

## APPLICATION FOR SEPARATION--HARDSHIP OR DEPENDENCY

For use of this form, see AR 635-200

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 U.S.C. 1169, Regular enlisted members; limitations on discharge, 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; DOD Directive 1030.1, Victim and Witness Assistance; and E.O. 9397 (SSN).

**PURPOSE:** To obtain the necessary personal data to support a soldier's request for discharge because of dependency or hardship when it is considered that undue and genuine dependency or hardship exists.

**ROUTINE USES:** Used by personnel processing activities to process member for discharge and may be used by the appropriate Federal agencies and State and Local Governmental authorities where use of the information is compatible with the purpose for which the information was collected.

**DISCLOSURE:** Voluntary. If the information is not provided, the Army will complete processing using information available.

1. NAME		3. DOB		4. PMOS		5. GRADE	
6. UNIT OF ASSIGNMENT/DATE ASSIGNED			7. CURRENT STATUS: ORD LV <input type="checkbox"/> LV BEGAN _____ EM LV <input type="checkbox"/> LV EXP _____ DELAY EN ROUTE (Location) _____				
8. BPED	9. ETS	10. DEROS		11. DATE OF LAST REENL	12. TOTAL SVC	13. EB/SRB	
14. MARITAL STATUS				15. DATE OF MARRIAGE			
16. SPOUSE'S NAME & ADDRESS				17. SPOUSE'S AGE			
18. EVER APPLIED FOR COMPASSIONATE REASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE AND FINAL DISPOSITION OF CASE.							

19. DEPENDENT CHILDREN		
NAME	AGE	ADDRESS

20. PARENTS				
NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH
FATHER				
MOTHER				
FATHER-IN-LAW				
MOTHER-IN-LAW				

21. APPLICANT'S BROTHERS AND SISTERS				
NAME	AGE	ADDRESS	OCCUPATION	MONTHLY INCOME

22. GIVE REASONS FOR REQUESTING RELEASE AND INCLUDE CHANGES, IF ANY, THAT HAVE OCCURRED IN THE HOME CONDITIONS SINCE APPLICANT'S ENTRY INTO THE SERVICE OR LAST REENLISTMENT.

23. WHAT ATTEMPTS HAVE BEEN MADE BY APPLICANT TO REMEDY THE HARDSHIP CONDITIONS OTHER THAN APPLYING FOR SEPARATION?

24. IF ILLNESS OR INJURY IS INVOLVED, GIVE REASON FOR REQUESTING SEPARATION, DATE OF ONSET, NATURE, SEVERITY AND OUTLOOK.

25. WHAT WILL APPLICANT DO, IF RELEASED, THAT WILL ALLEVIATE THIS HARDSHIP CONDITION?

26. REMARKS:

27. SIGNATURE OF APPLICANT

DATE