

CONFINEMENT ORDER				
1. PERSON TO BE CONFINED				2. DATE (YYYYMMDD)
a. NAME (Last, First, Middle)			b. SSN	
c. BRANCH OF SERVICE		d. GRADE	e. MILITARY ORGANIZATION (From):	
TYPE OF CONFINEMENT				
a. PRETRIAL <input type="checkbox"/> NO <input type="checkbox"/> YES		b. RESULT OF NJP <input type="checkbox"/> NO <input type="checkbox"/> YES		
c. RESULT OF COURT-MARTIAL: <input type="checkbox"/> NO <input type="checkbox"/> YES				
TYPE: <input type="checkbox"/> SCM <input type="checkbox"/> SPCM <input type="checkbox"/> GCM <input type="checkbox"/> VACATED SUSPENSION				
4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:				
5. SENTENCE ADJUDGED				b. ADJUDGE DATE (YYYYMMDD)
6. If the sentence is deferred, the date deferment is terminated:				
7. Person directing confinement				
a. TYPED NAME, GRADE AND TITLE:		b. SIGNATURE		c. DATE (YYYYMMDD)
8a. NAME, GRADE, TITLE OF LEGAL REVIEW AND APPROVAL		b. SIGNATURE		c. DATE
MEDICAL CERTIFICATE				
9a. The above named inmate was examined by me at _____ on _____ and found to be <input type="checkbox"/> Fit <input type="checkbox"/> Unfit <small>(Time) (YYYYMMDD)</small> for confinement. I certify that from this examination the execution of the foregoing sentence to confinement <input type="checkbox"/> will <input type="checkbox"/> will not produce serious injury to the inmate's health.				
b. The following irregularities were noted during the examination (If none, so state):				
c. HIV Test administered on (YYYYMMDD): _____				
d. Pregnancy Test administered on (YYYYMMDD): _____ <input type="checkbox"/> N/A				
10. EXAMINER				
a. TYPED NAME, GRADE AND TITLE		b. SIGNATURE		c. DATE (YYYYMMDD)
RECEIPT FOR INMATE				
11a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT: _____ <small>(Facility Name and Location)</small>				
ON _____ AND TIME: _____ <small>(YYYYMMDD) (Time)</small>				
b. PERSON RECEIPTING FOR INMATE TYPED NAME, GRADE AND TITLE:		c. SIGNATURE		d. DATE (YYYYMMDD)
				e. TIME