FAMILY MEMBER PRE-DEPLOYMENT CHECKLIST

This checklist should be reviewed/updated periodically and ALWAYS prior to a TDY or deployment. It is very important for the military family to keep copies of important documents and other valuable information in a safe place. It is equally important that the wife and husband jointly organize this file so that each knows how and where to find the documents when they are needed.

Your sponsor should have most of this information. PLEASE SIT DOWN WITH HIM/HER AND GATHER THIS INFORMATION AND THESE DOCUMENTS. THE HOUR YOU SPEND GOING OVER THIS WILL SAVE YOU TIME LATER ON. KEEP THE FOLLOWING DOCUMENTS IN A SPECIAL CONTAINER THAT YOU CAN DEFINITLY FIND IMMEDIATELY.

A system of "letter codes" may be used to identify the location of certain documents in order to simplify the process (e.g., A = Residence, B = Safe Deposit Box, C = Office, etc.). Designate letter codes below if so desired:

A = Home (specify location):				
B = Home (specify location):				
C = Office (specify location):				
D = Safe Deposit Box (specify bank and branch): _				
At a minimum, the following documents shoul	d be included:			
MEDICAL ✓ ~ Are all the immunizations for each member of the family up-to-date?				
Name:	Last Checked:			
~ Do I know where all of these immunization records are maintained?				
Name:	Location of Records:			

Name:				Location	of Rec	ords:	
					0		
~ Do I know ho	w to get the ri	ght m	edical assi	stance if	it is n	eeded?	
Routine Medical:				Phone:			
Address:				riione.			
Address.							
Specialist:				Phone:			
Address:							
Emergency:				Phone:			
Address:			•				
			1				
Dental:				Phone:			
Address:							
Poison Control:				Phone:			
Address:							
Veterinary:				Phone:			
Address:							
~ Do I have one	or more relia	ble si	tters for ab	sences o	or eme	rgencies?	
Name:		Addre	ess:			Phone Nu	mber:
	L						
~ Do I know the	names and d	osage	es of all me	dication	s takeı	n by my faı	mily members?
Name:	Medication/D	ose:	Prescribed	d Bv:	Pharr	macy:	Phone Number:
<u> </u>			22320	<u>, ,</u>		J ·	
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FINANCIAL 🗸

- Will I have money available to me on a continuing basis during my sponsor's absence?
- Has my sponsor initiated an allotment to be sent to me/directly to the bank monthly?
- Will the allotment provide me with enough money to buy all the necessities needed to maintain a household?
- If we are planning to leave the installation area, do we have enough savings for the move? Can we borrow money from relatives, the bank or credit cards for the move?
- Do I know the address, account numbers, point of contact, etc. for the bank(s) my family uses?

Name/Branch:	Phone:
Address:	
Account Number/Account Type:	
Notes:	
Name/Branch:	Phone:
Address:	Friorie.
Address.	
Account Number/Account Type:	
Notes:	
Name/Branch:	Phone:
Address:	
A a a count November / A a a count Tomas	
Account Number/Account Type:	
Notes:	
Do I know the leastion of our bankhooks	ur abaak ragiotara far all bank aggaunta (abaakin

Do I know the location of our bankbooks or check registers for all bank accounts (checking, savings, etc.)?

Bankbook:	Location:
Bankbook:	Location:
Bankbook:	Location:

~	If we have a	a safe de	posit box, do	I know where	the key is?	
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Box Location:	Key Location:
Box Location:	Key Location:

$\sim\,\,$ Do I know where each of our credit cards is? Do I have the contact information for each so I can notify them immediately of any loss?

Credit Card:	Account Number:
Issuer:	Name on Account:
Authorized User(s):	Minimum Monthly Payment:
Phone Number:	Credit Limit:
Address:	
Location of Card(s):	
Credit Card:	Account Number:
Issuer:	Name on Account:
Authorized User(s):	Minimum Monthly Payment:
Phone Number:	Credit Limit:
Address:	
Location of Card(s):	

Credit Card: Account Number:	0 11 0 1	
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Issuer: Authorized User(s): Phone Number: Address: Location of Card(s): Name on Account: Minimum Monthly Payment: Credit Limit:		
Authorized User(s): Phone Number: Address: Location of Card(s): Minimum Monthly Payment: Credit Limit:	Credit Card:	1.0000000000000000000000000000000000000
Phone Number: Credit Limit: Address: Location of Card(s):		Name on Account:
Address: Location of Card(s):		Minimum Monthly Payment:
Location of Card(s):	Phone Number:	Credit Limit:
	Address:	
Credit Card: Account Number:		
	Credit Card:	Account Number:
Issuer: Name on Account:	Issuer:	Name on Account:

Authorized User(s):	Minimum Monthly Payment:
Phone Number:	Credit Limit:
Address:	
Location of Card(s):	
Credit Card:	Account Number:
Issuer:	Name on Account:
Authorized User(s):	Minimum Monthly Payment:
Phone Number:	Credit Limit:
Address:	
Location of Card(s):	

- Am I prepared to take complete control over our checking accounts, know the balances at all times, and never write a check unless I am sure there is enough money in the bank to cover it?
- $\sim\,\,$ Do I know all payments that must be made, to whom they are made, due dates, account numbers, etc.?

Mortgage/Rent:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Dhana Niveshaw	Contact Dayson
Phone Number: Notes:	Contact Person:
Notes.	
Telephone:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Water/Sewage:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Electricity:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Dhara Nivelan	Contact Dayson
Phone Number:	Contact Person:
Notes:	
Trash Disposal:	Company:
Account Number:	Amount:

Due Date:	Mail or Drop Off:
Address:	
Bi N	10 4 10
Phone Number: Notes:	Contact Person:
Notes.	
Car Insurance:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Dranarty Ingurance:	Company
Property Insurance: Account Number:	Company: Amount:
Due Date:	Mail or Drop Off:
Address:	Mail of Brop on.
Discuss Number	Comtact Borne
Phone Number: Notes:	Contact Person:
Notes:	
Health Insurance:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	,
Natural Gas:	Company
Account Number:	Company: Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	Contact Person.
Notes.	
Automobile Loan:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	•
Automobile Loan:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	,
Phone Number:	Contact Person:
Notes:	Contact Person.
110103.	

Cable Television:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Child Care:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Other:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Other:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Other:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	

- Do I know whom to contact if my allotment check (or direct deposit) does not arrive on time?
 - a. Give the check three or four days normal arrival time; then,
 - b. Contact nearest military base finance office, Army Community Service, Navy Relief (or other service organization) if it still has not arrived.
- Do I have copies of any sales or installment contracts and finance agreements? Do I know where they are located?

Name of sales contract:	Location:
Name of sales contract:	Location:
Name of sales contract:	Location:

<u>AUTOMOBILE/TRANSPORTATION</u> ✔

~ If the vehicle is financed, do I know the name and address of the loan company?

Lender:	Account Number:
Vehicle:	Phone Number:
Address:	
Lender:	Account Number:
Vehicle:	Phone Number:
Address:	

~ Do I have the title or know its location?

Vehicle:	Title Number:
Location:	
Vehicle:	Title Number:
Location:	

Do I have the vehicle's registration and insurance policy? Do I know where they are located?

Vehicle:	Registration Number:
Registration Location:	Renewal Date:
Insurance Carrier:	Policy Number:
Policy Location:	Renewal Date:
Vehicle:	Registration Number:
Registration Location:	Renewal Date:
Insurance Carrier:	Policy Number:
Policy Location:	Renewal Date:

Do I know the renewal date for the license plate and inspection sticker?

Vehicle:	License Plate Number:
Plate Renewal Date:	Inspection Renewal Date:
Vehicle:	License Plate Number:
Plate Renewal Date:	Inspection Renewal Date:

- ~ Am I insured to drive all of our vehicles?
- ~ Do I have a valid state driver's license? When does it expire?

Driver's License Number:	Expiration Date:
Issuing State:	Restrictions:

Is each vehicle in good operating condition? Do I know where to go for maintenance and repairs?

Garage:	Phone Number:
Next Scheduled Maintenance:	Grade of Motor Oil Used:

Address:			
Notes:			
flat tire, dead batte	ency repairs on the car if the situ ry, etc.? Do we have a members , AAA, "Volvo On-Call," etc.)?		
Company Name:	Member	ship Number:	
Phone Number:	Expiration		
Company Name:	Member	ship Number:	
Phone Number:	Expiration	on Date:	
∼ Do I have a duplica	te set of car/truck keys? Can I k		
Vehicle: Location of Duplicate Ke		of Duplicate Keys:	
Vehicle:		of Duplicate Keys:	
		or Baphoato Hoyo.	
Location of Duplicate Keys: Number of Duplicate Keys:			
		of Duplicate Keys:	
Vehicle: Location of Duplicate Ke If I am not licensed	Number		
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers)	Number	ents to have transportation use them: Electrical control box (for	r fu
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to ce	Number bys: I to drive, have I made arrangement tion of the following and how to a y, water shutoff valve and gas contains:	ents to have transportation use them: Electrical control box (for	r fu
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to column.	Number ys: to drive, have I made arrangement tion of the following and how to use, water shutoff valve and gas contained arrangement table to drive, have I made arrangement tion of the following and how to use, water shutoff valve and gas contained arrangement Type of Repair:	ents to have transportation use them: Electrical control box (for ntrol valve?	r fu
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Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to column. Name: Name: Name:	Number ys: to drive, have I made arrangement tion of the following and how to use, water shutoff valve and gas contained arrangement table to drive, have I made arrangement tion of the following and how to use, water shutoff valve and gas contained arrangement Type of Repair:	ents to have transportation use them: Electrical control box (for ntrol valve? Phone Number: Phone Number:	r fu
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to column: Name: Name: Name: Name:	Number bys: I to drive, have I made arrangement tion of the following and how to a y, water shutoff valve and gas contains: Type of Repair: Type of Repair: Type of Repair:	Phone Number: Phone Number: Phone Number: Phone Number: Phone Number: Phone Number:	r fu:
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to column: Name: Name: Name: Name: Name: Name: Name:	Number bys: I to drive, have I made arrangement tion of the following and how to use, water shutoff valve and gas constall for household repairs? Type of Repair:	Phone Number: Phone Number: Phone Number: Phone Number: Phone Number: Phone Number:	r fu
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to column: Name:	tion of the following and how to a standard stan	Phone Number:	r fu
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to contain the locat or circuit breakers or circuit breakers. Name: Name: Name: Name:	tion of the following and how to a stall for household repairs? Type of Repair:	Phone Number:	r fu:
Vehicle: Location of Duplicate Ke If I am not licensed available? HOUSING Do I know the locat or circuit breakers) Do I know who to containe: Name: Name: Name: Name: Name: Location: Location: Location: Location:	tion of the following and how to a standard stan	Phone Number:	r fu
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Notes:		
Name:	Phone Number:	
Address:		
Notes:		
Name:	Phone Number:	
Address:		
Notes:		
	TDY and/or PCS orders? [If you must move by ese orders. However, with these copies, you car going to your sponsor's unit]	
Do I have a listing of all important numbers in the event of an emergency (include Armed Services Emergency Relief, Community Services, Chaplain, lawyer, Officers Spouses Clu Red Cross, etc.)?		
Name:	Phone Number:	
<u>LEGAL/ADMINISTRATIVE</u> ✓		
Are my family's military identification card return?	Is up-to-date and valid until after the sponsor's	
Name:	Expiration Date:	
~ Do I know where and how to obtain new ic	lentification cards?	
Address:	Phone Number:	
Notes:		
~ Do I know where all citizenship papers (if	any) are kept?	
Location:		

~	Do I know the location of all passports for my family (if any)?			
Loc	Location:			
~	Has my sponsor executed a special power of attorney so I can take necessary action on important family matters during his/her absence?			
~	Has my sponsor executed a special power of attorney so that I can cash his/her monthly check (if the check will continue to be sent to my address)? Do I know where all general and special powers of attorney are kept?			
	Do I know where a	iii general and special po	owers of attorney are kept:	
Do	cument:		Location:	
Do	cument:		Location:	
Do	cument:		Location:	
Do	cument:		Location:	
~ Na	~ Do I have birth certificates for my family and myself? Do I know where they are kept? Name: Location:			
	~ Do I have a copy of our marriage certificate? Do I know where it is located? Location:			
~	Do I have copies o	f adoption papers? Do	I know where they are kept?	
Loc	cation:			
Do I have Social Security Cards for myself and my family? Do I know where they are kept?				
Na	me	Social Security #	Location:	
			_	
~	~ Do I have copies of our federal and state tax records? Do I know where they are kept?			
Loc	Location:			
~	~ Do I know where all of our life insurance policies are kept?			
101	licy:		Location:	

~ Do I know where any stocks, bonds or other securities that we own are kept?			
Item:	Location:		
~ Do I know where any real estate deeds (or title papers) are kept?			
Location:			
∼ Do my sponsor and I have up-to-date wills? Do I know where the originals are kept?			
Location:	Date of Last Update:		
~ Do I have copies of military career documents (to verify service date)?			
Location:			
~ Do I have copies of credentials, diplomas and school records?			
Location:			
 Do I have a completed current copy of DD Form 1543, "Annual Legal Checkup," showing summary of the above information? 			
Location:			

HELPFUL HINTS AND RESOURCES ✔

Consult the legal assistance office (JAG) at your base to help you update your will (or write a new one). Your will is important because it:

- Gives your beneficiaries control over your estate,
- Lets you divide your estate as you see fit, and
- Allows a guardian to be named for minor children.

You can also have the JAG office draw up a power of attorney for you. A power of attorney is a document that lets a designated person act as your legal agent for such matters as:

- Moving household goods,
- Obtaining medical care for your children, and
- Handling your financial affairs.

While you are at it, you should also take care of several other important financial matters.

- Make sure your beneficiary information is correct on your insurance, your bank accounts and your
 investments (including Individual Retirement Accounts or IRAs) and that the individuals you have
 designated have access to all the needed accounts and information. If you are married, consider
 having joint accounts so both you and your spouse have access.
- Discuss your monthly budget and establish an emergency fund to cover several months of unexpected expenses that might occur while you're deployed.
- Consider paying your bills automatically through direct debit or online bill paying while you are gone.

Listed below are some helpful websites for further deployment readiness information:

www.usafp.org/op_med/readiness/familychecklist.html www.otc.army.mil/otcweb/FamilyAgencyChecklist.html www.bragg.army.mil/16MP/pre-deployment%20chk-list.htm www.bragg.army.mil/FSG/deployment.htm www.bragg.army.mil/FSG/readiness_checklist.htm www.thenavyway.com/page1002.html www.navy.mil/homepages/vfa-81/Pre-Deployment/chapter_vi.htm www.usafp.org/op_med/readiness/readiness.html www.jagcnet.army.mil/legalassistance www.2xCitizen.usar.army.mil

The <u>TAKE-1</u> series of client handouts is a project of the North Carolina State Bar's Standing Committee on Legal Assistance for Military Personnel. For comments or corrections, contact Committee member Mark E. Sullivan at: <u>LAW8507@AOL.COM</u>, or at 600 Wade Avenue, Raleigh, NC 27605 [919-832-8507].