

Name:

NEO PACKET CHECKLIST

Below is the list of documents to consider for your NEO Packet. Some documents are required, some are required as they apply to your family or custodial group, and some are optional. Ensure all required documents, ESPECIALLY THIS PAGE, are included in your completed NEO Packet.

As you complete documents and include them in your packet, check them off in the left column labeled 'Check if complete (sponsor)'. The check-in station will initial in the far right column labeled 'Check if present (check-in)' upon arrival for processing.

Check if complete (sponsor)	Document Name	Description	Check if present (check-in)
REQUIRED FORMS			
	NEO Census Form	Complete and remember to provide 1 additional copy to your sponsor's command Emergency Management Liaison.	
	Repatriation Form (DD FORM 2585)	Fill out Sections I and III. Print and bring ENTIRE Packet. If you will escort minors per a Family Care Plan, you must have TWO of these packets completed – one for your group, and one for the minors to be escorted.	
	Emergency Pay (DD FORM 1337 or 2461)	Military Personnel and their dependents should fill out DD FORM 1337. DoD Civilian Employees and their dependents should fill out DD FORM 2461.	
	Personal Property Record (DA FORM 4986)	Complete this form and keep a copy with you for your personal records. (Taking pictures of all personal property is recommended)	
	Declaration for Personal Property (DD FORM 1252)	Complete this form and keep a copy with you for your personal records.	
	Household Goods Inventory (DD FORM 1701)	Complete this form and keep a copy with you for your personal records.	
	Passenger Reservation Request (NPPSC 4650/1)	Complete information as applicable for your family group. Dependents need to also complete DD FORM 884.	
REQUIRED FORMS AS APPLICABLE			
	Pet Reservation Request	Complete as applicable if you wish to have a pet shipped in the event of an evacuation. Keep in mind there is no guarantee pets will be shipped; they may be left with sponsors.	
	Family Care Plan		
	Map from Housing Location to NSA	Attach map to completed NEO packet.	
	Personally Owned Vehicle (POV) Locator and Memorandum	Complete as applicable and with as much information in advance as possible. Information pertaining to your vehicle's location should be filled out once left behind. This will only be necessary in the event your vehicle is left with no sponsor or custodian.	
	Power(s) of Attorney (General and/or Special)	Power(s) of Attorney are optional. A Power of Attorney worksheet is available on the website. Complete and maintain copies as applicable.	
OPTIONAL FORMS			
	Navy-USMC Relief Society Pre-Authorization Form 217	This is an optional form. Please complete if you'd like to apply for a loan for evacuating members to receive funds. The original MUST be brought to the processing station.	
	Basic Will Worksheet	Complete as applicable. Make an appointment with your command's Legal Service Office to review. Ensure copies of all documents are maintained in your Preparation Packet.	
PERSONAL DOCUMENTS			
	Passports/Visas/ID Cards *Required*	Maintain all applicable passports and Identification Cards. Your originals MUST be part of your primary packet. Consider as well making copies for your primary packet. Copies should be maintained in additional packets. DoD ID card is a must!	
	Sponsor's Orders *Required*	Maintain copies of your sponsor's orders. Your sponsor should retain his/her original stamped orders.	
	Sponsor's Page 2 *Required*	Maintain copies of your sponsor's Page 2.	
	Existing Legal Documents	Maintain existing Powers of Attorney, wills, birth, death, and marriage certificates, naturalization papers as applicable, and any other applicable legal documents.	
	Medical Records	Maintain copies of any prescriptions and other documents not held by the Naval Branch Health Clinic. You will receive your complete medical record from the clinic (as applicable) when you process through in the event of an evacuation.	
	Pet Records	Maintain copies (if originals are not available) of all pet records as applicable.	
	Vehicle Records	Maintain copies of your vehicle registration, title, and proof of insurance. Copies should be maintained and left in the vehicle.	
	Homeowner Records	Maintain any homeowner records and copies of insurance policies.	
	Financial Records	Maintain copies of any necessary bank, investment, tax, stock/bond, etc documents	
	Education Records	Maintain copies of pertinent school records such as transcripts and diplomas	

NEO CENSUS INPUT FORM

PRIVACY ACT STATEMENT:

Authority : 10 U.S. code 133

Purpose: Used by command to determine noncombatant evacuation requirements (NEO), regulatory compliance, base infrastructure needs, safety, and DoDDs requirements.

Routine use: Used by appropriate authority to evaluate base facilities requirements.

Disclosure: Failure to complete this form or falsification of information may result in administrative and/or disciplinary action.

SPONSOR INFORMATION:

1. SSN (000-00-0000)	2. Rank/Grade	3. Name (Last, First, Middle)	4. Date of Birth (mm/dd/yyyy)	5. Dual Military? Yes No
6. Command		7. (circle one) AFLOAT ASHORE	8 Do you reside... (circle one) OFFBASE ONBASE	9. Service (circle one) N M A AF C
10. PRD (mm/dd/yyyy)	11. EAOS (mm/dd/yyyy)	12. Quarters Address		13. Home phone #

14. PERSONS RESIDING IN HOUSEHOLD:

Name (Last, First, Middle)	SSN (000-00-0000)	Date of Birth (mm/dd/yyyy)	Relationship W, s, d, m, f, etc	Passport Number	Passport Country	Passport Exp. Date	DFAS Approved	Sponsored CMD
							Y N	Y N
							Y N	Y N
							Y N	Y N
							Y N	Y N
							Y N	Y N

15. Vehicle:

License plate#	Make

16. Pets:

# of Dog	# of Cat

I understand that I am required to report any changes to the information contained in this census within FIVE days to my Commander/Commanding Officer through NEO Coordinator. I also understand that any misrepresentation in completing this form or failure to comply with this order may constitute a violation of Article 90 of the Uniform Code of Military Justice and may subject me to disciplinary action.

Signature _____ Date _____

PLEASE PUT YOUR SPOUSE NAME FIRST ON BLOCK 14

**REPATRIATION PROCESSING CENTER
PROCESSING SHEET**

OMB No. 0704-0334
OMB approval expires
Sep 30, 2017

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0334). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 12656, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document the movement of an evacuee from a foreign country to an announced safe haven. Information will be used, as needed, to assist the evacuee in the process of repatriation. This information is covered under DMDC 04, Emergency Evacuation and Repatriation (<http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6695/dmdc-04.aspx>).

ROUTINE USE(S): To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the U.S. Citizenship and Immigration Services (USCIS) for tracking and contacting foreign nationals evacuated to the U.S.; to the Department of Health and Human Services to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual. The DoD "Blanket Routine Uses" found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> also apply to this system.

DISCLOSURE: Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members. Social Security Number (SSN) is used in the documentation of payments and loans provided in the process of evacuation and may be provided to the IRS if payment is not received. The Social Security Number (SSN) may also be used in the process of verifying an individual's identity and citizenship.

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2585,
REPATRIATION PROCESSING CENTER PROCESSING SHEET**

(Read before completing this form.)

GENERAL INSTRUCTIONS

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, and Executive Order 9397.

Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

(1) Official travel orders for Safehaven Status (DD Form 1610).

(2) Permanent Change of Station (PCS) Orders.

(3) Passport, Visa and International Immigration (shot) record.

(4) Military/DoD Civilian/Dependent Identification Card.

(5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

(1) Passport and Visa (as applicable).

(2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.**

6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.

7. FOR PROCESSING CENTER USE ONLY. Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person."

SPECIFIC INSTRUCTIONS

SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN (Page 5)

This section and Section III (Pages 5 through 8) will be completed by the "responsible person."

SECTION II - PROCESSING CENTER

Item 1. Airline and Flight Number. Enter the airline and flight number arrived on.

Item 2. Date of Arrival. Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1998, MM=08 (August), DD=20 (20th).

Item 3. Repatriation Center. Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

Item 4. Processing Date. Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

Item 5. Processing Time. Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m.=0200, 3:00 p.m.=1500.

SECTION III - EVACUEE IDENTIFYING INFORMATION

Item 6. Name. Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

Item 7. Country Evacuated From. Enter the originalcountry from which you departed enroute to the United States.

Item 8. Date of Birth. Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1963, MM=08 (August), DD=20 (20th).

Item 9. Place of Birth. Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

Item 10. Country of Citizenship. Enter the country of citizenship. (Example: USA, Canada, England, France, Germany, etc.) If you are a U.S. citizen and a citizen of one or more other countries, please write USA. If you are not a U.S. citizen, and you are a citizen of more than one country, please write the country that issued the passport you are using for travel.

Item 11. Gender. Place an "X" in the appropriate block to indicate whether male or female.

Item 12. Social Security Number (SSN). Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

Item 13. Marital Status. Place an "X" in the block that indicates marital status, if applicable.

Item 14. Passport Number and Country of Issue. Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport. If you are a U.S. citizen and a citizen of one or more other countries, please use your U.S. passport information. If you are not a U.S. citizen, and you are a citizen of more than one country, please use the information on the passport you are using for travel.

Item 15. Alien Number and Country of Issue. Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

Item 16. Classification Number(s) and Agency Code(s). Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

NOTE: Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

Item 17. Number of Family Members With You. Enter the appropriate number of family members in the family group.

NOTE: If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

Item 18. Number of Animals With You. This space is only for use by DoD employees and their family members, and private U.S. citizens with service animals. Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).

Item 19. Emergency Contact in U.S.

- a. Name. Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.
- b. Address. Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.
- c. Home Telephone Number. Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.
- d. Work Telephone Number. Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.
- e. Cell Telephone Number. Enter the "Emergency Contact's" cell telephone number (if known or applicable), to include the area code.

SPECIFIC INSTRUCTIONS (Continued)

Item 20. Final Destination. If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

NOTE: If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent. This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

Item 22. Final Destination and Name of Escort for Unaccompanied Minor Child(ren).

If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted (if known or applicable), to include the area code.

e. Cell Telephone Number. Enter the cell telephone number where the escort can be contacted (if known or applicable), to include the area code.

Item 23.a. through d. Accompanying Evacuees (Page 7).

The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family.

Item 23 (Continued).

Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

NOTE: Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

SECTION III (Continued) - SERVICES (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

Item 24. If No Services are Needed. Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

Item 25. Services Needed. If assistance is required, place an "X" in the block next to each service required.

Item 26. Additional Remarks. This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.

SPECIFIC INSTRUCTIONS (Continued)

SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

Item 27. If No Services Are Required/Were Provided.

If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person."

Item 28. Services Provided by DHHS.

a. Cash Assistance.

b. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X \$150.00 = \$600.00.

NOTE: It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

c. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X \$50.00 per day per diem = \$400.00.

NOTE: If no lodging or per diem was provided, enter a zero in the "Total" block.

d. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

Item 29. Total DHHS Costs. Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

Item 30. Has Emergency Medical Assistance Been Provided Off-Site. Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

Item 31. Additional Remarks. Enter any additional information regarding services provided, if necessary.

SECTION V - CLOSING QUESTIONS (DHHS)

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

Items 32 through 36. Questions. A processing official/interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

Item 37. Name of Interviewer. The processing official/interviewer will sign in this space and print his or her name below.

Item 38. Telephone Number. The processing official/interviewer will enter the telephone number where he or she can be reached should the need arise.

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL

This section should be completed by Military Support Processing Team.

Item 39. If No Services Were Provided. If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

Item 40. Services Provided. If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

NOTE: For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

Item 41. Costs. For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

Item 42. Total Costs. Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

SECTION VII - PROCESSING INFORMATION

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

Item 43. Exit From Processing Center Date. Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

Item 44. Exit From Processing Center Time. Enter the time, using military (24 hour) clock.

Item 45. Destination. Enter the destination by city, state, and/or country that the evacuees are going to.

Item 46. Transportation Carrier(s). Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

Item 47. ETA and Date of Arrival at Destination. Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

Item 48. Additional Remarks. Enter any additional information regarding exit processing, if necessary.

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (*X one*) **YES** **NO**

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER

2. DATE OF ARRIVAL (YYYYMMDD)

3. REPATRIATION CENTER

4. PROCESSING DATE (YYYYMMDD)

5. PROCESSING TIME (*Military*)

SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

6. NAME OF EVACUEE (*Last, First, Middle Initial*)

7. COUNTRY EVACUATED FROM

8. DATE OF BIRTH (YYYYMMDD)

9. PLACE OF BIRTH (*City, State, and Country*)

10. COUNTRY OF CITIZENSHIP

11. GENDER (*X one*)

12. SOCIAL SECURITY NUMBER

MALE

FEMALE

13. MARITAL STATUS (*X one*)

SINGLE

MARRIED

WIDOWED

SEPARATED

DIVORCED

14.a. PASSPORT NUMBER

b. COUNTRY OF ISSUE

15.a. ALIEN NUMBER

b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued) (Read before completing Items 16 and 23)

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
CLASSIFICATION NUMBER 1a DoD: Service Member b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) 2a DoD: Civilian Employee WITH Transportation Agreement b DoD: Dependent of Civilian Employee WITH Transportation Agreement c DoD: Civilian Employee WITHOUT Transportation Agreement d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement 3a Non-DoD U.S. Government (USG): Employee b Non-DoD USG: Employee Dependent and/or Family Member 4 Citizen Residing Abroad (Child, Student, Private Business) 5 Tourist 6 Citizen on Business-Related Travel 7 U.S. Government Contractor	CLASSIFICATION NUMBER 8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) 9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) 10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) 11 Non-U.S. Civilian Employee (Works for U.S. Government) 12 Citizen of Country Other Than U.S. 13 Other, None of the Above (<i>Specify</i>)	AGENCY CODE A Army N Navy F Air Force M Marine Corps G Coast Guard D DoD Agency O Other U.S. Government Agency X Not Applicable

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	<input type="text"/> ADULTS <i>(Include yourself)</i>	<input type="text"/> CHILDREN <i>(Include all children)</i>
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (If applicable) DoD and SERVICE ANIMALS ONLY	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	<input type="text"/> DOGS	<input type="text"/> CATS
		<input type="text"/> BIRDS	<input type="text"/> OTHER

19. EMERGENCY CONTACT IN U.S. (For person named in Item 6 above)				
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. <i>(Include Area Code)</i>	d. WORK TELEPHONE NO. <i>(Include Area Code)</i>	e. CELL TELEPHONE NO. <i>(Include Area Code)</i>		

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT (If applicable) (If same as Item 19, enter "SAME")				
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. <i>(Include Area Code)</i>	d. WORK TELEPHONE NO. <i>(Include Area Code)</i>	e. CELL TELEPHONE NO. <i>(Include Area Code)</i>		

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS (For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)					
a. BRANCH OF SERVICE/DOD AGENCY (X one)					
<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> DOD AGENCY
b. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)			c. SSN	d. RANK/GRADE	
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (Include APO#/FPO#)					

22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN) (Complete if applicable)				
a. NAME OF ESCORT (Last, First, Middle Initial)			b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)	
c. HOME TELEPHONE NO. <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>	d. WORK TELEPHONE NO. <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>	e. CELL TELEPHONE NO. <i>(Final Destination of Escort)</i> <i>(Include Area Code)</i>		

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued)*

23. ACCOMPANYING EVACUEES

(Fill out for each accompanying person.)

a.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
b.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
c.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE
d.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

**SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL -
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

39. IF NO SERVICES WERE PROVIDED, X THIS BLOCK

40. SERVICES PROVIDED (*X as applicable*)

41. COSTS

a. TRANSPORTATION

a. TRANSPORTATION

b. FINANCIAL (*Advance per diem*)

b. FINANCIAL (*Amount paid*)

VOUCHER NUMBER (*for per diem*)

c. AMERICAN RED CROSS (ARC)

c. AMERICAN RED CROSS (ARC)

d. HOUSING

42. TOTAL COST

e. MEDICAL/OTHER

f. LEGAL SERVICES

g. CHAPLAIN ASSISTANCE

h. FAMILY CENTER ASSISTANCE

**SECTION VII - EXIT INFORMATION -
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

43. EXIT FROM PROCESSING CENTER
DATE (*YYYYMMDD*)

44. EXIT FROM PROCESSING
CENTER TIME (*Military*)

45. DESTINATION (*City, State, Country*)

46. TRANSPORTATION CARRIER(S)

47.a. ETA AT DESTINATION
(*Military Time*)

b. DATE OF ARRIVAL AT
DESTINATION (*YYYYMMDD*)

48. ADDITIONAL REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: Title 37 U.S.C. Section 1006(c); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To provide a record of the member's authorization/non-authorization to provide an advance of the member's pay to his or her dependents or designated representative for minor dependents. The dependents must be located in an overseas area and may receive the advance in the event of an emergency evacuation.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the member's dependents to make the advance payment, and inform the dependents of the evacuation arrangements made for them. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

DISCLOSURE: Voluntary. However, if the information is not provided, the payments to the dependents could be delayed, possibly causing hardship on the dependents.

INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)

1. The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.
2. To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.
3. Payment of the amount of base pay (if any) authorized in DD Form 1337 as an advance of pay, may be obtained in installments (normally not more than two) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount - "\$ _____".
4. If you have been receiving a military allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven area. If you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment checks.
5. If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.
6. If you lose the DD Form 1337 during evacuation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

**THIS IS AN IMPORTANT DOCUMENT.
KEEP IT WITH YOUR PASSPORT.**

**AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS
FOR DOD CIVILIAN EMPLOYEES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

1. SPONSORING CIVILIAN EMPLOYEE		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME (First, Middle Initial, Last)		5. POSITION TITLE		
b. ADDRESS (Street, City, State and Zip Code)				
8. EVACUATED INSTALLATION		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
		9. EVACUATION ORDER NO.	10. DATE OF ORDER (YYYYMMDD)	11. DATE EVACUATED (YYYYMMDD)
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)			13. RELATIONSHIP	

14. OTHER DEPENDENTS (If additional space is needed, use back.)

a. NAME	b. DATE OF BIRTH (YYYYMMDD)	a. NAME	b. DATE OF BIRTH (YYYYMMDD)

15. I hereby authorize payment of \$ _____ per pay period and/or advance of pay of \$ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.

16. I hereby authorize dependent named above or designated representative to receive payments indicated:

a. EVACUATION SUBSISTENCE ALLOWANCE: \$ _____ b. EVACUATION TRAVEL AND TRANSPORTATION: \$ _____

17. EMPLOYEE

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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18. DEPENDENT OR DESIGNATED REPRESENTATIVE

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
--------------	---------------------------

19. AUTHORIZED OFFICIAL

a. TYPED NAME	b. TITLE
c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

20. I request the amount of \$ _____ per pay period as an allotment or assignment of monies due dependent named above (to be completed only when, because of emergency conditions, certification by employee is not available). I (dependent or designated representative named above) certify that the above information is complete and accurate to the best of my knowledge and belief.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
--------------	---------------------------

21. PAYMENT RECORD (If additional space is needed, use back.)

a. DATE (YYYYMMDD)	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

US CUSTOMS AND BORDER PROTECTION (CBP) DECLARATION FOR PERSONAL PROPERTY SHIPMENTS	WARNING: Any false statement or willful omission herein subjects the shipment to seizure and forfeiture or any person involved to a penalty equal to its value as well as to criminal prosecution.	CBP DECLARATION NUMBER
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<p>AUTHORITY: 19 U.S.C. 1498. PRINCIPAL PURPOSE(S): To declare shipments of household goods, unaccompanied baggage, and privately owned vehicles for which free entry is claimed. Section A - Owner CBP declaration for type of shipment and reason for shipment. Section B - Overseas Port shipment data. ROUTINE USE(S): (1) Use of your Social Security Number is proof of identification that person processing through CBP is not an impostor and also assists in criminal prosecution if contraband or undeclared articles, for which CBP fees are due, are found in shipment. (2) Origin transportation officer retains a copy as proof that shipment has been properly processed. Copy will be destroyed when no longer required. DISCLOSURE: Voluntary; however, failure to provide your SSN and other requested personal information may cause delay in processing through CBP, pending positive identification.</p>		
PART I - HOUSEHOLD GOODS, UNACCOMPANIED BAGGAGE, AND PRIVATELY OWNED VEHICLES		
1. TO: <i>(Overseas POE/APOE)</i>	2. FROM: <i>(Transportation Officer)</i>	
SECTION A - OWNER'S CBP DECLARATION (Attach copy of orders)		
3. NAME <i>(Last, First, Middle Initial) (Print or type)</i>	4. GRADE	5. SOCIAL SECURITY NUMBER
6. UNIT ADDRESS OVERSEAS <i>(Include APO number)</i>	7. ADDRESS IN UNITED STATES <i>(Include ZIP Code)</i>	
8. DECLARATION FOR: <i>(X appropriate item) (Attach copy of orders)</i> <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> UNACCOMPANIED BAGGAGE <input type="checkbox"/> PRIVATELY OWNED VEHICLE		
9. I DECLARE THAT: (1) All items in this shipment to the United States consist only of personal property for my personal use or the use of members of my family who have been residing with me; (2) The shipment contains no prohibited items; (3) Any articles which are (a) Restricted or (b) In excess of the quantities entitled to free entry under the law and regulations thereunder are listed and identified as such in the remarks space below <i>(with the cost or fair value, if not obtained by purchase, given for those not entitled to free entry)</i> or if there are none, I have written the words "No Exceptions," in that space; (4) None of the items are to be taken or shipped to the United States as an accommodation for others or for sale, barter, or exchange; (5) This declaration is made for me and for <i>(State number)</i> _____ <i>members of my family;</i> (6) Total quantities of alcohol beverages and cigars included in this and other sets of CBP declaration forms: Alcohol beverages <i>(State number)</i> _____ ; Cigars <i>(State number)</i> _____ ; and (7) I have been serving overseas under competent US Government orders and was: <i>(Check appropriate item below)</i>		
a. Assigned to permanent duty overseas. b. Required to perform temporary duty overseas for 140 days or more. c. Assigned to temporary duty overseas under orders which intended the duration to be 140 days or more. d. Directed from one overseas duty station to another overseas duty station and return of my personal property to the United States has been approved as indicated in supplemental instructions to orders. e. Directed to evacuate myself, family, or personal property to the United States. f. Directed to ship personal property in advance of the issuance of travel orders.		
10. THE STATEMENTS ABOVE ARE MADE WITH FULL KNOWLEDGE OF THE APPLICABLE PROVISIONS OF DOD REGULATION 4500.9-R PART V AND OVERSEAS INSTRUCTIONS.		
a. SIGNATURE OF OWNER		b. DATE (YYYYMMDD)
11. REMARKS	12. FOR USE OF US CBP OFFICERS	
SECTION B - OVERSEAS PORT SHIPMENT DATA		
13. NAME OF CARRIER	14. VOYAGE OR FLIGHT NO.	

DD FORM 1252, FEB 2006

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 7.0

COPY DESIGNATION *(X one):*

1 Attach to Manifest

2 Place in envelope affixed to No. 1 cargo container or in No. 1 transocean cargo container

3 Origin Transportation Office file

4 Owner

INVENTORY OF HOUSEHOLD GOODS

PROPERTY OF	HOME PHONE NUMBER	DUTY PHONE NUMBER	DATE
FROM	TO (Destination)		

ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.	ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.	ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.
LIVING ROOM				CHILDRENS ROOM (Con't)				PROFESSIONAL ITEMS (Con't)			
Bench, fireside or piano	5			Chest	12			Reference material	0		
Bookcase	20			Chest, Toy	5			Tools	0		
Bookshelves, sectional	5			Crib, baby	10			Books	0		
Cabinet	10			Play pen	10			Papers	0		
Cartons, books	2			Table, child's	5			Equipment	0		
Chair, arm	10										
Chair, occasional	15			KITCHEN							
Chair, overstuffed	25			Boxes, pots/pans	5						
Chair, rocker	12			Cabinet, kitchen	30			MISCELLANEOUS			
Chair, straight	5			Cabinet, utility	10			Ash or trash can	7		
Clock, grandfather/grandmother	20			Chairs, breakfast	5			Auto tires	2		
Credenza	35			Ironing board	2			Basket, clothes	5		
Davenport, 2, 3, 4 cushions	35			Rotisserie	5			Bicycle	5		
Day bed	30			Stool	3			Bird cage and stand	5		
Desk, small or Winthrop	22			Table	5			Brooms and mops bundle	2		
Desk, secretary	35			Table, breakfast	10			Cabinet, filing	20		
Footstool, hassock, ottoman	0			Vegetable bin	3			Carriage, baby	20		
Hideabed	50							Carriage, doll or folding	5		
Lamp, floor, table	3			APPLIANCES (Large)				Chairs, folding	2		
Magazine rack	2			Air conditioner, window	30			Clothes hamper	5		
Organ, electric	60			Dehumidifier	10			Cot, folding	3		
Piano, baby grand or upright	70			Dishwasher	20			Golf bag	2		
Parlor grand	80			Dryer, electric or gas	25			Golf cart/go cart	3		
Spinnet	60			Freezer: (Cubic capacity)	0			Fan	5		
Radio, table or phonograph	2			10 or less	30			Fernery or plant stand	0		
Sectional, 2, 3, 4 piece	50			11 to 15	45			Foot locker	0		
Stereo, Hi Fi	10			16 and over	60			Heater, gar or electric	5		
Studio couch	50			Mangle	12			Incinerator	10		
Tables, drop leaf or occasional	12			Range, electric	30			Linens, cartons	5		
Tables, coffee, end or nest	5			Refrigerator (cubic cap.)	0			Mirrors	0		
Table, library	20			6 cu. ft. or less	30			Pictures	0		
Telephone stand and chair	5			7 to 10 cu. ft.	45			Power tools	0		
Television combination/color	25			11 cu. ft. and over	60			Rollaway bed	20		
Television, table model/color	10			Vacuum cleaner	0			Rugs, large roll or pad	0		
				Washing machine	0			Rugs, small roll or pad	0		
DINING ROOM				Washer/dryer combination	0			Sewing cabinet	2		
Barrel, dishes	15							Sewing machine	10		
Buffet	30			PORCH, OUTDOOR				Shop smith	0		
Chair, arm	8			FURNITURE & EQUIPMENT				Sled	2		
Chair, straight	5			bar	15			Table, card	1		
China closet	25			Bar stools	3			Tricycle	5		
Server	15			Bird bath	5			Trunk, steamer	10		
Table, dinette	15			Chair, porch	10			Trunk, wardrobe	15		
Table, extension	30			Chair, lawn	5			TV trays	2		
				Fireplace equipment	5			Typewriter	2		
BEDROOM				Garden hose	5			OTHER ITEMS			
Bed, include. spring and mattress	0			Glider	20						
Double	60			Grill, barbecue, portable	10						
Single or Hollywood	40			Gym, outdoor child's	20						
Bunk (set of 2)	70			Ladder, extension	10						
King size/Queen size	70			Lawn mower (hand)	5						
Cartons, clothes	10			Mower, power	15						
Chair, boudoir	10			Picnic table	20						
Chair, straight or rocker	5			Picnic bench	5						
Chaise lounge	25			Rack, outdoor dryer	5						
Chest, cedar	15			Rocker, swing	15						
Dresser, bureau, chest of drawers, chiffr. or chifnr.	25			Sandbox	10			CONTAINERS PREPACKED BY OWNER, e.g.,			
Dresser bench	3			Settee	20			Footlockers or Trunks	0		
Dresser, double, triple	50			Slide, outdoors, child's	10						
Lamps, floor, table	3			Swings, outdoor porch	30						
Table, night	5			Table	10						
Wardrobe, small	20			TV antenna	5						
Wardrobe, large	40			Tool chest	10						
Wardrobe, carton	10			Umbrella	5						
				Wheelbarrow	3						
CHILDRENS ROOM											
Bathinette	5							Subtotal Column 3	180		
Bed, youth	30							TOTAL Column 1	1460		
cartons, clothes	10			PROFESSIONAL ITEMS				TOTAL Column 2	793		
Chair, child's	3			Clothing, specialized	0			TOTAL Column 3	180		
Chair, high	5			Instruments	0						
Chair, rocker	3			MARS equipment	0			GRAND TOTAL	2433		
Subtotal Column 1	1460			Subtotal Column 2	793			Summary 0 cu. ft. @ 7 lbs. per cu. ft.			0 lbs.
								Estimated Total Weight			0 lbs.

APPLIANCES TO BE SERVICED

TYPE (Place "X" in applicable boxes)	MAKE	YEAR
CLOTHES DRYER GAS ELECTRIC		
WASHING MACHINE AUTOMATIC NON AUTOMATIC		
IRONER MANGLE		
FREEZER CHEST UPRIGHT		
REFRIGERATOR GAS ELECTRIC SINGLE DOOR DOUBLE DOOR		
TELEVISION TABLE PORTABLE CONSOLE		
STOVE GAS ELECTRIC		
DISHWASHER		
AIR CONDITIONER		
STEREO		
HI-FI RADIO		
RECORD PLAYER		

OTHER (*Specify*)

THE FOLLOWING ITEMS ARE TO BE WITHDRAWN AND PLACED IN NON-TEMPORARY STORAGE IN THE EVENT WEIGHT IS IN EXCESS OF THE ADMINISTRATIVE WEIGHT RESTRICTION:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Name	Grade	Service Number/SSAN

NOTE: Disconnecting or connecting of appliances to gas, water or electricity will not be performed by the carrier. Arrangements for disconnecting or connecting must be made by the owner. Carriers will not remove or install TV antennas or air conditioners.

INTERVIEWER'S NOTES

PASSENGER RESERVATION REQUEST – PCS TRAVEL

PRIVACY ACT STATEMENT: The information requested on this form is protected under authority of 5 U.S.C. 552a and the travel regulations and will be used in arranging PCS travel reservations. This form is used in preparing an accurate travel itinerary and remains with the files for the authorized travel. Disclosure of the requested information is voluntary. However, completion of the form is necessary to authorize transactions. Failure to provide the requested information may result in disapproval of the travel.

1. COMMAND		2. DATE		3. TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> CHANGE _____	
4. POINT OF CONTACT			5. POC PHONE	6. POC E-MAIL ADDRESS	
COPY OF TRAVEL ORDERS REQUIRED TO FINALIZE BOOKINGS					
7. FULL NAME (Last, First, Middle)		8. RANK/RATE	9. SSN	10. DOB (DDMMYY)	11. GENDER <input type="checkbox"/> M <input type="checkbox"/> F
12. TRAVELER'S E-MAIL ADDRESS				13. TRAVELER'S PHONE	
14. NEXT OF KIN NAME AND PHONE:					
15. DETACHMENT DATE		16. REPORT NLT DATE		17. SPECIAL CONSIDERATION <input type="checkbox"/> INFANT <input type="checkbox"/> MEDICAL (SPECIFY)	
18. TRAVEL WINDOW <input type="checkbox"/> 10 DAYS <input type="checkbox"/> 20 DAYS (W/ PET)		19. TYPE OF TRAVEL <input type="checkbox"/> PCS <input type="checkbox"/> SEP <input type="checkbox"/> FLTRET/RET <input type="checkbox"/> COT <input type="checkbox"/> MOB <input type="checkbox"/> DEMOB <input type="checkbox"/> IA		20. TYPE SEAT (GOVT PROCURED AIR ONLY) <input type="checkbox"/> WINDOW <input type="checkbox"/> AISLE	
21. LOCATION OF OLD PDS		22. INTERMEDIATE TDY LOCATION(S)		23. NEW PDS/LOCATION <input type="checkbox"/> CHECK IF AFLOAT OR DEPLOYABLE	
24. LIST OF FAMILY MEMBERS				25. POV TRAVEL <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST, FIRST, MIDDLE	RELATIONSHIP	DOB	PASSPORT NUMBER AND COUNTRY	PASPORT EXP DATE	DESTINATION:
					26. POV SHIPPED FROM/TO or STORAGE SITE
					27. EAOS AS EXTENDED:
28. OFFICIAL ROUTING			29. ALTERNATE ROUTING REQUESTED FOR PERSONAL CONVENIENCE OF THE MEMBER		
DATE	FROM	TO	DATE	FROM	TO
30. DEPENDENT ROUTING (IF DIFFERENT FROM MEMBER) DD FORM 884 REQUIRED TO FINALIZE BOOKINGS			NOTE: THE ADDITIONAL COST FOR INTERRUPTED OR INDIRECT TRAVEL IS MEMBER'S RESPONSIBILITY.		
DATE	FROM	TO	31. PASSPORT/VISA REQUIRED <input type="checkbox"/> NO-FEE <input type="checkbox"/> OFFICIAL <input type="checkbox"/> VISA _____ (COUNTRY)		
			32. TRAVEL CLEARANCES REQUIRED <input type="checkbox"/> SPECIAL AREA CLEARANCE <input type="checkbox"/> THEATRE CLEARANCE <input type="checkbox"/> COUNTRY CLEARANCE <input type="checkbox"/> CMD SPONSORSHIP/DEA		
33. PET RESERVATION (TWO PETS, CAT AND DOG ONLY, ALLOWED ON AMC FLIGHTS) PET #1 <input type="checkbox"/> CAT <input type="checkbox"/> DOG CAGE W _____ " L _____ " H _____ " TOTAL WEIGHT _____ LBS AGE _____ SEX _____ BREED _____ PET #2 <input type="checkbox"/> CAT <input type="checkbox"/> DOG CAGE W _____ " L _____ " H _____ " TOTAL WEIGHT _____ LBS AGE _____ SEX _____ BREED _____					
34. NOTES: 1. Use of GOVT AIR/GOVT PROCURED air is directed when available and meets mission requirements for transoceanic travel. 2. The port call/itinerary issued by NAVPTO/PSD/CSD is an official modification to orders; failure to travel and report as ordered is punishable under the UCMJ. 3. Certification on travel orders for additional entitlements (i.e., travel via designated place, travel via home port, etc.). 4. The following documents are required prior to issuance of airline tickets: (1) PCS Orders as endorsed; (2) signed DD 884; (3) passport, visa and travel clearances required by the FCG; and, (4) command sponsorship or family entry approval if required.					
35. MEMBER'S SIGNATURE / DATE		36. PCS TRF CLERK VERIFYING DD 884		37. PCS TRF CLERK E-MAIL ADDRESS	
BLOCKS BELOW FOR NAVPTO USE ONLY					
DEPLOYABLE UNIT'S LOCATION		DATE	MSG LOCATOR DTG	AMC FLT INFO (ATTACH PORTCALL)	
TVL ADVISE MSG DTG	TYPE TRAVEL	AMC NON-USE	MIP CODE	SERVICE BRANCH	

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			1. DOD COMPONENT
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 10 U.S.C. 136; 37 U.S.C. 406 (Military); DTR 4500.9-R, Chapter 102.</p> <p>PRINCIPAL PURPOSE(S): The completed form is used for transportation-in-kind of dependents within CONUS used as an authority to issue transportation requests in the absence of dependent travel orders.</p> <p>ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection.</p> <p>DISCLOSURE: Voluntary; however, if requested information is not furnished, transportation may not be provided.</p>			
2.a. NAME OF APPLICANT <i>(Last, First, Middle Initial)</i>		b. RANK	c. GRADE
3. SHIP OR STATION			
4. DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED <i>(Continue on blank page if necessary)</i>			
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP* <i>(Adopted son, stepdaughter, etc.)</i>	c. DATE OF BIRTH <i>(Children) (YYYYMMDD)</i>	d. LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>
<p>*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below. **If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.</p>			
5. PRESENT ADDRESS OF DEPENDENTS <i>(Street Address, City, State and ZIP Code)</i>			
6. OLD PERMANENT STATION	7. NEW PERMANENT STATION		8. DATE OF ORDERS <i>(YYYYMMDD)</i>
9. TRANSPORTATION REQUESTED a. FROM <i>(City, State)</i>	b. TO <i>(City, State)</i>	c. VIA (Route) <i>(City, State)</i>	
10. DATE OF DEPARTURE <i>(YYYYMMDD)</i>	11. BY <i>(Air, Rail, etc.)</i>		
12. CERTIFICATION OF INTENT I certify that transportation for persons listed above, who were my dependents on the effective date of applicable orders, is being requested with the intent of establishing a bona fide residence. I further certify that I have not made application or submitted claim for transportation of my dependents on this change of station except as follows:			
13. CERTIFICATE OF PROOF OF DEPENDENCY <i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i> I certify that my dependent(s) <i>(Relationship)</i> _____, named above, is/are in fact dependent upon me and that a certificate of dependency was approved by the appropriate agency. I further certify that there has been no change in the conditions of dependency since the certificate was approved. <i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i>			
14. CERTIFICATE OF RESIDENCE OF PARENT <i>(Required for a dependent parent in addition to block 13.)</i> I certify that my dependent(s) <i>(Relationship)</i> _____ is/are residing as a member of my household and will reside as a member of my household established incident to this change of station.			
15. CERTIFICATE FOR STEPCHILD <i>(Required for a stepchild in addition to block 13.)</i> I certify that <i>(Name of child's other parent)</i> _____ the mother/father of the stepchild(ren) named above, was my legal spouse on the effective date of applicable orders.			
16.a. SIGNATURE OF APPLICANT			b. DATE <i>(YYYYMMDD)</i>

PET RESERVATION REQUEST

This information **with a copy of the most recent DD 2208 Rabies Vaccination Certificate** must be provided as proof of ownership when making travel arrangements to fly internationally on EVAC orders only.

1. Request that pet reservations be made for _____
(Passengers Name)
2. Possible Flight Dates _____
(Month & Days Requested)
3. Passenger's Pet:
 - A. Type of Animal: _____
 - B. Name: _____ Male___ or Female___
 - D. Breed of Animal: _____ Age: _____
 - F. Cage Dimensions:
Length: _____X Width: _____X Height: _____
 - G. Weight of cage: ___lbs Weight of animal: ___lbs
 - H. Total combined weight of animal and cage: ___lbs.
 - I. Request pet in cabin: Yes___ No___

4. Two animals of the same species may be shipped in the same cage provided the combined weight of the cage plus pets does not exceed 70lbs, Ages between 8-weeks and 6-months, and weigh less than 20 lbs. Animals must be able to stand up, turn around and lay down in a natural position in the cage.

Pet in cabin: *YOU MUST PROVIDE A HARD-SHELL, HARD-SIDED INTERNATIONAL AIR TRANSPORTATION (IATA) OR U.S. DEPT OF AGRICULTURE (USDA) APPROVED KENNEL WHICH IS AVAILABLE AT MOST EXCHANGE/RETAIL STORES. **KENNELS MUST BE HARD-SIDED AND NO LARGER THAN 20"L X 16"W X 8"H. IT MUST BE LARGE ENOUGH FOR THE ANIMAL TO STAND-UP, TURN AROUND, AND LIE DOWN WITH NORMAL POSTURE AND BODY MOVEMENTS.** SEVERAL LAYERS OF NEWSPAPER, SHREDDED PAPER OR ABSORBENT MATERIAL SHOULD BE PLACED IN THE BOTTOM OF THE CONTAINER, DO NOT USE STRAW, HAY, GRASS, SAWDUST, SAND OR SOIL

I have been informed that shipment of pets with a combined weight, pet plus cage, of 151 lbs. or over is not authorized. I have been further advised that all costs incurred for the shipment of pets are to be borne by me.

Passenger's Signature

**MAP FROM YOUR HOME TO
NSA BAHRAIN**

POV LOCATOR

Please ensure this entire card is filled out accurately. Include any additional information as appropriate. Deliver this with your keys to the Personal Property processing station.

DO NOT LEAVE ANY PERSONAL ITEMS IN YOUR VEHICLE!

NAME (Last, First, MI)

HOME EMAIL

SPONSOR (Last, First, MI)

COMMAND

VEHICLE INFORMATION

Make: _____

VIN: _____

Model: _____

Plate#: _____

Color: _____

Year: _____

VEHICLE LOCATION

Please be as descriptive as possible

Please leave copies of registration and insurance in the vehicle!!!

MEMORANDUM

From: Name (Last, First): _____ Grade _____

To.: Director, Personal Property Shipping office

Sub.: Privately Owned Vehicle Shipment Request.

In conjunction with my PCS orders, I request to ship my POV to the nearest processing center to my new duty station which is _____

I will turn in my POV with the VPC on _____ for shipment.

Particulars of my vehicle are as follows.

- 1. Local (Bahrain) Registration plate no. _____
- 2. Vehicle Make and Model _____
- 3. Year _____
- 4. Color _____
- 5. Vehicle ID no (VIN)/chassis no. _____
- 6. Engine No. _____
- 7. Name of the registered owner _____

My Personal Information is as follows.

- 1. STATESIDE Or Next Duty Station Address for notification and customs purpose (Street, City, State and ZIP) _____

- 2. Email Address: _____
- 3. STATESIDE Phone Number: _____
- 4. Work phone - BAHRAIN: _____ Cell No. _____
- 5. Reporting date (*or*) availability date in next duty station _____
- 6. Alternate emergency point of contact – STATESIDE
Contact Name: _____
Relation: _____ Phone No.: _____

Also enclose with this memo are:

- 1. Copy of My orders
- 2. Copy of Local Insurance, Registration and CPR Card (Front & Back)
- 3. Copy of Military ID Card (Front & Back)
- 4. Power of Attorney and copy of Military ID Card (Front & Back) of the POA if the vehicle is turned in by any one other than the owner.

Certification: I hereby confirm that I have read and understood the contents of the attached pamphlets with the procedures of shipping POV, including EPA and DOT requirements. I understand that the VPC will not accept my vehicle for shipment unless I comply with all the requirements specified on the pamphlets attached on the reverse side of this memorandum.

Sincerely,

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Documents received and verified by:

Name of the counselor: Signature:

FOR OFFICE USE ONLY:

WALK-IN TIME _____ TIME FORM TURNED IN _____ TIME DOCS NOTARIZED _____ ID CARD SCREEN _____
INTAKE CLERK _____ CMTIS _____ SPOA _____ AFFIDAVIT _____

POWER OF ATTORNEY WORKSHEET

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties. **PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 DOD ID NUMBER PRINCIPAL PURPOSE(S):** Obtain personal information to prepare legal document(s). **ROUTINE USE (S):** Information provided will be used by legal assistance personnel (attorneys, legalmen, paralegals, and clerical staff) to prepare power(s) of attorney requested by the individual providing the information.

MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of DoD ID Number is voluntary and will be no adverse consequence from refusal to disclose; however, an individual may be requested to establish eligibility for services by other means (e.g., production of military identification). Refusal to establish eligibility may preclude the requested assistance. Disclosure of all other requested information is voluntary, but failure to provide such information may limit this Command's ability to provide assistance.

Your Name (Last, First, MI):		Maiden Name (if applicable):	DoD ID Number (if known):		
Gender: (circle) M F	Date of Birth: DD ____ MMM ____ YYYY ____	Branch of Service: (circle) USN USMC USAF USCG USA DoD			
Rank/Rate:	Eligibility: Office Staff: Reference JAGMAN §0706 for details on Legal Assistance eligibility and consult with your supervisor on eligibility questions.				
Home/Cell Phone:	Active Duty		Dependent of Active Duty Member		
Work Phone:	Retiree		Dependent of Retiree		
Email:	Reservist (inactive/drilling)		DOD Civilian		20/20/20 Spouse
Command:					
Your Current Home Address:					

*******READ AND SIGN THE "UNDERSTANDING YOUR POA" FORM ON PAGE 4.*******

Please prepare the following legal document(s) for me using the information provided below.

REVOCATION (CANCELLATION) OF POWER OF ATTORNEY: Please provide the information below.

Name of Person who was granted Power of Attorney: _____

Type of Power of Attorney granted: Special General

Date Power of Attorney was granted: _____

Type of Special Power of Attorney granted (if applicable): _____

SPECIAL POWER(S) OF ATTORNEY (SPOA): Choose one or more of the SPOAs listed on pages 2 & 3. Please include the name and contact information for the person receiving the SPOA (your "Agent") for each SPOA chosen. (You may write "SAME" on subsequent name, phone and address lines if granting all SPOAs to the same person)

Select **ONLY** those powers which are applicable to your situation and necessary to conduct your affairs while you are away.

SPECIAL POWER OF ATTORNEY (SPOA) REQUEST FORM

Please choose from options 1 through 10 below to select the power(s) of attorney which are necessary to conduct your affairs while you are away.

1. AUTOMOBILE (Personal Property)

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Make claim for damage/loss Register auto in state of: _____ Use/maintain auto

Sell auto (for no less than): _____ Purchase auto (for no more than): _____

Provide applicable auto info: Year: _____ Make: _____ Model: _____ Color: _____ License #: _____

VIN#: _____ Registration State: _____ Insurance Co/Policy#: _____

2. BANKING

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Please choose the banking power(s) you wish to grant your agent:

Endorse Checks Make Deposits Endorse/Deposit Gov't Checks (U.S. Treasury) Obtain Credit Card Obtain NMCR Loan

Access Safe Deposit Box Withdrawal (limited to): \$ _____ Obtain loan (for no more than): \$ _____

Bank Name: _____ Safe Deposit Box Number (if applicable): _____

Checking Acct #: _____ Savings Acct #: _____

3. CHILDREN (IN LOCO PARENTIS / MEDICAL / CONSENT TO TRAVEL)

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Please choose the power(s) you wish to grant your agent (person you are giving permission) with respect to your children:

In Loco Medical/Dental Emergency Medical Care Consent for Minors to Travel * Please provide travel destination below. If international travel, also provide passport info for children and agent below.

Custom insert: _____ Initial Date of Care: _____ Last Date of Care: _____

Names(s) of Children (use lines at bottom for more children)	Date of Birth	Passport # & Exp. Date (International Travel Only)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Destination (Consent to travel only to the following location(s)): _____

Agent Passport Number/Expiration Date: _____ Travel Dates (Consent to travel on these dates only): _____

4. DEERS/MILITARY DEPENDENT ID CARDS

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Please choose the power(s) you wish to grant to your agent:

Obtain ID card Enroll in DEERS *NOTE: If not included in the SPOA, PSD requires DD Form 1172 for enrollment in DEERS when sponsor isn't present.

5. GENERAL FINANCIAL POWER OF ATTORNEY: BE ADVISED: "General" powers of attorney that have historically been issued are no longer accepted by third parties for many transactions. Therefore, we now offer a General Financial Power of Attorney to be used for basic banking practices (such as paying bills) as well as filing taxes and other routine financial matters.

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

6. HOUSEHOLD GOODS

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Please choose the power(s) you wish to grant to your agent with respect to household goods:

Ship household goods Receive household goods Ship auto Receive auto Claim damages

Household Goods Pickup Location _____

Address of Household Goods Drop-off (if known) _____

“Shipped From” Location of Vehicle (if different from above) _____

“Shipped To” Location of Vehicle _____

Provide applicable auto info: Make: _____ Model: _____ VIN#: _____

Registration State: _____ Insurance Co/Policy#: _____

Claim \$ should be deposited to: Bank Name: _____ Account #: _____

Bank Location (City/State) _____

7. MILITARY HOUSING

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Please choose the power(s) you wish to grant to your agent with respect to military housing:

Accept Quarters Vacate Quarters Quarters located at: _____

8. PERSONAL PROPERTY

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Make claim for damage/loss Purchase/Sell household items (provide description of items and maximum cost of item(s): _____

Please choose the power(s) you wish to grant to your agent with respect to your property:

9. REAL ESTATE

Person receiving POA (Last, First, Middle): _____ Phone number: (____) _____

Address: _____ Desired expiration date for POA (Limited to one year): _____

Please choose the power(s) you wish to grant to your agent with respect to real estate. For buying/selling/refinancing attach copy of legal description of title to real estate.

Manage Lease Settle Claims Mortgage Refinance Obtain Loan Buy (for not more than): _____

Sell (for no less than): _____ Rent (for not more than): _____

Address of real estate: _____

Max interest rate for loan if applicable: _____ Fixed Interest Rate OR Variable Interest Rate

10. CUSTOM INSERT

Your Signature _____ **Date:** _____

UNDERSTANDING YOUR POWER OF ATTORNEY

A **Power of Attorney** (POA) is a document which allows you to give another person the authority to perform acts on your behalf. That person is called your “agent”. You are legally bound by any acts of this agent if those acts are authorized in the Power of Attorney, so you must exercise caution to make sure that your agent is someone you trust.

A **General Power of Attorney** (GPOA), while sometimes helpful, can also be dangerous. A GPOA gives someone else the legal authority to do almost **anything** that you could do, and the potential for abuse by one’s agent is very high. For example, with a GPOA, your agent can possibly sell your car, borrow money that you must repay, rent or purchase property in your name and with your money, or remove ALL funds from your bank account.

A **Special Power of Attorney** (SPOA), or a Special Power of Attorney, is more limited and gives someone else the legal authority to perform specific tasks on your behalf, such as registering your car or selling specifically listed property.

****IMPORTANT CONSIDERATIONS BEFORE GRANTING SOMEONE A POA****

- Always limit the power you give away to only that necessary to accomplish your needs. If you only need someone to perform specific tasks (e.g. enter into a lease agreement on your behalf), it is highly recommended that you get a **Special** Power of Attorney (SPOA) for only the specific tasks needed.
- Powers of Attorney drafted by Navy legal assistance offices are limited in duration to no longer than one year and should only be drafted for the amount of time needed.

****IMPORTANT INFORMATION ABOUT YOUR POA****

- No individual or business/organization is ever legally required to accept a Power of Attorney (even a military Power of Attorney), regardless of the legality or validity of the Power of Attorney.
- In some cases, certain businesses (banks and other financial institutions) will only accept a Special Power of Attorney to fulfill specific standards and requirements. Many institutions have their own Power of Attorney form, so it is crucial that you make sure in advance that your POA meets the specific standards of the individuals and/or businesses with which your agent will do business.
- Your appointee or agent **MUST** have the **ORIGINAL** Power of Attorney; you should keep a copy for your records.

****REVOCATION/CANCELLATION OF YOUR POA****

- If you want to revoke, cancel, or terminate a Power of Attorney before it expires, you must sign and notarize a **Revocation of Power of Attorney** and provide a copy to any person you believe has dealt with or will possibly deal with your agent. Because it is difficult, if not impossible, to provide a copy of the revocation to every possible third party who has relied upon or might rely upon the previously granted POA, the difficulty of revocation is one of the inherent dangers in granting a POA.
- In addition to providing a copy of the revocation to all foreseeable parties with whom your agent has dealt, the following steps are also recommended for your protection:
 - Sending a true copy of the revocation to the original agent and using a delivery method that provides a receipt showing proof that the agent received your revocation (e.g. certified mail with return receipt requested).
 - Recording a revocation in the counties in which the POA was executed, in which your agent resides, and in which the POA may be used;
 - Publishing notice in the newspapers in the same counties as above where you have revoked your POA.

I acknowledge that I have read the above information. Please prepare the requested legal document(s) for me using the information provided on the Power of Attorney request form.

Customer’s printed name

Customer’s signature

Today’s date



Navy-Marine Corps Relief Society Pre-Authorization Form

From: _____
(Service Member Last Name, First Name, and Middle Initial)

SSN: _____ Rate/Rank: _____ EAS: _____

Military Address: _____

To: _____ Navy-Marine Corps Relief Society
(NMCRS Office Location)

Subj: Authorization for Assistance to Eligible Family Members

1. During the period I am deployed I authorize my spouse, _____, and my eligible family members to receive necessary financial assistance without my specific approval.

Authorization valid between _____ and _____
(not to exceed 12 months)

Amount authorized: _____
(not to exceed \$3,000.00)

2. I understand that I will be responsible for repayment, if warranted, of such assistance. Further, if the assistance is provided as a no-interest loan, I authorize Navy-Marine Corps Relief Society (NMCRS) to start an allotment for the amount of the loan. Allotment terms are based on the best information available to NMCRS at the time of the loan. Further, I understand that it will be the responsibility of the family member using this Pre- Authorization to provide me with notification concerning any assistance provided based on it, along with information pertaining to the terms of any allotment started.
3. I understand that any assistance to my eligible family members will depend on the merits of the situation and the policies of the Navy-Marine Corps Relief Society. I also understand that this authorization does not establish a line of credit at the Navy-Marine Corps Relief Society.

Signed: _____
(Service Member's Signature)

Date: _____

Witness: _____
(Signature of Command Representative or NMCRS Representative)

Date: _____

Title: _____

Unit/Office: _____