

**PRISONER BACKGROUND SUMMARY
SECTION 1 - PERSONAL DATA**

REPORT DATE (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 48, title 10 U.S.C., Military Correctional Facilities, and DoD Instruction 1325.07.

PRINCIPAL PURPOSE(S): To collect a new prisoner's personal history to assist in the classification and assignment process. The information will also be used to evaluate progress toward rehabilitation or suitability for parole or clemency.

ROUTINE USE(S): To the Department of Justice and U.S. Probation Officers for annual statistical data analysis. To the Bureau of Prisons (BOP) when a prisoner is transferred to its custody for incarceration.

DISCLOSURE: Voluntary; however, failure to provide the requested information may prevent the staff of the correctional facility from fully evaluating the prisoner.

UPON COMPLETION OF THE DD FORM 2710, DETACH PAGE #5 AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.

1. NAME (Last, First, Middle)						2. REGISTRATION NUMBER					
3. MAIDEN NAME				4. NICKNAME				5. ALIAS(ES)			
6. AGE		7. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. PLACE OF BIRTH (City, County and State)				9. DATE OF BIRTH (YYYYMMDD)			
10. RACE (X one or more) (If prisoner does not fill out or answer questions 10 and 11, reviewer will mark "UNKNOWN".)				11. ETHNICITY (X one)							
<input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		<input type="checkbox"/> HISPANIC OR LATINO				<input type="checkbox"/> NOT HISPANIC OR LATINO			
<input type="checkbox"/> ASIAN		<input type="checkbox"/> WHITE		<input type="checkbox"/> UNKNOWN				<input type="checkbox"/> UNKNOWN			
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN											
12. NATIONALITY				13. RELIGION				14. HEIGHT		15. WEIGHT	
16. IDENTIFYING MARKS (Scars, tattoos, etc.) (If Yes, see attached)											
<input type="checkbox"/> NO		<input type="checkbox"/> YES									
17. HAIR COLOR (X one)						18. EYE COLOR (X one)					
<input type="checkbox"/> AUBURN		<input type="checkbox"/> BROWN		<input type="checkbox"/> SILVER		<input type="checkbox"/> BLACK		<input type="checkbox"/> GREEN		<input type="checkbox"/> VIOLET	
<input type="checkbox"/> BLACK		<input type="checkbox"/> GRAY		<input type="checkbox"/> WHITE		<input type="checkbox"/> BLUE		<input type="checkbox"/> GRAY			
<input type="checkbox"/> BLOND		<input type="checkbox"/> RED		<input type="checkbox"/> BALD		<input type="checkbox"/> BROWN		<input type="checkbox"/> HAZEL			
19. GANG ASSOCIATION:				GANG NAME/LOCATION (City, State)							
<input type="checkbox"/> NO		<input type="checkbox"/> YES									
20. CULT/EXTREMIST ASSOCIATION:				CULT NAME/LOCATION (City, State)							
<input type="checkbox"/> NO		<input type="checkbox"/> YES									
21. DOES YOUR FAMILY KNOW YOUR WHEREABOUTS?											
<input type="checkbox"/> NO		<input type="checkbox"/> YES									
22. DO THEY NEED TO BE NOTIFIED?											
<input type="checkbox"/> NO		<input type="checkbox"/> YES (If Yes, Name, Relationship, Phone)									
23.a. HAVE YOU EVER TRIED TO COMMIT SUICIDE?						b. DO YOU FEEL SUICIDAL AT THIS TIME?					
<input type="checkbox"/> NO		<input type="checkbox"/> YES				<input type="checkbox"/> NO		<input type="checkbox"/> YES			
24. ARE THERE ANY ISSUES THAT NEED IMMEDIATE MEDICAL ATTENTION? (Communicable disease or disabilities)											
25. ARE THERE ANY ISSUES THAT NEED IMMEDIATE ATTENTION?											
26.a. FORM COMPLETED BY (Last Name, First, Middle Initial/Grade)						b. DATE (YYYYMMDD)			c. TIME		
27. ACTIONS TAKEN IF NECESSARY											
28.a. ACTION TAKEN BY (Last Name, First, Middle Initial/Grade)						b. DATE (YYYYMMDD)			c. TIME		

PRISONER BACKGROUND SUMMARY SECTION 2 - MILITARY BACKGROUND		REPORT DATE (YYYYMMDD)		
1. NAME (Last, First, Middle)		2. REGISTRATION NUMBER		
3. BRANCH OF SERVICE <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> RESERVES				
4. UNIT/AGENCY		5. INSTALLATION		
6. HOME OF RECORD (City, State):	7. ACTIVE DUTY BASE DATE (YYYYMMDD)	8. DATE ENTERED CURRENT TERM (YYYYMMDD)		
9. END OF ACTIVE DUTY OBLIGATION (YYYYMMDD)		10. TOTAL ACTIVE LENGTH OF SERVICE		
11. METHOD OF ENTRY (Choose one): <input type="checkbox"/> INDUCTION <input type="checkbox"/> INITIAL ENLISTMENT <input type="checkbox"/> REENLISTMENT <input type="checkbox"/> DIRECT APPOINTMENT				
12. HIGHEST PAY GRADE ATTAINED	13. CURRENT MOS/RATE OR SPECIALTY	14. PREVIOUS DISCHARGE RECEIVED (Type and Date)		
15. PRIOR SERVICE PRIOR BRANCH OF SERVICE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> RESERVES				
16. MILITARY AWARDS AND DECORATIONS				
17. MAJOR MILITARY SCHOOLS ATTENDED				
a. COURSE TITLE	b. COURSE LOCATION	c. DATE COMPLETED (YYYYMMDD)		
18. PREVIOUS MILITARY OFFENSES				
a. ARTICLE 15 OR COURT MARTIAL	b. DATE OF INCIDENT OR ACTION (YYYYMMDD)	c. OFFENSES	d. DISPOSITION	e. CONFINEMENT (Y/N)
19. MILITARY HISTORY NARRATIVE (Remarks or alerts) (Explain any specialty skills) (Continuations)				
a. GENERAL MILITARY SERVICE BACKGROUND				

PRISONER BACKGROUND SUMMARY SECTION 3 - CIVILIAN BACKGROUND															REPORT DATE (YYYYMMDD)			
1. NAME (Last, First, Middle)															2. REGISTRATION NUMBER			
3. CIVILIAN EDUCATION (List High School, Colleges, and Trade Schools)																		
a. NAME AND ADDRESS OF SCHOOL	b. AGE	c. DATE ENTERED (YYYYMM)						d. GRADE(S) COMPLETED						e. DEGREE	f. DATE (YYYYMM)			
g. HIGHEST GRADE COMPLETED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
h. REASON FOR LEAVING SCHOOL																		
4. CIVILIAN EMPLOYMENT																		
a. EMPLOYER NAME, CITY AND STATE	b. TYPE OF WORK						c. FULL OR PART TIME			d. DATES FROM/TO (YYYYMM)			e. REASON FOR LEAVING					
5. CIVILIAN ARREST RECORD																		
a. OFFENSE(S) (Exclude minor traffic offenses - include DUI/DWI)	b. PLACE OF ARREST					c. DATE (YYYYMM)			d. DISPOSITION OR SENTENCE				e. CONFINED (Y/N)					
6. CIVILIAN HISTORY (Remarks or alerts) (Explain any specialty skills) (Continuations)																		
a. EDUCATION BACKGROUND																		
b. OCCUPATIONAL BACKGROUND																		
c. GENERAL BACKGROUND																		

<p>PRISONER BACKGROUND SUMMARY</p> <p>SECTION 5 - MENTAL/PHYSICAL HEALTH BACKGROUND</p> <p>(DETACH THIS PAGE AND MAINTAIN IN THE PRISONER'S MEDICAL RECORDS.)</p>	<p>REPORT DATE (YYYYMMDD)</p>
<p>1. NAME (Last, First, Middle)</p>	<p>2. REGISTRATION NUMBER</p>
<p>3. HOW WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL CONDITION? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR</p>	
<p>4. LIST ANY PAST SERIOUS ILLNESS, INJURY OR PHYSICAL AILMENT YOU HAVE SUFFERED OR ARE CURRENTLY SUFFERING AND DATE OF OCCURRENCE</p>	
<p>5. DO YOU HAVE A PHYSICAL HANDICAP? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)</p>	
<p>6. LAST HIV TEST DATE (YYYYMM)</p>	
<p>7. HAVE YOU EVER BEEN HOSPITALIZED IN A MENTAL INSTITUTION? <input type="checkbox"/> NO <input type="checkbox"/> YES (State facility, reason and date)</p>	
<p>8. HAVE YOU EVER CONSIDERED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)</p>	
<p>9. HAVE YOU EVER ATTEMPTED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)</p>	
<p>10. PERSONAL HABITS</p> <p>ALCOHOL USE CLAIMED: <input type="checkbox"/> NONE <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> OTHER (Explain) _____</p> <p>WAS ALCOHOL ABUSE APPARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>HAVE YOU EVER RECEIVED ALCOHOL TREATMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (State facility and date) _____</p> <p>DRUG USE CLAIMED: <input type="checkbox"/> NONE <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> OTHER (Explain) _____</p> <p>DRUG USE APPARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>HAVE YOU EVER RECEIVED DRUG TREATMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES (State facility and date) _____</p> <p>GAMBLING: <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NEVER</p>	
<p>12. MENTAL/PHYSICAL HEALTH BACKGROUND INFORMATION</p> <p>a. SPORTS AND HOBBIES</p> <p>b. SPECIAL SKILLS/ABILITIES</p> <p>c. NOTES (Is there anything on this form which is not covered that you feel should be brought to the attention of the confining facility?)</p>	