

U.S. ARMY TRIAL DEFENSE SERVICE OUTPROCESSING FORM

RANK/NAME:		REGION / OFFICE:
SUPERVISOR'S NAME:	COMPONENT:	DUTY PHONE:
RESIGNATION / RETIREMENT / ETS DATE (IF APPLICABLE): (YYYYMMDD)		EXPECTED DEPARTURE DATE: (YYYYMMDD)
GAINING UNIT & ADDRESS:	YOUR FORWARDING ADDRESS:	
	YOUR PHONE:	
	YOUR E-MAIL:	
HAVE YOU SIGNED YOUR EVALUATION (OER / NCOER)? IF YES, DATE YOU SIGNED (YYYYMMDD): _____		
HAVE YOU RECEIVED YOUR AWARD? IF YES, DATE RECEIVED (YYYYMMDD): _____		
HAVE YOU SETTLED ALL TRAVEL DOCUMENTS IN DTS? HAVE YOU PAID ANY OUTSTANDING BALANCE ON YOUR GOVERNMENT CREDIT CARD? IF NO, WHY? _____		
DO YOU HAVE ANY PENDING COURT-MARTIAL CASES? IF YES, HAS YOUR CLIENT SUBMITTED AN IMC REQUEST FOR YOU?		
<u>REMINDER</u> <i>DON'T FORGET TO UPDATE YOUR JAGCNET, MJO, TATTS, DTS & GOVERNMENT CREDIT CARD PROFILES OR ACCOUNTS UPON SIGNING IN TO YOUR GAINING UNIT.</i>		
WHAT WAS YOUR MOST MEMORABLE EXPERIENCE WHILE ASSIGNED TO TDS: _____ _____ _____ _____ _____		
WHAT ARE YOUR SUGGESTIONS TO IMPROVE TDS: _____ _____ _____ _____ _____		