U.S. ARMY TRIAL DEFENSE SERVICE INPROCESSING FORM

RANK/NAME:	GO BY NAME:
REGION / OFFICE:	REPORT DATE:
OFFICE ADDRESS:	DUTY PHONE:
	SUPERVISOR'S NAME:
DUTY TITLE:	SUPERVISOR'S PHONE:
COMPONENT:	DOR (YYYYMMDD):
BAR MEMBERSHIP **(COUNSEL ONLY)**:	CPNCO/SPNCO NAME & PHONE **(PARALEGAL ONLY)**:
THRU DATE OF LAST OER/NCOER/AER (YYYYMMDD):	
MILITARY EDUCATION:	
CIVILIAN EDUCATION:	
HOME ADDRESS **(AT DUTY STATION)**:	HOME PHONE
	CELL PHONE
	EMAIL ADDRESS

NEXT OF KIN

NAME	RELATIONSHIP	ADDRESS	PHONE

HAVE YOU UPDATED THE FOLLOWING PROFILES DTS:	ARE YOU REGISTERED IN DTS? IF YES, HAVE YOU BEEN RELEASED FROM YOUR PREVIOUS UNIT'S HIERARCHY IN DTS?
TATTS: JAGCNET:	DO YOU HAVE A GOVERNMENT CREDIT CARD? CARD NUMBER EXP DATE

CRIMINAL / MILITARY JUSTICE EXPERIENCE:

(COUNSEL ONLY) NUMBER OF MONTHS AS A TC / DC (OR CIVILIAN EQUIVALENT): ___

CASES TRIED AS A TC / DC (OR CIVILIAN EQUIVALENT): ___ CONTESTED: ___ GUILTY PLEAS: ___

(PARALEGAL ONLY) NUMBER OF MONTHS EXPERIENCE IN CRIMLAW: ___ TDS: ___

OTHER RELEVANT EXPERIENCE:

_____

_____

_____

_____

SEND A COPY OF ORB/ERB, PCS ORDERS, AND LAST OER/NCOER WITH THIS FORM

HQs, USATDS Form 1 (1 Oct 13)