

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

(b)(6)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) [REDACTED]	Rank/Grade PV2/E-2	Social Security No. [REDACTED]	Date of Counseling 21 APR. 04
Organization [REDACTED]	Name and Title of Counselor [REDACTED] TEAM CHIEF.		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

- PERFORMANCE
- LACK OF DISCIPLINE.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

ON OR ABOUT 19 APR 04 YOU PUT [REDACTED] WERE CONDUCTING (WC) CHECKS FROM CELL TO CELL WHEN YOU FOUND A URINE BOTTLE IN ONE OF THE CELLS, YOU QUESTIONED THE DETAINEES AND WHEN YOU FOUND OUT WHO'S IT WAS; YOU ACTED UNPROFESSIONALLY AND REMOVED THE LID FROM THE BOTTLE AND BROUGHT IT TOWARDS THE DETAINEE FACE WITH INTENT TO HAVE HIM DRINK IT; FORTUNATELY YOU CAME TO YOUR SENSES AND TOLD HIM NOT TO DO THIS ANY LONGER AND NO (WC) FOR HIM. PUT [REDACTED] YOUR ACTIONS HAVE BROUGHT A NEGATIVE IMPACT AND DISCREDIT UPON THE ENTIRE PLATOON. YOU HAVE CONDUCTED A CRIMINAL ACT AND IS PUNISHABLE UNDER UCMJ AND POSSIBLE COURT MARTIAL YOUR SWORN STATEMENT WILL BE SUBMITTED UP THE CHAIN-OF-COMMAND AND YOU ARE AT THEIR MERCY.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 600-10-2.

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EXHIBIT

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

You will relinquish all your Ammo To ME (set
You will be posted at the Front Desk All week
You will have an escort if you need to go to the
Detainee facility at the Back.

You will go and see our psychiatrist ASAP.
(on Appt. date).

NOTE: Soldier was informed that Front Desk Duty could
be longer than one week or until further notice

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☒ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:

Date: 21 Apr 04

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor

Date: 21 APR 04

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

EXHIBIT

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GENERAL COUNSELING FORM

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, 10 USC 3012(G). PRINCIPAL PURPOSE: To record counseling data pertaining to service members.
ROUTINE USES: Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.
DISCLOSURE: Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

PART I - BASIC DATA

1. NAME (last, first, MI) [REDACTED]	2. SOCIAL SECURITY NO. [REDACTED]	3. GRADE E2	4. SEX Male
5. UNIT [REDACTED]	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING [REDACTED]	7. TRAINING SCORES HIGH _____ MED _____ LOW _____	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES 23APR04, Serious incident o/a 19APR04.

9. DATE AND SUMMARY OF COUNSELING 23APR04, As the OIC of the TF [REDACTED], I am very concerned about the incident that occurred o/a 19APR04. You came dangerously close to violating the policies and orders of this command and the Geneva Convention. To your credit, you realized the dangerous position you were in and stepped back before a mistake was made.

I understand that you are a soldier who has come here to defeat the enemies of our nation, it may seem contrary to be placed in a role caring for the enemies of our nation. What needs to be clear to you is that the intelligence coming from the detainees in this facility is critical to defeating the leaders of the various groups that endanger Coalition Forces every day and to [REDACTED]. Your role is to maintain the detainees in this facility between interrogation sessions in accordance with the policies of this facility and the Geneva Convention. Do not take it upon yourself to stray from these duties in any way. If you have any questions as to what your duties entail, you need to ask your chain of command.

Your platoon chain of command has briefed me on the measures they are taking to provide you additional training to enhance your duty performance. Pay close attention to this training as any future misconduct of the type displayed o/a 19APR04 or mistreatment of detainees will result in UCMJ action. Nothing further.

DISPOSITION INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement.

EXHIBIT

PART III - AUTHENTICATION

10. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

MAJ, MI

OIC

23 Apr 04

11. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I concur nonconcur that the information above accurately reflects this counseling session. I nonconcur for the following reasons:

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

23 Apr 04

13. IF COUNSELED INDIVIDUAL REFUSES TO SIGN COUNSELING NOTES, COUNSELOR WILL INITIAL THIS BLOCK.

PART IV - REHABILITATION

14. REHABILITATION RESULTS / COMMENTS

15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

16. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

PART V - UNIT COMMANDER INTERVIEW

17. INTERVIEW RESULTS AND RECOMMENDATION

18. NAME, GRADE, SIGNATURE OF UNIT COMMANDER

DATE

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EXHIBIT

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(b)(6)

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AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade PV2/E-2	Social Security No.	Date of Counseling 23 April 04
Organization	Name and Title of Counselor 2LT OIC		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Unprofessional Behavior and Lack of Discipline

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

PV2, your behavior dealing with the Detainees has been unprofessional. The following areas will be address and corrected:

- Your actions past, future and present could potentially get you in a great deal of trouble.
- We are in an extremely high profile and very important mission, which requires your absolute professionalism at all times.
- You will read and follow the SOP to standard, and the rules stated in the Geneva Convention at all times, anything less is unacceptable.

Your actions have put the entire platoon in a negative light in the eyes of the command, and we MUST avoid this in the future. If this type of action continue, UCMJ actions will be taken again you.

OTHER INSTRUCTIONS

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DA FORM 4856, JUN 1999

EDITION OF JUN 85 IS OBSOLETE

USAPA V1.00

(b)(6)

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

PV2 [redacted] you will clean all the Detainee cells on each shift for 1 week. This action will be on the 23 April 04 - 29 April 04. Hours; 0900 hrs - 2000 hrs - 0300 hrs. You will be released by the each shift Team Chief.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: [redacted] ☒ agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: [redacted]

Date: 23 Apr 04

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: [redacted]

Date: 23 APR 04

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: [redacted] Individual Counseled: [redacted] Date of Assessment: 0000002

Note: Both the counselor and the individual counseled should retain a record of the counseling.

REVERSE, DA FORM 4856, JUN 1999

EXHIBIT

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