

APPLICATION FOR COMPASSIONATE ACTIONS

For use of this form, see AR 614-200; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC, Section 301.
PRINCIPAL PURPOSE: To determine eligibility for compassionate action.
ROUTINE USES: Information may be referred to appropriate authorities to determine if compassionate action can be approved.
DISCLOSURE: Disclosure is voluntary. Failure to furnish information requested may result in denial of request for compassionate action.

FORWARD APPLICATION TO HQDA (TAPC-EPC-S). SUBMIT ONE COPY ONLY. The soldier is advised that if this request for compassionate action is approved, he/she may be assigned to duties in other than PMOS; further, a waiver of any enlistment/reenlistment commitment must be accomplished (AR 601-210, chapter 8 and AR 601-280, chapter 4). If submitted by soldier on leave, DDALV or in attached status, a copy of DA Form 31 or orders must be included with this request.

1. I REQUEST:

- a. REASSIGNMENT TO _____
- b. DEFERMENT OF _____ DAYS FROM ORDERS TO _____
- c. DELETION FROM ORDERS TO _____
- d. PERMISSIVE ATTACHMENT OF _____ DAYS AT _____ EFFECTIVE _____

2. NAME (Last, First, MI)		3. SSN	4. RANK	5. PRO-PAY CATEGORY
6. ENL COMMITMENT	7. PMOS	8. SMOS		9. LATEST PCS
10. CURRENT STATUS	DUTY	11a. ASG/ATCH UNIT		11b. PHONE NO.
ORDINARY LEAVE	ATCH			
EMERGENCY LEAVE	DDALV			
12. DEROS	13. DROS	14. MARITAL STATUS	15. DATE OF MARRIAGE	
16a. NAME OF SPOUSE		16b. AGE	16c. PRESENT ADDRESS OF SPOUSE	
17. BASD	18. PEBD	19. ETS	20. HOME PHONE NO. (Include area code)	

21. AUTHORIZED FAMILY MEMBERS, CHILDREN OR OTHERS AUTHORIZED AS FAMILY MEMBERS IAW AR 640-3.

NAME	AGE	RELATIONSHIP	ADDRESS

22a. PARENTS (To be completed by all soldiers. Indicate if parents are deceased.)

NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH
FATHER:				
MOTHER:				
FATHER-IN-LAW:				
MOTHER-IN-LAW:				

22b. THIS REQUEST IS BASED ON LOCO PARENTIS. I RESIDED WITH THE FOLLOWING PERSONS FROM _____ (Month/Year) TO: _____ (Month/Year)

NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH

23. SOLDIER'S BROTHERS AND SISTERS WHETHER LIVING AT HOME OR ELSEWHERE AND OTHER MEMBERS OF FAMILY. (Include brothers/sisters-in-law, if request is based on in-law problems.)

NAME	AGE	RELATIONSHIP	ADDRESS	OCCUPATION	MONTHLY INCOME

24. HAS SOLDIER SUBMITTED ANY PREVIOUS REQUESTS FOR COMPASSIONATE ACTION?
 YES NO IF YES, INCLUDE DATE SUBMITTED, CIRCUMSTANCES PROMPTING THE REQUEST, AND FINAL DECISION.

25. GIVE REASONS FOR REQUESTING COMPASSIONATE ACTION (If illness or injury is involved, attach statement from attending physician, IAW AR 614-200, chapter 5.)

26. WHAT ATTEMPTS HAVE BEEN MADE BY SOLDIER TO REMEDY THE CONDITIONS OTHER THAN APPLYING FOR A COMPASSIONATE ACTION?

27. REMARKS

28a. I have been interviewed by a commissioned officer and have been advised that false statements on this application will constitute a violation of the UCMJ 1951 (as amended) and may subject me to a trial by court-martial.

b. SIGNATURE OF APPLICANT	c. DATE
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29a. I certify that the information on the request for compassionate action contained herein
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL

b. TYPED OR PRINTED NAME OF COMMANDER/AUTHORIZED REPRESENTATIVE	c. SIGNATURE	d. DATE
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