you do 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 you require.

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
(HHS)**

This section is applicable to all evacuees other than DoD personnel and their families.

Item 27. If No Services Were Provided. If the evacuee required no assistance upon arrival, place an "X" in this block.

Item 28. Services Provided.

a. **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.

b. **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.

c. **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 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 (HHS)

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

Items 32 through 35. Questions. A processing official/interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

Item 36. Name of Interviewer. The processing official/interviewer will sign in this space and print his or her name below.

Item 37. 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 38. If No Services Were Provided. If the military individual and/or family members do not require any assistance, place an "X" in this block.

Item 39. Services Provided. If the military individual 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 40. 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 41. Total Costs. Add up all financial assistance provided to the military individual 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 42. 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 43. Exit From Processing Center Time. Enter the time, using military (24 hour) clock.

Item 44. Destination. Enter the destination by city, state, and/or country that the evacuees are going to.

Item 45. Transportation Carrier(s). Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

Item 46. 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 47. Individual Responsible for Animals.

a. **Name.** Enter the last name, first name, and middle initial of the individual responsible for any pets that are involved. If no pets are involved, enter N/A.

b. **Telephone Number.** If pets are involved, enter the telephone number of the individual who should be contacted regarding the animals should the need arise.

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

SECTION I - TO BE COMPLETED BY ESCORTS OF UNACCOMPANIED MINOR CHILDREN	
<p>ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (<i>X one</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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 <u>eldest</u> child being escorted. For all of the younger children in the same family group, enter the name(s) of the child(ren) in Item 22.e. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.</p> <p>ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.</p>	
SECTION II - TO BE COMPLETED BY REPATRIATION CENTER PROCESSING TEAM STAFF	
1. AIRLINE AND FLIGHT NUMBER	2. DATE OF ARRIVAL (YYMMDD)
3. REPATRIATION CENTER	
4. PROCESSING DATE (YYMMDD)	5. PROCESSING TIME (<i>Military</i>)
SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY ADULT FAMILY MEMBER OR ESCORT IN THE CASE OF AN UNACCOMPANIED MINOR	
6. NAME OF EVACUEE (<i>Last, First, Middle Initial</i>)	
SMITH, MARY C.	
7. COUNTRY EVACUATED FROM	
KOREA	
8. DATE OF BIRTH (YYMMDD)	9. PLACE OF BIRTH (<i>City, State, and Country</i>)
780820	PITTSBURGH, PENNSYLVANIA - USA, ETC
10. COUNTRY OF CITIZENSHIP	
USA	
11. SEX (<i>X one</i>)	12. SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	123-45-6789
13. MARITAL STATUS (<i>X one</i>)	
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
14.a. PASSPORT NUMBER	b. COUNTRY OF ISSUE
H-3589243	USA
15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE
123456 or NA	Korea

SAMPLE

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		TABLE 1b - FOREIGN NATIONAL	
CLASSIFICATION NUMBER 1 a 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) 2 a DOD: CIVILIAN EMPLOYEE b DOD: CIVILIAN DEPENDENT AND/OR FAMILY MEMBER 3 a 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		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)	
		AGENCY CODE A ARMY N NAVY F AIR FORCE M MARINE G COAST GUARD 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.)		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER 1c	b. AGENCY CODE A	1 ADULTS (Include yourself)	2 CHILDREN (Include all children)
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (if applicable)	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	NA DOGS	NA CATS
		NA BIRDS	NA OTHER
19. EMERGENCY CONTACT IN U.S. (For person named in Item 6 above)			
a. NAME (Last, First, Middle Initial) SMITH, PAUL S.		b. ADDRESS (Street, City, State / Country, Zip Code) 1909 Class Avenue Phoenix, Alabama 36867 USA	
c. HOME TELEPHONE NUMBER (Include Area Code) (205) 423-4092	d. WORK TELEPHONE NUMBER (Include Area Code) (205) 423-8904		
20. FINAL DESTINATION AND NAME OF POINT OF CONTACT (if applicable) (If same as Item 19, enter "SAME")			
a. NAME (Last, First, Middle Initial) Same		b. ADDRESS (Street, City, State / Country, Zip Code)	
c. HOME TELEPHONE NUMBER (Include Area Code)	d. WORK TELEPHONE NUMBER (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 (X one) <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard			
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. 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 NUMBER (Final destination of escort) (Include Area Code)	d. WORK TELEPHONE NUMBER (Escort) (Include Area Code)		
e. LIST NAME(S) OF ALL UNACCOMPANIED MINOR CHILD(REN) FOR THIS RESPECTIVE FAMILY GROUP WHICH YOU ARE ESCORTING.			

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued)

23. ACCOMPANYING PERSONS

(Fill out for each accompanying person.)

a.(1) NAME (Last, First, Middle Initial) SMITH, ALICE R.		(2) SSN 123-99-0000	(3) DATE OF BIRTH (YYMMDD) 920221
(4) SEX (X one) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other	
(6) PLACE OF BIRTH (City, State, and Country) Elba, Alabama, USA		(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 USA		(a) Classification Number 1c	(b) Agency Code A
(8) PASSPORT NUMBER	Country of Issue	(c) Classification Number	(d) Agency Code
(9) ALIEN NUMBER	Country of Issue	(e) Classification Number	(f) Agency Code

b.(1) NAME (Last, First, Middle Initial) SMITH, PAUL R.		(2) SSN 444-86-7777	(3) DATE OF BIRTH (YYMMDD) 900104
(4) SEX (X one) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other	
(6) PLACE OF BIRTH (City, State, and Country) Elba, Alabama, USA		(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 USA		(a) Classification Number 1c	(b) Agency Code A
(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 (YYMMDD)
(4) SEX (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent <input type="checkbox"/> 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

d.(1) NAME (Last, First, Middle Initial)		(2) SSN	(3) DATE OF BIRTH (YYMMDD)
(4) SEX (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female		(5) RELATIONSHIP TO PERSON COMPLETING FORM (X one) <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent <input type="checkbox"/> 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) <i>(Continued)</i>			
24. IF NO SERVICES ARE NEEDED, X THIS BLOCK →			
25. SERVICES NEEDED <i>(X all that apply)</i>			
	CLOTHING		
	HOUSING	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
	MEDICAL		
X	DOD INFORMATION		
X	DOD LEGAL SERVICES		
	CHILD CARE		
	FEDERAL CIVILIAN PERSONNEL ASSISTANCE		
	LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS		
X	TRANSPORTATION TO ONWARD DESTINATION		
X	FINANCIAL ASSISTANCE		
	MENTAL HEALTH		
	GENERAL INFORMATION		
	CHAPLAIN ASSISTANCE		
	FUNERAL ASSISTANCE		
	OTHER <i>(Specify)</i>		
26. ADDITIONAL REMARKS			
STOP HERE.			

SAMPLE

SECTION IV - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) STAFF						
27. IF NO SERVICES WERE PROVIDED, X THIS BLOCK <input checked="" type="checkbox"/>						
28. SERVICES PROVIDED						
(1) Services	(2) Costs		(3) Total			
a. ONWARD TRANSPORTATION	Persons	Dollars	X	=		
	Persons	Dollars	X	=		
b. TEMPORARY LODGING AND PER DIEM	Persons	Days	X	X	=	
	X	X		=		
c. MISCELLANEOUS (Specify)					=	
					=	
					=	
					=	
29. TOTAL COSTS					=	
30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? (X one) <input checked="" type="checkbox"/>						
				YES	NO	
SAMPLE						
31. ADDITIONAL REMARKS						
SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) STAFF						
					(X one)	
					YES	NO
32. 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?						
33. 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?						
34. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? (Agreement must be attached to file)						
35. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?						
36. NAME OF INTERVIEWER (Last, First, Middle Initial)				37. TELEPHONE NUMBER (Include Area Code)		

APPENDIX Z

DD FORM 1864 INSTRUCTIONS

Z-1. PURPOSE. This form is used to separately tag keys to vehicles moving for military members, dependents and DOD Civilians. Sponsor's personal information on the form ensures that the vehicle keys are given to the proper owner.

Z-2. INSTRUCTIONS. This form will be completed as follows:

- a. **SPONSOR'S NAME** block. Enter sponsor's name (Last, first and middle initial).
- b. **RANK AND PAY GRADE** block. Enter sponsor's rank and pay grade (i.e., SGT/E-5).
- c. **SSN** block. Enter sponsor's social security number.
- d. **ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY STATION** block. Enter the address and phone number of the location that the sponsor's dependents are relocated to.
- e. **MAKE OF VEHICLE** block. Enter the make (i.e., FORD).
- f. **YEAR** block. Enter the year of the automobile.
- g. **MODEL** block. Enter the model (i.e., Taurus SHO).
- h. **COLOR** block. Enter the color of the automobile.
- i. **LICENSE NUMBER AND STATE** block. Enter the SOFA license number. (i.e. SOFA 3-3040).

EDITION OF 1 JUN 72 AND DD FORM 1864 - PRIVACY ACT STATEMENT ARE OBSOLETE



DD FORM 1864
1 SEP 77

VEHICLE KEY TAG

NAME (Print all information in block letters) DOE, JANE E.			
RANK AND PAY GRADE MSG/E-8		SSN 123-45-6789	
ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY ASSIGNMENT ANYTOWN, CITY, STATE, ZIP CODE (PHONE NUMBER)			
MAKE OF VEHICLE <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> CAMPER FORD	YEAR 1991	MODEL TAURUS	COLOR BLACK
LICENSE NUMBER AND STATE SOFA 3-7040			
DIMENSIONS IN INCHES OUTSIDE VEHICLES	LENGTH	WIDTH	HEIGHT
LOADING TERMINAL STORAGE LOCATION		S/N 0102-LF-001-EG40	

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER			
38. IF NO SERVICES WERE PROVIDED, X THIS BLOCK →			
39. SERVICES PROVIDED (X as applicable)		40. COSTS	
a. TRANSPORTATION		a. TRANSPORTATION	
b. FINANCIAL (<i>Advance per diem</i>)		b. FINANCIAL (<i>Amount paid</i>) Voucher Number (<i>for per diem</i>)	
c. AMERICAN RED CROSS (ARC)		c. AMERICAN RED CROSS (ARC)	
d. HOUSING		41. TOTAL COST	
e. MEDICAL/OTHER	SAMPLE		
f. LEGAL SERVICES			
g. CHAPLAIN ASSISTANCE			
SECTION VII - EXIT INFORMATION - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER			
42. EXIT FROM PROCESSING CENTER DATE (YYMMDD)	43. EXIT FROM PROCESSING CENTER TIME (Military)	44. DESTINATION (City, State, Country)	
45. TRANSPORTATION CARRIER(S)		46.a. ETA AT DESTINATION (Military Time)	b. DATE OF ARRIVAL AT DESTINATION (YYMMDD)
47. INDIVIDUAL RESPONSIBLE FOR ANIMALS (If applicable)			
a. NAME (<i>Last, First, Middle Initial</i>)		b. TELEPHONE NUMBER (<i>Include Area Code</i>)	
48. ADDITIONAL REMARKS			

GLOSSARY**Section I. ABBREVIATIONS**

AAR	after action report
ACS	Army Community Service
AP	assembly point
COMUSAFK	Commander, United States Air Forces, Korea
COMUSKOREA	Commander, United States Forces, Korea
COMUSNAVFORK	Commander, United States Naval Forces, Korea
DEROS	date eligible for rotation from overseas
DOD	Department of Defense
DoDDS	Department of Defense Dependents Schools
DOS	Department of State
EUSA	Eighth United States Army
GEL	Government Bill of Lading
ID	identification
MCT	Movement Control Team
NC	noncombatant
NCOIC	noncommissioned officer in charge
NEO	noncombatant evacuation operations
NORECC	noncombatant relocation evacuation control center
OIC	officer in charge
POE	port of embarkation
POV	privately owned vehicle

RC	relocation center
ROK	Republic of Korea
SOP	standard operating procedure
SSN	social security number
TCN	third country national
U.S.	United States (of America)
USFK	United States Forces, Korea
WMP	Wartime Movements Program

Section II. TERMS

Alien members of an American family. Alien family members of U.S. citizens who are noncredit immigrants to the U.S.

Alpha report. The report submitted by the AP to the area NORECC concerning the departure of convoys of NCs from the AP.

Assembly point. Location designated by military or civilian authorities where NCs should initially go when directed to report for relocation/evacuation processing.

Bravo Report. The report submitted every 8 hours beginning at 0900 from the Area NORECC to NORECC Main.

Courageous Channel. A semiannual USFK exercise designed to practice NEO and AP processing.

Designated alien. A non-U.S. citizen designated by AMEMB as being eligible for relocation/evacuation.

Evacuation. Departure from the ROK to a safehaven location under emergency conditions.

NEO kit. Container with emergency/desirable supplies (i.e., toiletries, ready-to-eat foods, etc.) for use during a NEO contingency.

NEO packet. Envelope, binder, folder, etc. containing the required documents for processing during a NEO contingency.

Noncombatant. All U.S. military family members, U.S. government affiliated civilians and their family members, all other U.S. citizens and their family members permanently or temporarily residing in the ROK; pregnant U.S. military women who meet the criteria set forth in component service directives; and TCN and their families designated by the AMEMB Seoul as being eligible for evacuation. Referred to collectively as NCs unless otherwise specifically designated.

Noncombatant relocation evacuation control center. An organization consisting of designated members of staff section to coordinate operations to include notification, collection, process, protection, movement, and relocation or evacuation of NCs.

Non-government sponsored NCs. Personnel in this category include all U.S. citizens not affiliated with the government in any way and their legal family members.

Relocation. Movement within the ROK from a location of potential danger to one of relative safety.

Relocation center. A location to which NCs will be moved in-country under military control. Evacuation screening, and if time permits, support services, will be provided at RCs. RCs are collocated with major aerial/sea POE in the ROK.

Safehaven. A location of greater safety in another country where NCs will be evacuated.

Third country national employees of U.S. Government agencies. Non-U.S. nationals employed in the ROK and their family members, when authorized, whose contracts guarantee return to their homeland. Questions regarding TCNs eligible for evacuation should be referred to the AMEMB Seoul Political Section through the COMUSKOREA NORECC Main.

U.S. Government affiliated noncombatants. This category includes both command and noncommand sponsored family members of military personnel; civilian employees of the DOD and their family members; American Red Cross personnel and their family members designated by the American Red Cross Field Director in the ROK; United Services Organization (USO) personnel and their family members; technical representatives of U.S. industrial organizations authorized government transportation to and from the ROK and their family members; all correspondents accredited to the U.S. military in the ROK; UN development program and other UN liaison personnel and their family members; military and civilian service retirees and widow and their family members; U.S. employees of the Embassy and their family members; invited contractors and their family members; and those non-U.S. citizen family members of the above personnel.

U.S. sponsored alien. Aliens designated by the AMEMB Seoul/USCINCPAC. Nationals of the British Commonwealth, Canada, and employees of UN organizations have been predesignated. These personnel are given the same priority for evacuation as are U.S. citizens.