SUMMARY COURT MARTIAL OFFICER CHECKLIST For use of this form, see DA PAM 638-2; the proponent agency is DCS, G-1 **INITIAL BLOCKS WHEN COMPLETED** 1. INFORMATION Provide SCMO appointment order Review authority Review jurisdiction **Review limitations** Review SCMO duties as prescribed in AR 638-2 Review submission of required documents and reports Provide point of contact at CAC Provide point of contact at Disposition Branch Refer SCMO to AR 638-2 Refer SCMO to DA PAM 638-2 2. FORMS DA Form 54 (Record of Personal Effects) DA Form 4160 (Patient's Personal Effects and Clothing Record) DD Form 1076 (Military Operations Record of Personal Effects of Deceased Personnel) 3. REPORTS Review timeline for submission of required reports. 4. OTHER 5a. SIGNATURE OF SCMO 5b. DATE (YYYYMMDD) 6a. SIGNATURE OF BRIEFER 6b. DATE (YYYYMMDD)