<b>SWORN STATEMENT</b> For use of this form, see AR 190-45; the proponent agency is PMG.							
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	PRIVACY ACT STATEMENT  Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).  To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.  Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.						
DISCLOSURE:	Disclosure of your SSN and other information is voluntary.						
1. LOCATION 2.		2. DA	DATE (YYYYMMDD) 3. TIME		4. FILE NUMBER		
5. LAST NAME, FIRST N	AME, MIDDLE NAME		6. SSN		7. GRADE/S	STATUS	}
8. ORGANIZATION OR A	ADDRESS						
9.		· · · · · · · · · · · · · · · · · · ·	WANT TO MAKE THI	E FOLLOWING STAT	EMENT UNDER	NTAO ₹	:
10. EXHIBIT  ADDITIONAL PAGES MO	11. JST CONTAIN THE HEADING "STAT		S OF PERSON MAKIN OF TAKEN A		PAGE 1 OF	2	PAGES
THE BOTTOM OF EACH	I ADDITIONAL PAGE MUST BEAR T	HE INITIA	ALS OF THE PERSOI	N MAKING THE STA	TEMENT, AND F	PAGE N	IUMBER

STATEMENT OF	TAKEN AT	DATED					
9. STATEMENT (Continued)							
	AFFIDAVIT						
I,, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE $$							
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALI	L CORRECTIONS AND H	AVE INITIALED THE BOTTOM OF EACH PAGE					
CONTAINING THE STATEMENT. I HAVE MADE THIS STAT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UN							
		(Signature of Person Making Statement)					
WITNESSES:		Subscribed and sworn to before me, a person authorized by law to					
	administer of	ths, this day of ,					
ORGANIZATION OR ADDRESS		(Signature of Person Administering Oath)					
		(Typed Name of Person Administering Oath)					
		(1.7500 Maine of 1 010011 Mainimistering Odili)					
ORGANIZATION OR ADDRESS		(Authority To Administer Oaths)					
INITIALS OF PERSON MAKING STATEMENT		PAGE 2 OF 2 PAGES					

**DA FORM 2823, NOV 2006**APD LC v1.01ES