

INFORMATION FORM FOR GTMO TRAVEL
OFFICE OF MILITARY COMMISSIONS PROSECUTION

Please email or fax this form to: Karen V. Loftus, Director Victim Witness and CCTV Programs
osd.pentagon.OMC.list.victim-travel@mail.mil, fax: 703.275.9105

Date: _____
Full Name: _____
Address: _____
Telephone Number(s): _____
Email Address(es): _____
Victim's Name(s) (Relationship to victim): _____

I do do not have a passport.

A passport is required for travel to Guantanamo Bay, Cuba. If you select a family member to accompany you, that person must also have a passport and will be required to submit the below listed personal information to OMC.

I authorize OMC to provide the following information to the offices necessary to facilitate my travel.
Date of birth: _____
Passport Number and Expiration Date: _____

Country of Citizenship: _____
Gender: _____
SSN: _____
Blood Type: _____
Emergency point of contact's name and phone: _____
Doctor's name and phone: _____
I am unavailable to travel on the following dates: _____

(While you will not be included for those dates, it will not affect your eligibility to attend any other proceeding.)

- I certify that I am unaware of any medical condition that would prevent me from traveling to Guantanamo Bay, Cuba.
- I understand that I will be eligible for emergency treatment at the Naval Base Hospital, but if I am not covered by TRICARE insurance, I will be billed or must pay for services at the time of medical treatment. I understand that I am responsible for bringing 1 week of my prescribed medication due to limited access to specific medicines at the Naval Base Hospital.

Signature

Date