PREPARE IN DUPLICATE

PROB 14B
(Rev. 2/01)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

REQUEST FOR MILITARY SERVICE DATA

DATE _____

Dear Sir:

The person identified below is under investigation by this office. The information requested is needed to complete this investigation. Your cooperation will be greatly appreciated. **Reply must be received no later than**

_____

_____
SIGNATURE OF PROBATION OFFICER

ADDRESS OF PROBATION OFFICE	TELEPHONE NO. FAX NO.

NAME OF PERSON BEING INVESTIGATED *(Last - First - Middle)*

ADDRESS OF PERSON BEING INVESTIGATED

DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE

ALSO KNOWN AS	FATHER'S NAME	MOTHER'S NAME

COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	OTHER IDENTIFYING MARKS *(SCARS, TATTOOS, ETC.)*

ACTIVE MILITARY SERVICE:	BRANCH OF SERVICE	FROM	TO	SERVICE NUMBER(S)

DID THIS PERSON HAVE ANY RESERVE SERVICE? ☐ NO ☐ YES ☐ UNKNOWN	*(Show branch)*	FROM	TO

IS THIS PERSON NOW A MILITARY RETIREE? ☐ NO ☐ YES ☐ UNKNOWN	*(Show branch)*	SOCIAL SECURITY NO.

SPACE BELOW FOR RECORDS CENTER USE (Show Active Service Only)

FROM	TO	TYPE AND CHARACTER OF SEPARATION	HIGHEST RANK

☐ DECORATIONS OR CITATIONS

☐ MEDICAL HISTORY PERTAINING TO PERSONALITY DISORDERS, NERVOUS OR MENTAL CONDITION

☐ FOREIGN SERVICE

☐ COURTS MARTIAL (Type, nature of offense, dates, and sentence)

TYPE	DATE	OFFENSE(S) AND OTHER DATA AS APPROPRIATE

SIGNATURE OF OFFICIAL	TITLE	DATE

If more space is required, continue on reverse. Check here ☐ if reverse has been used.

Print | Save As... | Export as FDF | Retrieve FDF File | Reset