

Department of Defense

INSTRUCTION

NUMBER	1	030.	.2
June 4	4,	200)4

USD(P&R)

SUBJECT: Victim and Witness Assistance Procedures

References: (a) DoD Instruction 1030.2, "Victim and Witness Assistance Procedures," December 23, 1994 (hereby canceled)

- (b) DoD Directive 1030.1, "Victim and Witness Assistance," April 13, 2004
- (c) Chapter 47 of title 10, United States Code, "Uniform Code of Military Justice"
- (d) Sections 10601-10607 of title 42, United States Code
- (e) through (h), see enclosure 1

1. REISSUANCE AND PURPOSE

This Instruction:

- 1.1. Reissues reference (a) to implement policy, assign responsibilities, and prescribe procedures under reference (b) to assist victims and witnesses of crimes committed in violation of reference (c).
- 1.2. Implements reference (d), sections 1512-1514 of title 18, United States Code, DoD 5400.7-R, and sections 113 (note), 1058, 1059 and 1408 of title 10, United States Code (references (e) through (g)) by providing guidance on assisting victims and witnesses of crime from initial contact through investigation, prosecution, and confinement.
- 1.3. Establishes annual reporting requirements on assistance provided to victims and witnesses of crime.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 2.

4. POLICY

- 4.1. This Instruction implements policy established in reference (b).
- 4.2. This Instruction is not intended to, and does not, create any entitlement, cause of action, or defense in favor of any person arising out of the failure to accord to a victim or a witness the assistance outlined in this Instruction. No limitations are hereby placed on the lawful prerogatives of the Department of Defense or its officials.

5. RESPONSIBILITIES

- 5.1. The <u>Under Secretary of Defense for Personnel and Readiness</u> (USD(P&R)) shall:
- 5.1.1. Develop overall policy for victim and witness assistance and monitor compliance with this Instruction.
- 5.1.2. Approve procedures developed by the Secretaries of the Military Departments that implement this Instruction and are consistent with section 6., below.
 - 5.1.3. Change, reissue, or amend this Instruction, as required.
- 5.1.4. Ensure the Defense Manpower Data Center assists in formulating a data collection mechanism to track and report victim notifications from initial contact through investigation, prosecution, confinement, and release.

- 5.1.5. Establish an interdisciplinary Victim and Witness Assistance Council.
- 5.1.5.1. The Council shall provide a forum for the exchange of information, consider victim and witness assistance policies, and provide liaison with the Department of Justice Office for Victims of Crime.
- 5.1.5.2. The membership of the Council shall be selected from members of the Armed Forces and other DoD employees having expertise in the disciplines and professions addressed in subparagraph 5.2.6., below. The Council shall meet quarterly or at the call of the chair.
- 5.2. The <u>Secretaries of the Military Departments</u> and the <u>Heads of the DoD</u> Components shall:
- 5.2.1. Ensure compliance with this Instruction and establish policies and procedures to implement the victim and witness assistance program within their Component.
- 5.2.2. Designate the Component responsible official, as defined in enclosure 2, for the victim and witness assistance program, who shall report annually to the USD(P&R) using DD Form 2706, "Victim and Witness Assistance Annual Report" (enclosure 8).
- 5.2.3. Provide for the assignment of personnel in sufficient numbers to enable those programs identified in 10 U.S.C. 113 note (reference (g)) to be carried out effectively.
- 5.2.4. Designate a central repository for confinee information, as defined in item E2.1.1. of enclosure 2, for each Military Service, and establish procedures to ensure victims who so elect are notified of changes in inmate status.
- 5.2.5. Establish an interdisciplinary Victim and Witness Assistance Council in each Military Department to develop policy recommendations and facilitate coordination between the Department's victim and witness assistance program and its victim advocacy program.
- 5.2.6. Establish a Victim and Witness Assistance Council, when practicable, at each military installation, to ensure victim and witness service providers follow an interdisciplinary approach. These providers may include law enforcement personnel, criminal investigators, chaplains, family advocacy personnel, emergency room personnel, family service center personnel, equal opportunity personnel, judge advocates, unit commanding officers, corrections personnel, and other persons designated by the Secretaries of the Military Departments.

- 5.2.7. Establish a training program to ensure the providers listed in subparagraph 5.2.6., above, receive instruction to assist them in complying with this Instruction.
- 5.2.8. Ensure that local responsible officials are designated. The local responsible official (also referred to as Victim/Witness Coordinator or Victim/Witness Liaison) shall coordinate the effort to ensure that systems are in place at the installation level to provide information on available benefits and services, assistance in obtaining those benefits and services, and other services required in section 6., below. The local responsible official may delegate the duties as appropriate, but retains responsibility to coordinate the delivery of required services. To coordinate the delivery of services, the local responsible official may use an interdisciplinary approach involving the various service providers listed in subparagraph 5.2.6., above.
- 5.2.9. Establish oversight procedures to ensure establishment of an integrated support system capable of providing the services outlined in section 6., below. Such oversight could include coverage by Military Service or organizational Inspectors General, staff assistance visits, surveys, and status reports.
- 5.3. The <u>Inspector General of the Department of Defense</u> shall oversee the development of investigative policy and perform appropriate oversight reviews of the management of the victim and witness assistance program by the DoD criminal investigative organizations. This is not intended to substitute for the routine managerial oversight of the program provided by the DoD criminal investigative organizations, the USD(P&R), the Heads of the DoD Components, the Component responsible officials, or the local responsible officials.

6. PROCEDURES

- 6.1. <u>Initial Information and Services to be Provided to Victims and Witnesses</u>. At the earliest opportunity after identification of a crime victim or witness, the local responsible official, law enforcement officer, or criminal investigation officer shall provide the following services to each victim and witness, as appropriate: The DD Form 2701, "Initial Information for Victims and Witnesses of Crime," (enclosure 3) or computer-generated equivalent shall be used as a handout to convey basic information and points of contact and shall be recorded on the appropriate form authorized for use by the particular Service. This serves as evidence that the officer notified the victim or witness of his or her statutory rights. The following services shall also be provided by the local responsible official or designee:
- 6.1.1. Information about available military and civilian emergency medical and social services, victim advocacy services for victims of domestic violence and sexual assault, and, when necessary, assistance in securing such services.

- 6.1.2. Information about restitution or other relief a victim may be entitled to under references (d) and (e), or other applicable laws, and the manner in which such relief may be obtained.
- 6.1.3. Information to victims of intra-familial abuse offenses on the availability of limited transitional compensation benefits and possible entitlement to some of the active duty member's retirement benefits under 10 U.S.C. 1058, 1059, 1408 (reference (g)) and DoD Instruction 1342.24 (reference (h)).
- 6.1.4. Information about public and private programs that are available to provide counseling, treatment, and other support, including available compensation through Federal, State, and local agencies.
- 6.1.5. Information about the prohibition against intimidation and harassment of victims and witnesses, and arrangements for the victim or witness to receive reasonable protection from threat, harm, or intimidation from a suspected offender and from people acting in concert with or under the control of the suspected offender.
- 6.1.6. Information concerning military and civilian protective orders, as appropriate.
- 6.1.7. Information about the military criminal justice process, the role of the victim or witness in the process, and how the victim or witness can obtain additional information concerning the process and the case.
- 6.1.8. If necessary, assistance in contacting the people responsible for providing victim and witness services and relief.
- 6.2. <u>Information to be Provided During Investigation of a Crime</u>. If the victim or witness has not already received the DD Form 2701 from law enforcement officials, it shall be used by investigators as a handout to convey basic information and points of contact. The date it is given to the victim or witness is reportable and shall be recorded on the appropriate form authorized for use by the particular Service. This serves as evidence that the officer notified the victim or witness of his or her statutory rights. Law enforcement investigators and criminal investigators shall inform all victims and witnesses, as appropriate, of:
- 6.2.1. The status of the investigation of the crime, to the extent providing such information does not interfere with the investigation.
 - 6.2.2. The arrest of the suspected offender.
 - 6.2.3. A decision not to pursue further investigation.

- 6.3. <u>Information and Services to be Provided Concerning the Prosecution of a</u> Crime
- 6.3.1. If applicable, the following shall be provided by Government trial counsel or designee to victims and witnesses:
- 6.3.1.1. Consultation concerning the decision not to prefer charges against the suspected offender.
- 6.3.1.2. Consultation concerning the disposition of the offense if other than a court-martial.
- 6.3.1.3. The decision to pursue court-martial charges against the suspected offender. The DD Form 2702, "Court-Martial Information for Victims and Witnesses," (enclosure 4) shall be used as a handout to convey basic information about the court-martial process. The date it is given to the victim or witness is reportable and shall be recorded on the appropriate form authorized for use by the particular Service.
- 6.3.1.4. Notification of the initial appearance of the suspected offender before a judicial officer at a pretrial confinement hearing or at an Article 32, Uniform Code of Military Justice (UCMJ), investigation (10 U.S.C. 832, reference (c)).
- 6.3.1.5. Notification of the release of the suspected offender from pretrial confinement.
- 6.3.1.6. Consultation concerning the decision to refer or not to refer the charges against the suspected offender to trial by court-martial.
 - 6.3.1.7. Explanation of the court-martial process upon referral to trial.
- 6.3.1.8. Prior to the actual court-martial, assistance in obtaining available services such as transportation, parking, child care, lodging, and courtroom translators or interpreters that may be necessary to allow the victim or witness to participate in court proceedings.
- 6.3.1.9. During the court proceedings, provide a private waiting area out of the sight and hearing of the accused and defense witnesses. In the case of proceedings conducted aboard ship or in a deployed environment, provide a private waiting area to the greatest extent practicable.
- 6.3.1.10. Notification of the scheduling, including changes and delays, of each investigation pursuant to Article 32, UCMJ (reference (c)), and each court proceeding the victim is entitled to or required to attend. Upon request of a victim or witness whose absence from work or inability to pay an account is caused by the crime or cooperation in the investigation or prosecution, the employer or creditor of the victim or

witness shall be informed of the reasons for the absence from work or inability to make timely payments on an account. This requirement does not create an independent entitlement to legal assistance or a legal defense against claims of indebtedness.

- 6.3.1.11. Consultation concerning any decision to dismiss charges or to enter into a pretrial agreement.
- 6.3.1.12. Notification of the disposition of the case, to include the acceptance of a plea of "guilty," the rendering of a verdict, or the withdrawal or dismissal of charges.
- 6.3.1.13. Notification to victims of the opportunity to present to the court at sentencing, in compliance with applicable law and regulations, a statement of the impact of the crime on the victim, including financial, social, psychological, and physical harm suffered by the victim.
- 6.3.1.14. After court proceedings, take appropriate action to ensure that property of a victim or witness held as evidence is safeguarded and returned as expeditiously as possible.
- 6.3.1.15. Notification of the offender's sentence and general information regarding minimum release date, parole, clemency, and mandatory supervised release, if applicable.
- 6.3.2. Except for information that is releasable under paragraph 6.2. and subparagraph 6.3.1., requests for information relating to the investigation and prosecution of a crime (e.g., investigative reports and related documents) from a victim or witness shall be processed in accordance with DoD 5400.7-R (reference (f)). The local responsible official may authorize release of a copy of the record of trial without cost to a victim when necessary to lessen the physical, psychological, or financial hardships suffered as a result of a criminal act.
- 6.3.3. Any consultation or notification required by subparagraph 6.3.1. may be limited to avoid endangering the safety of a victim or witness, jeopardizing an ongoing investigation, disclosing classified or privileged information, or unduly delaying the disposition of an offense. Although the victim's views should be considered, this Instruction is not intended to limit the responsibility or authority of the Military Service or the Defense Agency officials to act in the interest of good order and discipline.
- 6.4. <u>Information and Services to be Provided Upon Order to Confinement</u>. The following services shall be provided by the Government trial counsel or designee to victims and witnesses upon sentencing of an offender to confinement in a court-martial: The DD Form 2703, "Post-Trial Information for Victims and Witnesses," (enclosure 5) shall be used as a handout to convey basic information about the post-trial process. The date it is given to the victim or witness is reportable and shall be recorded

on the appropriate form authorized for use by the particular Service. When appropriate, the following shall be provided to victims and witnesses:

- 6.4.1. General information regarding convening authority action, the corrections process, information about work release, furlough, probation, parole, mandatory supervised release, or other forms of release from custody, and eligibility for each.
- 6.4.2. Specific information regarding the election to be notified of changes in inmate status. The DD Form 2704, "Victim/Witness Certification and Election Concerning Inmate Status," (enclosure 6) shall be used for victims and appropriate witnesses (those who fear harm by the offender) to elect to be notified of changes in the offender's status in confinement. For all cases resulting in a sentence to confinement, the DD Form 2704 shall be completed and forwarded to the Service central repository, the gaining confinement facility, the local responsible official, and the victim or witness, if any. The date it is given to the victim or witness is reportable and shall be recorded on the appropriate form authorized for use by the particular Service. Do not allow the inmate access to DD Forms 2704 or 2705 or attach a copy of the forms to any record to which the confinee has access. Doing so could endanger the victim or witness. The DD Forms 2704 and 2705 are exempt from release under reference (f).
- 6.5. <u>Information and Services to be Provided Upon Entry into Confinement Facilities</u>. The victim and witness assistance coordinator at the military confinement facility shall:
- 6.5.1. On entry of an offender into post-trial confinement, obtain the DD Form 2704 to determine victim or witness notification requirements. If the form is unavailable, ask the Service central repository whether any victim or witness has requested notification of changes in inmate status in the case.
- 6.5.2. When a victim or witness has requested notification of changes in inmate status on the DD Form 2704, and that status changes as listed in subparagraphs 6.5.2.1. through 6.5.2.6., below, use the DD Form 2705, "Victim and Witness Notification of Changes in Inmate Status," (enclosure 7) to notify the victim or witness. The date it is given to the victim or witness is reportable and shall be recorded on the appropriate form authorized for use by the particular Service to comply with the reporting requirement in subparagraph 6.6.1.5. Provide the earliest possible notice of:
 - 6.5.2.1. The scheduling of a clemency or parole hearing for the inmate.
 - 6.5.2.2. The transfer of the inmate from one facility to another.
- 6.5.2.3. The escape (and subsequent return to custody), work release, furlough, or any other form of release from custody of the inmate.

- 6.5.2.4. The release of the inmate to parole supervision.
- 6.5.2.5. The death of the inmate, if the inmate dies while in custody.
- 6.5.2.6. A change in the scheduled release date of more than 30 days from the last notification due to a disposition or disciplinary and adjustment board.
- 6.5.3. Make reasonable efforts to notify all victims and witnesses who have requested notification of changes in inmate status of any emergency or special temporary home release granted an inmate.
- 6.5.4. On transfer of an inmate to another military confinement facility, forward the DD Form 2704 to the gaining facility, with an information copy to the Service central repository.
- 6.5.5. Annually report the status of victim and witness notification requests to the Service central repository as required by section 7., below.

6.6. Reporting Procedures

- 6.6.1. To comply with the requirements of references (d), (e), and (g), the Component responsible official shall submit an annual report using the DD Form 2706 (enclosure 8) to the following address: The Under Secretary of Defense for Personnel and Readiness, Attention: Legal Policy Office, 4000 Defense Pentagon, Washington, DC 20301-4000. The report shall be submitted by March 15 for the preceding calendar year and shall address the assistance provided victims and witnesses of crime. The report shall include the following:
- 6.6.1.1. The number of victims and witnesses who received a DD Form 2701 from law enforcement or criminal investigations personnel.
- 6.6.1.2. The number of victims who received a DD Form 2702 from Government trial counsel or designee.
- 6.6.1.3. The number of victims and witnesses who received a DD Form 2703 from Government trial counsel or designee.
- 6.6.1.4. The number of victims and witnesses who elected via the DD Form 2704 to be notified of changes in inmate status.
- 6.6.1.5. The number of victims and witnesses who were notified of changes in inmate status by the confinement Victim Witness Assistance Coordinators via the DD Form 2705 or a computer-generated equivalent.

6.6.1.6. The cumulative number of inmates in each Service for whom victim witness notifications must be made by each Service's confinement facilities. These numbers are derived by totaling the number of inmates with victim or witness notification requirements at the beginning of the year, adding new inmates with the requirement, and then subtracting those confinees who were released, deceased, or transferred to another facility (Federal, State, or sister Service) during the year.

6.6.2. The Office of the USD(P&R) shall consolidate all reports submitted pursuant to paragraph 6.6., above, and submit an annual report to the Office for Victims of Crime, Department of Justice.

7. INFORMATION REQUIREMENTS

The annual reporting requirement in subparagraph 6.6.1., above, has been assigned Report Control Symbol DD-P&R(A)1952.

8. <u>EFFECTIVE DATE</u>

This Instruction is effective immediately.

David S. C. Chu

Under Secretary of Defense (Personnel and Readiness)

Tweds. C. Chr.

Enclosures - 8

- E1. References, continued
- E2. Definitions
- E3. Sample DD Form 2701
- E4. Sample DD Form 2702
- E5. Sample DD Form 2703
- E6. Sample DD Form 2704
- E7. Sample DD Form 2705
- E8. Sample DD Form 2706

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Sections 1512-1514 of title 18, United States Code
- (f) DoD 5400.7-R, "DoD Freedom of Information Act Program," September 4, 1998
- (g) Sections 113 (note), 1058, 1059 and 1408 of title 10, United States Code
- (h) DoD Instruction 1342.24, "Transitional Compensation for Abused Dependents," May 23, 1995

E2. ENCLOSURE 2

DEFINITIONS

- E2.1.1. <u>Central Repository</u>. A Military Service headquarters office designated by the Secretary for each Military Department to serve as a clearing-house of information on inmate status and to collect and report data on the delivery of victim and witness assistance including notification of inmate status changes.
- E2.1.2. <u>Component Responsible Official</u>. Person designated by the Head of each DoD Component who coordinates, implements, and manages the Victim and Witness Assistance Program established by this Instruction.
- E2.1.3. <u>Confinement Facility Victim and Witness Assistance Coordinator</u>. A staff member at a military confinement facility who notifies victims and witnesses of changes in inmate status and annually reports the number of those notifications to the Military Service central repository.
- E2.1.4. <u>Local Responsible Official</u>. Person designated by the Component responsible official who is responsible for identifying victims and witnesses of crime and for coordinating the delivery of services described in this Instruction through an interdisciplinary approach. The position or billet of the local responsible official shall be designated in writing in accordance with Service regulation. The local responsible official may delegate responsibilities under this Instruction as provided in subparagraph 5.2.8., above.
- E2.1.5. <u>Victim</u>. A person who has suffered direct physical, emotional, or pecuniary harm as a result of the commission of a crime committed in violation of reference (c), (or in violation of the law of another jurisdiction if any portion of the investigation is conducted primarily by the DoD Components). Such individuals shall include, but are not limited to, the following:
 - E2.1.5.1. Military members and their family members.
- E2.1.5.2. When stationed outside the continental United States, DoD civilian employees and contractors, and their family members. This designation makes services available to them that are not available to DoD civilian employees, contractors, and their family members in stateside locations, such as medical care in military medical facilities.
- E2.1.5.3. When a victim is under 18 years of age, incompetent, incapacitated, or deceased, the term includes one of the following (in order of precedence): a spouse, legal guardian, parent, child, sibling, another family member, or another person designated by the court or the Component responsible official, or designee.

- E2.1.5.4. For a victim that is an institutional entity, an authorized representative of the entity. Federal Departments and State and local agencies, as entities, are not eligible for services available to individual victims.
- E2.1.6. <u>Witness</u>. A person who has information or evidence about a crime within the investigative jurisdiction of a DoD Component who provides that knowledge or evidence to a DoD Component. When the witness is a minor, that term includes a family member or legal guardian. The term witness does not include a defense witness or an individual involved in the crime as a perpetrator or accomplice.

E3. ENCLOSURE 3

SAMPLE DD FORM 2701

increased concern for their personal safety and that of their family, trouble concentrating on the job, difficulty handling everyday problems, feeling overwhelmed, and thinking of the crime repeatedly.

Some or all of these behaviors may occur and will ease with time. They are normal reactions but you may wish to see a counselor. State compensation funds may be available to reimburse you for such counseling. The Victim/Witness Assistance Responsible Official will have further information.

Your Rights As A Victim.

As a Federal crime victim, you have the following

- rights:

 The right to be treated with fairness and privacy; with respect for your dignity and privacy;
- The right to be reasonably protected from
- the accused offender;
 The right to be notified of court proceedings;
- The right to be present at all public court proceedings related to the offense, unless the court determines that your testimony would be materially affected if you as the victim heard other testimony at trial;
 - The right to confer with the attorney for
- the government in the case;
 - The right to available restitution;
- The right to information about the conviction, sentencing, imprisonment, and release of the offender.

If You Need Additional Assistance:

In regard to the status of the <u>Investigation</u>, contact the Investigator below:

Delow:
David F. Smith
(Name)
(999) 123-4567
(Telephone Number)

In regard to other assistance <u>available</u>, contact the command Victim/Witness Responsible Official, or the person identified below:

Robert Jones

(Name)

(123) 456-7890 (Telephone Number)

In regard to the <u>prosecution</u>, contact the legal office below:

Eric Prosecute (Name) (777) 234-4321 (Telephone Number)

In regard to compensation for medical or other expenses, contact the state office for Crime .Victim

> Sara Help (Name) (777) 777-7777 (Telephone Number)

Please notify these offices of any changes of address or telephone number. For further information on crime issues, see the DoD Victim and Witness Assistance Council web page at: ">http://dod.mil/wwac>

DEPARTMENT OF DEFENSE



INITIAL INFORMATION FOR **VICTIMS AND WITNESSES** OF CRIME

DD PORM 2701, MAY 2004

Initial Information For Victims and Witnesses of Crime

Introduction. We are concerned about the problems often experienced by victims and witnesses of crime. We know that as a victim or witness, you may experience anger, frustration, or fear as a result of your experience. The officer responsible for Victim/Witness Assistance at your installation can help.

We have prepared this brochure to help you do with the problems and questions which often surface during an Investigation and to provide you with a better understanding of how the military criminal justice system works. Your continued assistance is really needed and appreciated.

A criminal investigation can be both complex and lengthy and may involve several agencies, some Federal and some local, if you request, you will be kept informed of the status of your case by the investigator handling your case. His or hell name is on the back of this brochure.

If You Are Threatened Or Harassed. If anyone threatens you or you feel that you are being harassed because of your cooperation with this Investigation, contact the investigator or the Victim/Witness Responsible Official right away. It is a crime to threaten or harass a victim or witness.

DD FORM 2701, MAY 2004 (BACK)

If You Were Insured. If you do not have Insurance to pay the cost of your medical or counseling bills, or related expenses, the state Crime Victim Compensation office may be able to assist. The telephone number for this office is on the back of this brochure.

If You Were a Victim of Spouse or Child Abuse or Sexual Assault. For your safety, you may want a restraining order, or temporary shelter. For information about these steps or about counseling services, call the Victim/ fitness Responsible Official. If the offender is convicted or discharged for abusing you or your children, you may be eligible for 'transitional compensation' benefits. Contact the prosecutor Identified on the back of this brochure for further information.

Restitution. If an individual is arrested and prosecuted in federal court, you may be eligible for restitution. Restitution is court-ordered payment to you as a victim of crime. It is made by the offender for any out of pocket expenses caused by the crime. Restitution cannot be ordered as a sentence in a military court-martial, but it can be used as a condition of a pretrial agreement to plead guity to an offense, or as a condition of clemency or parole.

If Property Was Stolen. If your property was stolen, we hope to recover it as part of our investigation. If we do, we will notify you and return it to you as quickly as possible. Sometimes property needs to be held as evidence for trial. We will return your property once it is no longer needed as evidence.

If You Need Assistance With Your Employer or Command. If you have problems at work because of the crime or the investigation, we can contact your employer or Commanding Officer to discuss the Importance of your role In the case.

If An Arrest Is Made. If you ask, you will be notified if a suspect Is arrested. Since criminal defendants may be released before trial, you can ask for a restraining order to help protect you from the suspect.

<u>Trial.</u> Once an offense has been referred to trial, you will be contacted by the military trial counsel (prosecutor) or the Assistant U.S. Attorney assigned to handle your case, as appropriate. Each command and U.S. Attorney has a Victim/Wiress Responsible Official to help answer your questions and deal with your concerns during the prosecution. You have the right to be consulted at key stages in the trial and will be informed of these rights by trial counsel.

Confinement. If the accused is sentenced to confinement (prison), you have a right to notification of changes in the confinee's status. Use a DD Form 2704, "Victim/ Witness Certification and Election Concerning Inmate Status", to request that the confinement facility notify you of parole hearings, escape, release, or death of the confines.

The Emotional Impact of Crime. Many victims and witnesses are emotionally affected by the crime. Although everyone reacts differently, victims and witnesses report some common behaviors, such as

E4. ENCLOSURE 4

SAMPLE DD FORM 2702

Sentencing.

In this phase, the judge or members (jury) decide the appropriate types and amount of punishment. The Trial Counsel may call witnesses to show aggravating factors concerning the offenses. The defense may call witnesses to show the Offense may be less serious than otherwise indicated. You may be asked to return to the witness stand and testify as to how the crime has affected you. This may include the emotional, physical and financial suffering you experienced.

Punishment.

The court-martial ends when the judge reads the sentence to the accused. Normally, any confinement ordered begins at the time the sentence is announced. Other parts of the sentence, such as forfeitures of pay and reduction in rank, take effect after the "convening authority", usually a senior officer, takes "action" on the case. This generally occurs within two to three months, but can take longer in more complex cases.

If the accused is sentenced to prison, you have additional rights to notification of any changes in the inmate's status. These will be explained to you by the Trial Counsel or a designated

If the offender is convicted or discharged for abusing you or your children, you may be eligible for "transitional compensation" benefits. Contact the Trial Counsel for an application (DD Form 2707) and for further information.

Your Participation

- You may choose to participate in the trial at several stages. You may ask to be:
 - Notified of and be present at all public
- court proceedings;
 Consultad on pre-trial confinement of accused and release of accused from pre-trial confinement;
- Contacted about the proposed dismissal of any and all charges;
- Consulted on decision not to prosecute;
 Contacted regarding the proposed terms of any negotiated plea;
 - Consulted on proposed terms of any
- pre-trial agreement;
- Notified of the acceptance of a guilty plea; to present to the court evidence on sentencing;
 - Informed about the conviction, sentencing, and Imprisonment of the accused.

Points of Contact

Victim/Witness Responsible Official

Robert Jones	
(Name)	_
(123) 456-7890	_
(Telephone Number)	_
Trial Counsel	

Eric Prosecute
 (Name)
 (777) 234-4321
 (Telephone Number)

For further Information on crime issues, see the DoD Victim and

Witness Assistance Council web page at: ">http://dod.mil/vwac>

DEPARTMENT OF DEFENSE



COURT-MARTIAL INFORMATION FOR **VICTIMS AND WITNESSES** OF CRIME

DD FORM 2702, MAY 2004

Court-Martial Information For Victims and Witnesses of Crime

Introduction

The Department of Defense is concerned about the problems often experienced by victims and witnesses of crime. We know that as a victim or witness, you may feel anger, confusion, frustration, or fear as a result of your experience and then feel added frustration in the course of the trial. The information in this brochure will explain the criminal justice procedures, and your role

In the military, a prosecutor is called the Trial Counsel. The Trial Counsel's office will make every effort to keep you informed of the times and places you may be needed. However, it is not unusual for court dates to change several times before the trial. It is very important to keep the Trial Counsel informed of your current address and telephone number.

Preferral of Charges

Like a civilian criminal "complaint," the preferral of charges begins the criminal trial process. Upon preferral, you may participate in the case at several points as outlined below.

DD FORM 2702 MAY 2004 (BACK)

Pretrial Conference

You will be asked to speak with the Trial Counsel handling the case at least once before you testify. The Trial Counsel will answer any questions you may have at this time, and will tell you what will be expected of you as a witness.

Article 32 Hearing

Serious crimes are dealt with in a "General" court-martial which Includes an "Article 32" hearing. Similar to a grand jury hearing, an Article 32 hearing is the preliminary investigation into the charges to determine If reasonable grounds exist to believe the accused committed the crimes charged. In the Article 32 hearing, testimony is given to an investigating Officer (IO), rather than a judge or jury. You may have to appear at the hearing and testify under oath regarding what you know about the charges. After the Article 32 hearing, the IO recommends whether to "refer" (send) the case to trial. In less serious cases, the preliminary hearing is not required and cases are referred to a Special Court-Martial.

Court-Martial

This is the trial of the accused. It generally has two parts: findings (guilty or not guilty) and sentencing (punishment). In the findings phase the accused has the right to choose whether a Military Judge sitting alone or a panel of "members" (jury) will decide whether the accused is guilty of any offenses.

Testimony

If you testify, you will be placed under oath and asked questions by the Trial Counsel, and, in most cases, cross-exar by the Defense Counsel. Usually, counsel for both sides will have spoken to you prior to testifying so there will be very few surprises. If you have concerns about embarrassing questions that could be asked, tell the Trial Counsel before trial.

- Pointers When Testifying Dress Appropriately: Be neat. Dress conservatively.

 - Tell the Truth: Honesty is the best policy.
- Speak Clearly and Loudly: Everyone in the courtroom must be able to hear what you have to say. No gum chewing.
- Don't Guess or Speculate: If you don't know, say you don't know. Give positive, definite answers when you remember positively.

 - Be Courteous: Answer politely and address the judge as "Your honor."
- Don't Lose Your Temper: Stay calm.

Closing Argument

After all evidence is received by the court. each side makes a closing argument. After argument, the judge or members will adjourn to deliberate on the issue of guilt or innocence. If there is a finding of "not guilty," the accused is released and the court-martial process ends. If there is a finding of "guilty," the trial immediately goes to the sentencing

E5. ENCLOSURE 5

SAMPLE DD FORM 2703

Your Rights As A Victim

As a victim of a crime, you have the following rights under the Victim's Rights and Restitution Act of 1990 (Public Law No. 101-547):

- To be treated with fairness and with respect for your dignity and privacy;
- To be reasonably protected from the accused;
- To be notified of court proceedings;
- To be present at all public court proceedings related to the offenses, unless the court determines that your testimony would be materially affected if you heard other testimony at trial;
- To confer with the attorney for the Government (Trial Counsel) in the case;
 - To receive available restitution;
- To receive information about the conviction, sentencing, imprisonment, parole eligibility and release of the accused.

Points of Contact:

Service Central Repository

Mike Handler (Name) (202) 234-5678 (Telephone Number)

Confinement Facility

Alan Goodman
(Name)
(802) 234-5678
(Telephone Number)

Service Clemency and Parole Board

Gerald Powers (Name) (703) 234-5678 (Telaphone Number)

Other

Sara Help, State Compensation	
(Name)	
(777) 777-7777	
(Telephone Number)	

For further information on crime issues, see the DoD Victim and Witness Assistance Council web page at: ">http://dod.miil/vwac>

DD FORM 2703, MAY 2004

DEPARTMENT OF DEFENSE



POST-TRIAL INFORMATION FOR VICTIMS AND WITNESSES OF CRIME

Post-Trial Information For Victims and Witnesses of Crime

Introduction

This brochure details the post-trial process and your rights in that process. Most important is your right to be notified of changes in the confinement status of the offender in your case.

Location of Confinement Facility

The Victim and Witness Assistance Program does not end with the completion of the court-martial. If the accused is convicted of any offense, the court-martial will sentence the accused, if the sentence includes confinement, the accused, now called "inmate", is usually taken immediately to jail. If there is a confinement facility at the installation where the trial was held, the inmate will be held there temporarily.

Depending on the security level of the immate, he/she may be assigned to various work details around the installation. If the immate's period of confinement is minimal, and there are adequate facilities on the Installation, the immate may serve the entire sentence at the installation.

If there is no confinement facility at the installation, the facility is not adequate to house the Inmate, or the sentence is in excess of what is handled at the installation, he/she will be taken to a regional confinement facility. The inmate may later be transferred to other facilities available,

DD FORM 2703 MAY 2004 (BACK)

based on length of sentence, programs and security levels. You will be notified of these changes if you fill out a form called DD Form 2704, "Victim/Vitness Certification and Election Concerning Inmate Status." It is very important that you keep the confinement facility informed of your current address and telephone number.

Convening Authority Action

The other parts of the sentence (e.g., forfeitures of pay, reduction in rank) will not be effective until the "convening suthority", usually a senior officer, takes "action" on it, generally within 6 to 9 months. The convening authority may disapprove the findings, disapprove or reduce any part of the sentence, or approve everything except a punitive discharge. The convening authority cannot increase any part of the sentence. You have the right to submit a statement to the convening authority on how you feel about the Inmate receiving clemency. You can ask the Trial Counsel about this right.

Clemency and Parole Consideration

Military inmates are eligible for parole consideration when they have completed 1/3 of their confinement, and every year thereafter. You may make a statement to the Clemency and Parole Board on how the crime affected you. The statement may be on audio or video tape or In writing and may be sent to the Service Clemency and Parole Board at the address on the back of this page.

A personal appearance before the Board may

also be permitted.

Notification Rights

You have the right to be notified in writing of the following changes in the Inmate's status; transfer to another facility, parole, escape, release from confinement, or death while in confinement. If the Inmate is released on temporary home leave (for example, to visit a dying parent), the confinement facility will make every effort to notify you in advance.

How To Exercise Your Rights

If you want to exercise these rights, and be notified of the dates of any clemency and parole hearings, and changes in the Inmate's status, you must fill out DD Form 2704, "Victim/Witness Certification and Election Concerning Inmate Status." You MUST notify the Service Central Repository of all address and telephone number changes if you want to receive notices. This information will be kept confidential.

Points of Contact

From now on, your point of contact will be on confinement facility or the Service Central Repository listed on the back of this page. Please call if you have any questions.

E6. ENCLOSURE 6

SAMPLE DD FORM 2704

VICTIM/WITNESS CERTIFICATION AND ELECTION CONCERNING INMATE STATUS (This form is exempt from Freedom of Information Act release.)							
DDIVACY ACT STATEMENT							
PRIVACY ACT STATEMENT AUTHORITY: 42 U.S.C. 10606 et sec., Victim's Rights and Restitution Act of 1990; 18 U.S.C. 1501 et sec., Victim and Witness Protection Act of 1982.							
PRINCIPAL PURPOSES: elects to be notified of c	To inform victims and wi hanges in the confinement be notified about subsequ	t status of a convicted crir	ninal offend	stermine whether the victim or witness of a crime ler; and to record the election by the victim or			
ROUTINE USES: None.							
DISCLOSURE: Voluntary; however, failure to provide identifying information will prevent the corrections facility from notifying victim or witness of changes in a criminal offender's status.							
SECTION I - ADMINI	STRATIVE INFORMA	TION					
Installation	Luke AFB	CityAnytow	מי	State ZIP Code12345-6789			
Incident Number	121212121212	Organizational Identifi	er (ORI)	999999999			
			led to notific	cation under the Victim's Rights and Restitution Act			
As representative f	or the Government in t	he court-martial case of	' United Sta				
123-456-7890	convened by		self-	(Name of accused) (Last, first, middle initial) -explanatory			
(Social Security Number	, convened by	(Court-martial convening c		r, date, and issuing command)			
-				nformation about the confinement status of			
the defendant as requ	iired by the Victim's Rig	ints and Restitution Act	or 1990 ((Public Law 101-647; 104 Stat. 4820).			
Case Per	societa			Prosecutor, Case			
(Signat	secutor ture of person certifying)	 -		(Typed name (Last, first))			
20040106			(Capt, USAF, Chief of Military Justice			
(Date) (YYYYMMDD)	 .			(Grade and title)			
	FICATION OF ADVICE then there are victims or w			S(ES)			
I certify that on thi	is date I personally notif	ied the victim(s) and w	itness(es) i	in the court-martial case of United States v.			
	Perpetrator, J	ohn Q.		123-456-7890			
	(Name of accused) (Last,			(Social Security Number)			
convened by			lanatory	,			
		martial convening order nu					
		•		and Restitution Act of 1990 (Public Law			
				ate, to include length of sentence, anticipated dithe right to receive notification of a new			
				n explanation of these terms. Additionally,			
·	-		-	se from confinement, escape and death.			
-		·	-	and release from confinement, the victim or			
witness must provide the information required in Section IV of this form. I advised all victims and witnesses that if they							
elect to terminate or reinitiate notifications, or if they change their address listed above, they must contact the Military							
Service Central Repository listed in Section V.							
α β ϕ							
_ Case Pr	rosecutor	 -		Prosecutor, Case			
(Signature o 20040106	of person providing notifica	ition)		(Typed name (Last, first))			
(Date) (YYYYMMDD)	_	-		Capt, USAF, Chief of Military Justice (Grade and title)			
DD FORM 2704, MA		PREVIOUS EDITIO	N IS OBSOL				

20

SECTION IV - ELECTION TO BE NOTIFIED

The victim(s) and witness(es) listed below have elected the right to receive information about changes in the status of the inmate by initialing the "Yes" block. If the inmate is transferred, they understand that they will be notified of the address of the new confinement facility. They also understand that if they move or their telephone number changes, they must notify the confinement facility of the new address or telephone numbers in order to be notified.

LIST ALL VICTIMS AND WITNESSES INVOLVED IN THE CASE. (Indicate whether a victim or witness by entering "V" or "W" in the appropriate column. Those who elect to be notified of inmate status changes should initial in the "Yes" column; otherwise initial the "No" column.)

NAME (Last, First, Middle Initial)	ADDRESS (Street, Apartment No., Cit	TELEPHONE NUMBER (Include Area Code)	V OR W	NOTIFY			
Johnson, Mary A.	1234 Main St., Branson, IA		W(123) 456-7890 H(123) 456-1234	V	YES MAJ	NO	
			H(123) 430-1234	<u> </u>	1,11,13		
SECTION V - DISTRIBUTION							
ADDRESSES (Include 9-digit ZIP Coo MILITARY SERVICE CENTRAL REPO	de and telephone number.)	TLOCAL CONFINEM	ENT FACILITY (Name and add	dross)			
			(Name and add	21033)			
self-explanatory		self-explanator	y				
LAW ENFORCEMENT/SPECIAL INVE	STIGATION	VICTIM/WITNESS (victim/witness addi	'Individual will receive a copy resses blacked out.)	with all	other		
self-explanatory		Mary A. Johnson 1234 Main St. Branson, IA 12345-6789					

DD FORM 2704 (BACK), MAR 1999

E7. ENCLOSURE 7

SAMPLE DD FORM 2705

EVERLANTION. This form is being used to give basis information on changes in an immater's status to victims and witnesses who elected, on the DIF orm 2704. Do to notified. The confinement facility holding the limited has been provided to the DIF orm 2704. Do notified here to the DIF orm 2704. Do notified here to the DIF orm 2704. The DIF orm 2704 here to the DIF orm 2704. The DIF orm 2704 here to the DIF orm 2704. The DIF orm 2704 here to the DIF orm 2704. The DIF orm 2704 here to the DIF orm 2704. The DIF orm 2704 here to the DIF orm 2704. The DIF orm 2704 here to		/ICTIM/WI	TNESS N	IOTIFIC	ATION dom of	OF INMATE	STATUS t release.)		
1. TOC (National Wittness) ANDE (East, Frest, Models Initial) Johnson, Mary A. STREET ADDRESS (Include apartment no.) STREET ADDRESS (Include area code) 4. REGISTER NUMBER (Include area code) 7. TELEPHONE NUMBER (Include area code) 8. CITY STREET (Include area code) 8. CITY STREET (Include area code) 9. STREET (Include area code) 9. STREET (Include area code) 9. STREET (Include area code) 1. TELEPHONE NUMBER (Include area code) 1. STREET (Include area code) 1. TELEPHONE NUMBER (Include area code) 1. STREET (Include area code) 1. TELEPHONE NUMBER (Include area	the DD Form 2704 to be notified. Th	sed to give ba	sic informa	ation on c	hanges e inmate	in an inmate's a	status to victims	and witnesse nd witnesses	s who elected, on of initial entry into
S. NAME (aux. Frex. Models install) S. STREET ADDRESS. (Include apartment no.) Self-explanatory Self	SECTION I - DISTRIBUTION								
Smith, Lynda D. 5. STREET ADDRESS (include apartment no.) 6. CITY 6. CITY 6. STATE 7. TELEPHONE NUMBER (include area code) 7. TELEPHONE NUMBER (include area code) 8. STREET ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 8. STREET SHIP (include area code) 8. STREET ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 8. STREET SHIP (include area code) 8. STREET SHIP (include area code) 8. STREET SHIP (include area code) 9. STREET SHIP (include area code) 19970601 19981215 8. CITY 1. STATE 1. Camerop Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards when the inmate is scheduled to appear. If you would like to submit a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a later, or audio or video cassetts. A personal appearance may also be permitted. 8. INMATE IS INITIALLY ELIGIBLE TO RECASSORED FOR RESTORATION AND CLEMENCY ON (PYYYAMADO) 9. PAROLE ELIGIBILITY a. INMATE SINITIALLY ELIGIBLE TO RELEASE ON PAROLE ON (PYYYAMADO) 9. PAROLE ELIGIBILITY a. INMATE SINITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (PYYYAMADO) 9. PAROLE ELIGIBILITY a. INMATE SINITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (PYYYAMADO) 9. PAROLE ELIGIBILITY a. INMATE SINITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (PYYYAMADO) 9. PAROLE ELIGIBILITY a. INMATE SINITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (PYYYAMADO) 9. PAROLE ELIGIBILITY a. INMATE SINITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (PYY	1. TO: (Victim or Witness)							dinator at Conf	inement Facility)
b. STREET ADDRESS include apartment no.) self-explanationy self-explanationy d. STATE s. ZIP CODE c. CITY d. STATE s. ZIP CODE c. CITY d. STATE s. ZIP CODE f. TELEPHONE NUMBER (include area code) SECTION II - INMATE STATUS 3. INMATE NAME dast Frest, Middle Initial) A. REGISTER NUMBER S. MINIMUM RELEASE DATE ONABOUT (YYYMMOD) 1998 1215 A. STREET ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD S. STATE d. ZIP CODE 1998 1215 A. STREET SOLESS OF SERVICE CLEMENCY AND PAROLE BOARD S. STATE d. ZIP CODE 1998 1215 A. STREET SOLESS OF SERVICE CLEMENCY AND PAROLE BOARD S. STATE d. ZIP CODE 1998 1215 A. STREET SOLESS OF SERVICE CLEMENCY AND PAROLE BOARD S. STATE d. ZIP CODE d. ZIP CODE S. STATE d. ZIP CODE S. STATE d. ZIP CODE d. ZIP CODE S. STATE d. ZIP CODE S. STATE d. ZIP CODE d. ZIP CODE	a. NAME (Last, First, Middle Initial)						ldle Initial)		
Self-explanatory self-explanatory self-explanatory self-explanatory self-explanatory d. STATE	Johnson, Mary A. Smith, Lynda D.								
6. CITY d. STATE a. ZIP CODE c. CITY d. STATE d. STATE d. STATE d. STATE d. STATE T. FLEPHONE NUMBER (Include area code) F. TELEPHONE NUMBER (Include area code) SECTION II - INMATE STATUS 3. INMATE NAME (Last Fiest, Middle Instal) Perpetrator, John Q. A. REGISTER NUMBER assigned by the facility Perpetrator, John Q. A. REGISTER NUMBER assigned by the facility Perpetrator, John Q. A. REGISTER NUMBER b. CITY SOLICE-EXPLANATION A. STATE D. CITY C. STATE C. STA		o.)							
F. TELEPHONE NUMBER (Include area code) F. MINIMUM RELEASE DATE (YVYYMMOD) F. STATE (Include area code) F. STATE (Include area co	self-explanatory			self-explanatory					
SECTION II - INMATE STATUS 3. INMATE NAME (Last, First, Middle Initial) 4. REGISTER NUMBER assigned by the facility 19970601 19970601 19970601 19970601 19981215 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 8. STREET SINGLY 10981215 8. STREET D. CITY S. STATE S. STATE D. CITY S. STATE S. STATE S. STATE D. CITY S. STATE S. STATE S. STATE S. STATE S. STATE D. CITY S. STATE S	c. CITY	d. STATE	e. ZIP CO	DE	c. CITY			d. STATE	e. ZIP CODE
3. INIMATE NAME (Last, First, Middle Initial) Perpetrator, John Q. 4. REGISTER NUMBER assigned by the facility Signed by the facility 19970601 19970601 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 8. STRET Self-explanatory NOTE: 1: Clemency Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate becomes eligible for parole after serving one third of the sentence. NOTE: 2: Your may submit documentation to Clemency and Parole Boards when the immate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate is scheduled to appear. If you would like to submit a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a letter, or audio or video cassette. A personal appearance may also be permitted. 8ECTION III - RELEASE ELIGIBILITY a. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 6. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 10. CLEMENCY/PAROLE APPROVAL 11. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE 12. INMATE IS DECEASED Distor of deads of the part	f. TELEPHONE NUMBER (Include area code	p)			f. TELE	PHONE NUMBER	(Include area code)		
3. INIMATE NAME (Last, First, Middle Initial) Perpetrator, John Q. 4. REGISTER NUMBER assigned by the facility Signed by the facility 19970601 19970601 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 8. STRET Self-explanatory NOTE: 1: Clemency Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate becomes eligible for parole after serving one third of the sentence. NOTE: 2: Your may submit documentation to Clemency and Parole Boards when the immate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate is scheduled to appear. If you would like to submit a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a letter, or audio or video cassette. A personal appearance may also be permitted. 8ECTION III - RELEASE ELIGIBILITY a. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 6. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 10. CLEMENCY/PAROLE APPROVAL 11. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE 12. INMATE IS DECEASED Distor of deads of the part	SECTION II - INMATE STATUS		-				-		
Perpetrator, John Q. assigned by the facility 19970601 19970601 19981215 7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD a. STREET self-explanatory NOTE 1: Clemency Boards will meet annually from the date of the initial board until the inmate is released. Clemency Boards will be held in conjunction with Parole Boards when the inmate becomes eligible for parole after serving one third of the sentency Boards will be held in volumination to Clemency and Parole Boards when the inmate is released. Clemency Boards will be held in volumination to Clemency and Parole Boards when the inmate is scheduled to appear. If you would like to submit a Victim inpact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a letter, or audio or video cassette. A personal appearance may also be permitted. SECTION II RELEASE ELIGIBILITY a. INMATE IS INITIALLY ELIGIBLE TO RECONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. INMATE IS SCHEDULED A MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. INMATE IS BENG RELEASED ON (YYYYMMDD) c. INMATE IS BENG RELEASED ON COMMUNITY SUPERVISION. 12. INMATE IS BENG RELEASED ON (YYYYMMDD) b. INMATE IS DECEASED CRUE of coath) 13. INMATE IS DECEASED CRUE of coath) 14. INMATE WAS APPROVED FOR CLEMENCY (If Apprenance) 14. INMATE BENCH RELEASE IS UNDER NO COMMUNITY SUPERVISION. 15. OTHER (Specify) 8. STATE ADDRESS 16. CITY 17. ANDRE (Last. First. Middle Initial) 18. OTHER (Specify) SECTION IV. VICTIMANITINESS ASSISTANCE CORDINATOR 17. ANDRE (Last. First. Middle Initial) D. OTHER (Specify) SECTION V. VICTIMANITINESS ASSISTANCE CORDINATOR 17. ANDRE (Last. First. Middle Initial)		nitial)	4. REGIS	STER NUN	/IBER	5. MINIMUM	RELEASE DATE	6. MAXIMU	M RELEASE DATE
7. ADDRESS OF SERVICE CLEMENCY AND PAROLE BOARD 8. STRET 8. STRET 8. CITY 9. CITY 10. CITY 11. Clamency Boards will meet annually from the date of the initial board until the Immate is released. Clamency Boards will be held in control to which parts be boards when the Immate bocomes eligible for parties after serving one third of the sentential of the board parts when the Immate is released. Clamency Boards will be held in control to clamency and Parole Boards when the Immate is released. Clamency Boards will be held in control to clamency and Parole Boards when the Immate is scheduled to appear. If you would like to submit the form of a letter, or audio or video cassette. A personal appearance may also be permitted. Section III. RELEASE ELIGIBILITY 8. RESTORATION AND CLEMENCY ELIGIBILITY 8. RESTORATION AND CLEMENCY ELIGIBILITY 8. IRMATE IS INITIALITY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) 9. INMATE IS CHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY 9. PAROLE ELIGIBILITY 8. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 9. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 10. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 11. RELEASE 12. INMATE HANDE IN INMATE STATUS 13. INMATE IS BENEROLE APPROVAL 14. INMATE WAS APPROVED FOR CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 15. INMATE IS DECREASED ON (YYYYMMDD) 16. INMATE SCHEDULED TO COMMUNITY SUPERVISION. 17. INMATE IS DECREASED DO NO (YYYYMMDD) 18. INMATE IS DECREASED ON RELEASE DESTINATION CITY 19. INMATE IS DECREASED ON RELEASE DESTINATION CITY 19. INMATE IS DECREASED ON RELEASE DESTINATION CITY 10. CLEMENCY/PAROLE APPROVAL 11. INMATE IS DECREASED ON RELEASE DESTINATION CITY 12. INMATE IS DECREASED ON RELEASE DESTINATION CITY 13. INMATE IS DECREASED ON RELEASE DESTINATION CITY 14. INMATE IS DECREASED ON RELEASE DESTINATION CITY 15. OTHER (Sp	· ·	ŕ	l			ON/ABOUT	(YYYYMMDD)	(YYYYMM	DD)
a. STREET sclf-explanatory NOTE 1: Clamency Boards will meet annually from the date of the initial board until the immate is released. Clemency Joands will be held in conjunction with Parole Boards when the inmate becomes eligible for parole after saving one third of the sentence. NOTE 2: You may submit documentation to Clemency one or parole after saving one third of the sentence. Note 2: You would like to submit a Victim impact Statement to the Board, please sent to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a lotter, or audio or video cassette. A personal appearance may also be permitted. SECTION III - RELEASE ELIGIBILITY a. IMMATE IS INITIALLY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) c. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) c. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) d. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) d. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) d. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY BARDLE ON (YYYYMMDD) d. IMMATE WAS SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE d. IMMATE WAS SENTENCE HAS BEEN CHANGED AS FOLLOWS: 12. IMMATE IS BEING RELEASE IS UNDER NO COMMUNITY SUPERVISION. 13. IMMATE SCAPED (Date of death) 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STATE I A ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) 19950130 c. SPACE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 5. SECTION V. VICTIMMYTINESS ASSISTANCE COORDINATOR 17.a. NAME (Last First, Middle Initial) S. DATE IN ADD THE OF THE SIMMATE STANCE	· · ·		l	•	acility	199	70601	1:	9981215
SINCE Clemency Boards will meet annually from the date of the initial board until the immate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate becomes eligible for parole after serving one third of the sentence. NOTE 2: You may submit documentation to Clemency and Parole Boards when the immate is released. Clemency Boards will be held in conjunction with Parole Boards when the immate is released. Clemency Boards will be held in a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. SECTION III.* ERLEASE ELIGIBILITY a. INMATE IS INITIALLY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. INMATE IS INITIALLY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) c. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) c. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY DEPARTMENT OF PAROLE ON (YYYYMMDD) c. CLEMENCY/PAROLE APPROVAL b. INMATE IS BEING RELEASED (Date of death) c. PLANNED RELEASE DESTINATION CITY STATE c. INMATE IS DEING RELEASED (Date of death) c. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) 19950125 TO (YYYYMMDD) 5. CIPHANCY ON (YYYYMMDD) 19950125 D. PAROLE ELIGIBLE OF RELEASED ON (YYYYMMDD) 5. CIPHANDE CLEMENCY ON (YYYYMMDD) 6. DATE SIGNED 17. NAME (Last, First, Middle Initial) D. RANK C. SIGNATURE d. DATE SIGNED 19950106		Y AND PARO	LE BOARL	,	L CITY	 		a STATE	Tel 7IP CODE
CONJUNCTION WITH Parole Boards when the limitate becomes eligible for parole after serving one trin of the sentent of the State NOTE 2: You may submit documentation to Clemency and Parole Boards when the limitate is scheduled to appear. If you would like to submit a Victim Impact Statement to the Board, please send it to the address above approximately two weeks prior to the scheduled board meeting. Your statement may be submitted in the form of a letter, or audio or video cassette. A personal appearance may also be permitted. SECTION III - RELEASE ELIGIBILITY a. IMMATE IS STEDIULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) 5. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) 6. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 7. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 8. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 8. IMMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 9. PAROLE OFFICER'S NAME (Last, First, Middle Initial) 10. CLEMENCYPAROLE APPROVAL 11. RELEASE 12. IMMATE WAS APPROVED FOR CLEMENCY DEPARTMENT OF THE PAROLE ON (YYYYMMDD) 13. INMATE IS DECEASED (Date of death) 14. INMATE IS DECEASED (Date of death) 15. OTHER 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTHER OF THIS INMATE'S RELEASE DIDLE OF THIS INMATE'S RELEASE DUE TO (YYYYMMDD) 15. OTHER 16. OTHER 17. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) 17. NAME (Last, First, Middle Initial) 17. NAME (Last, First, Mid	self-explanatory								
a. IMMATE IS INITIALLY ELIGIBLE TO BE CONSIDERED FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) 9. PAROLE ELIGIBILITY a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) SECTION IV - CHANGE IN INMATE STATUS 10. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY AND PAROLE ON (YYYYMMDD) b. PAROLE ON (YYYYMMDD) c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 13. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED b. DESTINATION (If Known) c. DATE, TIME, AND PLACE OF APPREHENSION d. PLACE OF RECONFINEMENT iff apprehended) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE TO (YYYYMMDD) 19950130 b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950125 TO (YYYYMMDD) 19950130 B. RANK C. SIGNATURE SMITH, Lynda D. A. DATE SIGNED 19950106	conjunction with Parole Boards when NOTE 2: You may submit documents a Victim Impact Statement to the Boa Your statement may be submitted in SECTION III - RELEASE ELIGIBILITY	the inmate be ation to Cleme ard, please se the form of a	ecomes elle ency and P nd it to the	gible for p arole Boa address	rds whe above a	ter serving one n the inmate is pproximately tv	third of the sente scheduled to app wo weeks prior to	ence. ear. If you w the schedule	ould like to submit
b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) 9. PAROLE ELIGIBILITY a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 10. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY PAROLE ON (YYYYMMDD) b. PAROLE ON (YYYYMMDD) c. INMATE SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE SERIES ELIS UNDER NO COMMUNITY SUPERVISION. 12. INMATE SERIES ELIS UNDER NO COMMUNITY SUPERVISION. 13. INMATE ESCAPED 13. INMATE ESCAPED 14. INMATE ESCAPED 15. DESTINATION (If known) a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 5. C. (Specify) 5. C. (Specify) 5. C. SIGNATURE 5. OTHER (Specify) 6. OTHER (Specify) 6. OTHER (Specify) 6. OTHER (Specify) 7. OTHER (SPECIFIC CONTINUE) 7. OTHER (SPECIFIC CO	8. RESTORATION AND CLEMENCY	ELIGIBILITY							
b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR RESTORATION AND CLEMENCY ON (YYYYMMDD) 9. PAROLE ELIGIBILITY a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 10. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY PAROLE ON (YYYYMMDD) b. PAROLE ON (YYYYMMDD) c. INMATE SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE SERIES ELIS UNDER NO COMMUNITY SUPERVISION. 12. INMATE SERIES ELIS UNDER NO COMMUNITY SUPERVISION. 13. INMATE ESCAPED 13. INMATE ESCAPED 14. INMATE ESCAPED 15. DESTINATION (If known) a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 5. C. (Specify) 5. C. (Specify) 5. C. SIGNATURE 5. OTHER (Specify) 6. OTHER (Specify) 6. OTHER (Specify) 6. OTHER (Specify) 7. OTHER (SPECIFIC CONTINUE) 7. OTHER (SPECIFIC CO	a. INMATE IS INITIALLY ELIGIBLE T	O BE CONSIDE	RED FOR RE	STORATIO	N AND C	LEMENCY ON (Y	YYYMMDD)		
ON (YYYYMMDD) 9. PAROLE ELIGIBILITY a. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) b. INMATE IS INITIALLY ELIGIBLE FOR RELEASE ON PAROLE ON (YYYYMMDD) 5. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 5. INMATE WAS APPROVED FOR CLEMENCY PAROLE ON (YYYYMMDD) 6. PAROLE OFFICER'S NAME (Last, First, Middle Initial) 7. INMATE WAS APPROVED FOR CLEMENCY PAROLE OFFICER'S NAME (Last, First, Middle Initial) 7. INMATE IS BEING RELEASED ON (YYYYMMDD) 7. INMATE IS BEING RELEASED ON (YYYYMMDD) 7. INMATE IS DECEASED (Date of death) 7. INMATE IS DECEASED (Date of death) 7. INMATE SCAPED IS DESTINATION (If known) 8. DATE, TIME, AND PLACE OF APPREHENSION IS ON THE OFFICE OF APPREHENSION IS ON THE OTHER OF SCAPE 9. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) 15. OTHER 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: 17. OTHER 18. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: 18. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17. NAME (Last, First, Middle Initial) 18. DATE SIGNED 19950106	b. INMATE IS SCHEDULED TO MEE	T A SERVICE C	LEMENCY A	AND PAROL	E BOAR	FOR RESTORAT	TON AND CLEMENC	Υ	
a. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) 10. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY PAROLE ON (YYYYMMDD) b. PAROLE ON (YYYYMMDD) c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 13. INMATE IS DECEASED (Date of death) 13. INMATE IS DECEASED (Date of death) 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt A. AWARD. January Januar									
b. INMATE IS SCHEDULED TO MEET A SERVICE CLEMENCY AND PAROLE BOARD FOR PAROLE ON (YYYYMMDD) SECTION IV - CHANGE IN INMATE STATUS 10. CLEMENCY/PAROLE APPROVAL AT (Location) AT (Location) C. INMATE WAS APPROVED FOR CLEMENCY AT (Location) C. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 12. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS BEING RELEASED ON (YYYYMMDD) 13. INMATE SECEPED B. DESTINATION (If known) a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: TO (YYYYMMDD) 19950130 C. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR This indide initial) D. RANK C. SIGNATURE MSgt A. DATE AND LIKE OF PAROLE ON (YYYYMMDD) a. YOUR REQUEST b. OTHER (Specify) D. ATT CLEMENCY AND PAROLE ON (YYYYMMDD) A. OTHER (Specify) D. ATT CLEMENCY AND PAROLE ON (YYYYMMDD) A. OTHER (Specify) D. ATT CLEMENCY AND PAROLE ON (YYYYMMDD) A. DATE SIGNED A. DATE SIGNED A. DATE SIGNED A. DATE SIGNED B. DATE SIGNED A. DATE SIGNED	9. PAROLE ELIGIBILITY								
SECTION IV - CHANGE IN INMATE STATUS 10. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY AT (Location) c. INMATE WAS APPROVED FOR CLEMENCY AT (Location) c. INMATE SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE IS BEING RELEASED ON (YYYYMMDD) 12. INMATE IS BEING RELEASED ON (YYYYMMDD) 13. INMATE IS DECEASED (Date of death) 13. INMATE SCAPED B. DESTINATION (If known) a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 16. WE HAVE CANCELLED YOUR REQUEST TO BUT TO (YYYYMMDD) 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950125 TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt LAWAG D. ATTE MID INITIAL AND LAWAG A. PLACE OF RECONFINEMENT 16. WE HAVE CANCELLED YOUR REQUEST TO BUT TO: a. YOUR REQUEST b. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt LAWAG A. DATE SIGNED 19950106		OR RELEASE O	N PAROLE (ON (YYYYM	MMDD)				
SECTION IV - CHANGE IN INMATE STATUS 10. CLEMENCY/PAROLE APPROVAL a. INMATE WAS APPROVED FOR CLEMENCY AT (Location) c. INMATE WAS APPROVED FOR CLEMENCY AT (Location) c. INMATE SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE IS BEING RELEASED ON (YYYYMMDD) 12. INMATE IS BEING RELEASED ON (YYYYMMDD) 13. INMATE IS DECEASED (Date of death) 13. INMATE SCAPED B. DESTINATION (If known) a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 16. WE HAVE CANCELLED YOUR REQUEST TO BUT TO (YYYYMMDD) 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950125 TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt LAWAG D. ATTE MID INITIAL AND LAWAG A. PLACE OF RECONFINEMENT 16. WE HAVE CANCELLED YOUR REQUEST TO BUT TO: a. YOUR REQUEST b. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt LAWAG A. DATE SIGNED 19950106	b. INMATE IS SCHEDULED TO MEE	T A SERVICE C	LEMENCY A	AND PAROL	E BOAR	FOR PAROLE O	N (YYYYMMDD)		·
a. INMATE WAS APPROVED FOR AT (Location) b. PAROLE OFFICER'S NAME (Last, First, Middle Initial) c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED (Date of death) 14. INMATE ESCAPED (Date of death) 15. OATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. ATELEPHONE NUMBER (Incl. area code) TELEPHONE NUMBER (Incl. area code) TELEPHONE NUMBER (Incl. area code) TO (YYYYMMDD) STATE TO PLANNED RELEASE DESTINATION CITY STATE STATE 4. PLACE OF RECONFINEMENT (If apprenended) 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) NSgt Lynda D. ADATE SIGNED 19950106									
a. INMATE WAS APPROVED FOR AT (Location) b. PAROLE OFFICER'S NAME (Last, First, Middle Initial) c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED (Date of death) 14. INMATE ESCAPED (Date of death) 15. OATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. ATELEPHONE NUMBER (Incl. area code) TELEPHONE NUMBER (Incl. area code) TELEPHONE NUMBER (Incl. area code) TO (YYYYMMDD) STATE TO PLANNED RELEASE DESTINATION CITY STATE STATE 4. PLACE OF RECONFINEMENT (If apprenended) 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) NSgt Lynda D. ADATE SIGNED 19950106	10. CLEMENCY/PAROLE APPROVAL								
a. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE IS DECEASED (Date of death) 14. INMATE ESCAPED a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) 2. STREET ADDRESS 15. OTHER 2. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) 3. STREET ADDRESS 2. B. CITY 3. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) 3. STREET ADDRESS 3. WORK RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 3. STREET ADDRESS 4. CITY 5. OTHER 5. OTHER 6. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: 6. (Specify) 5. OTHER (Specify) 5. OTHER (Specify) 5. OTHER (Specify) 5. DATE (A. ZIP CODE 6. DATE SIGNATURE 7. A. NAME (Last, First, Middle Initial) 7. A. NAME (Last, First, Middle Initial) 8. RANK C. SIGNATURE 8. A. DATE SIGNED 9950106			NCY	PAROLE C	ON (YYY	'MMDD)			
c. INMATE'S SENTENCE HAS BEEN CHANGED AS FOLLOWS: 11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED a. DESTINATION (If known) c. DATE, TIME, AND PLACE OF APPREHENSION d. PLACE OF RECONFINEMENT a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/NUITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) b. RANK c. SIGNATURE Smith, Lynda D. MSgt Lynda D. STATE 6. PLANNED RELEASE DESTINATION CITY STATE DIA PREHENSION D. PLACE OF RECONFINEMENT 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: DIA PROVINCE OF THIS INMATE							Middle Initial)	TELEPHON	E NUMBER (Incl. area
11. RELEASE a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE IS DECEASED (Date of death) 12. INMATE IS DECEASED (Date of death) 13. INMATE IS DECEASED (Date of death) a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) c. STATE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt LAWAG A. DATE SIGNATURE A. DATE SIGNATURE MSgt LAWAG A. DATE SIGNED	,							code)	
a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt C. PLANNED RELEASE DESTINATION CITY STATE STATE STATE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER b. OTHER (Specify) 4. DATE SIGNATURE MSgt LYMAD 4. DATE SIGNED 19950106	c. INMATE'S SENTENCE HAS BEEN	CHANGED AS	FOLLOWS:						
a. INMATE IS BEING RELEASED ON (YYYYMMDD) b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt C. PLANNED RELEASE DESTINATION CITY STATE STATE STATE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER b. OTHER (Specify) 4. DATE SIGNATURE MSgt LYMAD 4. DATE SIGNED 19950106	11 DELEASE								
b. INMATE'S RELEASE IS UNDER NO COMMUNITY SUPERVISION. 12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt LYMAD A. PLACE OF RECONFINEMENT d. PLACE OF RECONFINEMENT 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER A. YOUR REQUEST b. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt LYMAD A. DATE SIGNED 19950106		(VVVVAAAADD)			c pi	ANNED RELEASE	DESTINATION CITY	,	STATE
12. INMATE IS DECEASED (Date of death) 13. INMATE ESCAPED a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. d. PLACE OF RECONFINEMENT d. PLACE OF RECONFINEMENT 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER d. DATE SIGNED 19950106					" ' '	MINED RELEASE	DESTINATION OF	•	"""
13. INMATE ESCAPED a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. b. DESTINATION (If known) c. DATE, TIME, AND PLACE OF APPREHENSION d. PLACE OF RECONFINEMENT d. ZIP CODE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) MSgt Lynda D. J. DATE SIGNED 19950106			SUPERVIS	ion.					
a. DATE AND TIME OF ESCAPE 14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. A. ZIP CODE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106			nown)	c DATE	TIME A	ND PLACE OF A	PREHENSION	d PLACE	OF RECONFINEMENT
14. INMATE WAS TRANSFERRED TO ANOTHER CORRECTIONS FACILITY ON (YYYYMMDD) a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950125 TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. A. ZIP CODE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106		THEATROIT (// K					T ILL I E I E I E I E I E I E I E I E I E	1. 15.52	or recommend
a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. d. ZIP CODE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106	a. DATE AND THIS OF ESOME								
a. STREET ADDRESS b. CITY c. STATE d. ZIP CODE 15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. d. ZIP CODE 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106	14 INMATE WAS TRANSFERD	ED TO ANOT	HER CORE	FCTIONS	FACILI	TY ON OVVVA	MDD)		
15. OTHER a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. 16. WE HAVE CANCELLED YOUR REQUEST TO BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106		ED TO AROT	IIER CORR	LO HONG				c. STATE	d. ZIP CODE
a. WORK RELEASE PROGRAM BEGAN ON (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. BE NOTIFIED OF THIS INMATE'S RELEASE DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106	a. SIKEEI ADDRESS							5. 52	u. 2.11 3352
a. WORK RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) 19950125 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. DUE TO: a. YOUR REQUEST b. OTHER (Specify) 4. DATE SIGNED 19950106	15. OTHER								
b. RELEASE ON TEMPORARY HOME PAROLE FROM (YYYYMMDD) TO (YYYYMMDD) 19950130 c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. MSgt Lynda D. JOHER (Specify) d. DATE SIGNED 19950106	a. WORK RELEASE PROGRAM BEGAN ON (7777WWWDD)								
c. (Specify) SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. b. RANK C. SIGNATURE MSgt Lynda D. Smith 19950106			M (YYYYMI	NDD)	199	50125			
SECTION V - VICTIM/WITNESS ASSISTANCE COORDINATOR 17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. b. RANK c. SIGNATURE Lynda D. Smith 19950106									
17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. b. RANK Smith, Lynda D. c. SIGNATURE Lynda D. Smith 19950106							b. OTHER	(Specify)	
17.a. NAME (Last, First, Middle Initial) Smith, Lynda D. B. RANK MSgt Lynda D. Smith 19950106		STANCE CO							
Smith, Lynda D. MSgt Lynda D. Smith 19950106	17.a. NAME (Last, First, Middle Initial)		b. R/	ANK	c. S	GNATURE	1 .		d. DATE SIGNED
DD FORM 270F DEC 04	Smith Lynda D			MSgt		Lund.	D. Sm	th	19950106
	DD FORM 2705, DEC 94					Lynda			

E8. ENCLOSURE 8

SAMPLE DD FORM 2706

ANNUAL REPORT ON VICTIM AND WITNESS ASSISTANCE						REPORT CONTROL SYMBOL DD-P&R(A)1952			
This report summarizes delivery of services to victims and witnesses as prescribed by the Victim and Witness Protection Act of 1982 (18 USC 1512) and the Victim's Rights and Restitution Act of 1990 (42 USC 10601-10607). It is submitted annually in accordance with DoD Instruction 1030.2.									
1. REPORTING OFFIC	1. REPORTING OFFICE 2. REPORTING PERIOD								
Component Respo	Component Responsible Office a. FROM January 1, 1996 December 31, 1997								
	3. DURING THE REPORTING PERIOD, OUR LAW ENFORCEMENT, SPECIAL INVESTIGATION, TRIAL COUNSEL, AND RELATED OFFICES ASSISTED:								
a. UPON INITIA	AL CONTACT:								
11600	crime victims and	12300	witnesses v	vere informed of the	ir riahts	to assistance			
(DD Form 270					J				
b. UPON REFEI	RRAL TO COURT-MA	RTIAL:							
9450	crime victims wer	e informed of their	consultation	rights in courts-ma	rtial				
(DD Form 270				3					
c. UPON SENT	ENCING TO CONFINE	MENT:							
6342	crime victims and	8298	witnesses v	vere informed of the	ir right	to be notified			
of changes in	the confinee's statu	ıs in prison (i.e., es	cape, parole	, death) (DD Form 2	?703).				
d. ONCE INFO	RMED OF THEIR RIGH	IT TO BE NOTIFIED O	F CHANGES	IN THE CONFINEE'S S	STATUS:				
4432	crime victims and	6324	witnesses,	using the DD Form 2	2704, e	lected to be			
	nfinee status change								
4. DURING THE RE	PORTING PERIOD:								
452	confinee status ch	nanges resulted in	575	notification	n letters	;			
(DD Form 2705) being sent from our confinement facilities.									
5. AS OF DECEMB	ER 31, 1997								
Our confinement facilities reported the <u>cumulative</u> total of Service confinees for whom they must make victim									
or witness notifications as follows:									
(1) ARMY	(2) NAVY	(3) AIR FORCE	(4) MARINES	(5) COAST G	JARD	(6) OTHER			
50	50	50	50	5		5			
	RESPONSIBLE OFFICIA		<u> </u>						
a. NAME (Last, First,	Middle Initial)	b. SIGNATURE				DATE SIGNED (YYYYMMDD)			
self-explanatory)EC 04 /EC)								