CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY THOMAS JR	ARMY/RA	142 | 88 | 4680

4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)
PV1	E01	19870916	00000000

7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
FORT DIX, NEW JERSEY	104 CHAMPAGE DRIVE SWEDESBORO NEW JERSEY 08085-0000

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED
0082AGFFICE REPL FC	FORT BRAGG, NC 28310-5000

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
N/A	[ ] NONE AMOUNT: $400,000.00

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)

11B1P INFANTRYMAN - 0 YRS 10 MOS//NOTHING FOLLOWS

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	2005	08	10
b. SEPARATION DATE THIS PERIOD	2006	11	06
c. NET ACTIVE SERVICE THIS PERIOD	0000	10	23
d. TOTAL PRIOR ACTIVE SERVICE	0000	00	00
e. TOTAL PRIOR INACTIVE SERVICE	0000	00	00
f. FOREIGN SERVICE	0000	00	00
g. SEA SERVICE	0000	00	00
h. EFFECTIVE DATE OF PAY GRADE	2006	09	14

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON //PARACHUTIST BADGE//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

NONE//NOTHING FOLLOWS

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES	X	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT	X	YES		NO

16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
			X

18. REMARKS

BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20050429-20050809//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)	b. NEAREST RELATIVE (Name and address -- include ZIP Code)
104 CHAMPAGE DRIVE SWEDESBORO NEW JERSEY 08085-0000	ANTHONY PIROLLI SR 104 CHAMPAGE DRIVE SWEDESBORO NEW JERSEY 08085-0000

20. MEMBER REQUESTS COPY 6 BE SENT TO NJ DIRECTOR OF VETERANS AFFAIRS	X	YES		NO

21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
Anthony Pirolli	JACQUELINE BEARD, HUMAN RESOURCE ASST SUPERVISOR

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)	
DISCHARGE	UNDER HONORABLE CONDITIONS (GENERAL)	
25. SEPARATION AUTHORITY	**26. SEPARATION CODE**	**27. REENTRY CODE**
AR 635-200, PARA 14-12C	JKQ	3

28. NARRATIVE REASON FOR SEPARATION

MISCONDUCT, (SERIOUS OFFENSE)

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)	30. MEMBER REQUESTS COPY 4 (Initials)
UNDER 10 USC 972: 20060404-20060807	ATP

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION 1985

REPORT OF RETURN OF ABSENTEE

REPORT CONTROL SYMBOL
DD/P&R(SA)1454

IMPORTANT NOTICE

The absentee status of the individual named below has been terminated. Military records indicate that your agency was specifically furnished a copy of DD Form 553, "Deserter/ Absentee Wanted by the Armed Forces," soliciting your support. Request you clear your records of the DD Form 553 pertaining to this individual and the associated unauthorized absence indicated on this report. The Department of Defense and the Military Service law enforcement officials concerned gratefully acknowledge your participation and support of military apprehension programs.

1. DISTRIBUTION *(Same as DD Form 553 at time of absence)*
CRC
1 - Ft. Brass

2. NAME OF ABSENTEE *(Last, First, Middle Initial)*
Pirolli, Anthony Jr

3. SERVICE	4. SOCIAL SECURITY NO.	5. GRADE OR RATE
ARMY	142-88-4680	E-2

6. FORMER ABSENTEE STATUS

a. FORMER STATUS *(X one)*

	(1) ESCAPED OR SENTENCED PRISONER		(2) ABSENTEE
		X	(3) DESERTER *(Administrative)*

b. DATE/HOUR ABSENCE BEGAN *(YYYYMMDD)*
20060404 / 0630

c. ORGANIZATION AND INSTALLATION FROM WHICH ABSENT
Aco, 1st BN, 505th PIR, 82nd ABN Div
Ft. Brass, NC

7. CIRCUMSTANCES OF ABSENTEE'S RETURN

a. MODE OF RETURN *(X one)*

	(1) APPREHENDED	X	(1) MILITARY		(2) CIVIL		(3) FBI		(4) DIS
X	(2) SURRENDERED		(5) OTHER *(Specify)*						

b. AUTHORITIES TO WHOM ABSENTEE SURRENDERED OR BY WHOM APPREHENDED *(X one)*

c. PLACE OF INITIAL RETURN
Ft. Sill, OK

d. DATE/HOUR OF INITIAL RETURN *(YYYYMMDD)*
20060808 / 1500

e. REQUIRED ACTION *(X one)*

X	(1) RETURN TO MILITARY CONTROL		(2) RETAINED BY CIVIL AUTHORITIES		(3) CIVIL CHARGES		(4) SAFEKEEPING

f. MILITARY ORGANIZATION AND INSTALLATION OR CIVILIAN LOCATION
Ft. Sill, OK

g. DATE RETURNED TO MILITARY CONTROL *(YYYYMMDD)*
20060808

8. DISPOSITION OF ABSENTEE

a. ACTION BY MILITARY AUTHORITIES *(X one)*

	(1) RETAINED	X	(2) TRANSFERRED
	(3) TECHNICAL ARREST ORDERS		(4) GUARD

b. TO *(Name of Command in charge of absentee)*
CDR, 82d 55B
AFVC-PSC
Ft. Brass, NC

c. COST OF TRANSPORTATION *(To be charged to the individual's account)*
$UNKNOWN

9. REMARKS *(Include location of Service, Pay and Health Records)*

TERMINATE
APPREHENSION EFFORTS
INDIVIDUAL HAS RETURNED
TO MILITARY CONTROL

THIS IS NOT A RECORDS
CHECK REQUEST

NO CRC NO 06-MPC023 3385K-5W1
FOUND ON DD FORM 553

DFR DATE: 20060505

TRADOC FORSCOM 29

10. AUTHORIZING OFFICIAL

a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE
PRINCE, SCOTT D.	GS-5	SHIFT SUPERVISOR, USADIP

d. ORGANIZATION	e. SIGNATURE *(Sign all copies)*	f. DATE SIGNED *(YYYYMMDD)*
SPC/PCF/USADIP FORT KNOX, KY 40121	Scott D Prince	20060808

NAME (LAST – FIRST – MIDDLE INITIAL) PIROLLI, ANTHONY	SSN: 142-88-4680	(FOR USADIP USE ONLY: RETURN TO MILITARY CONTRO PLACE: FT SILL, OK
[X] DA FORM 201 MILITARY PERSONNEL RECORDS JACKET [X] MEDICAL RECORDS [X] DENTAL RECORDS [ ] DFR PACKET ONLY [ ] OTHER		DATE: 08 AUG 2006 RMC:SM ABSENT FROM A CO 1st BN 505th PIR 82nd ABN DIV ORG:FT BRAGG, NC DATE: 04 APR 2006 REQUESTED BY NAME: ORG: PHONE: DATE:
TO: COMMANDER ATTN: AFVC PSC 82nd SSB FORT BRAGG NC		FORWARDED: DATE: 09 AUG 2006 NAME: SPC VOGT FROM: COMMANDER USA PERSONNEL CONTROL FACILITY ATTN: ATZK-PMF-D FT KNOX, KY 40121

USADIP FORM 85
27 JAN 04

TELEPHONE/VERBAL CONVERSATION RECORD

SUBJECT OF CONVERSATION	STATUS: (DFR-RMC) / CIVIL CONFINEMENT /UNREPORTED / INVALID/ ERRONEOUS		
NAME OF SERVICE MEMBER	SSN	DOB	GRADE
Pirolli, Anthony Jr	142-88-4680	19870916	E2/PV2

INCOMING CALL

PERSON CALLING	ADDRESS/ PHONE	DATE/ TIME CALL RECEIVED
Swedland	Ft. Sill, OK RCF	20060808/ 1521
PERSON CALLED	**OFFICE**	**PHONE NUMBER AND EXTENTION**
Henderson	NCIC, USADIP	(502)626-3711/3712/3713

SUMMARY OF CONVERSATION

STATUS ON DFR PACKET	NCIC CHECK	ON DVIS II	DFR RECORDS ON FILE	SERVICE MEMBER
(PA) PZ /PV/ OM / NO RECORD	YES (NO)	YES (NO)	(YES) NO	(SUR/MIL) APP/CIV

CIVILIAN APPREHENSION

DATE / TIME OF ARREST:

PLACE OF ARREST:

NAME / PHONE OF JAIL: CITY: STATE:

LOCAL CHARGES: YES NO IF YES STATE: THE CHARGES

MILITARY SURRENDER

DATE OF RETURN: 20060808 TIME: 1500 PLACE: Ft. Sill, OK

PER Swedland FROM: RCF PHONE: 580-442-2623 6597 Fax

ACTION TAKEN

WARRANT CLEARED BY No CLEAR DATE Entry

MILITARY AGENCY NOTIFIED BY _____ PERSON NOTIFIED _____

DATE/ TIME NOTIFIED	LOCATION	MP DESK / AWOL APP	PHONE/ FAX NUMBER
—	—	—	—

REMARKS:

IF UNREPORTED: STATUS (Guard / Reserve / Active / Overseas) : GOES TO UNIT:

USADIP FORM 225-R

CHARGE SHEET

I. PERSONAL DATA

1. NAME OF ACCUSED (Last, First, Middle Initial)	2. SSN	3. GRADE OR RANK	4. PAY GRADE
PIROLLI, ANTHONY T.	142-88-4680	PV2	E-2

5. UNIT OR ORGANIZATION	6. CURRENT SERVICE	
A CO 1-505 PIR 82D ABN DIV	a. INITIAL DATE	b. TERM

7. PAY PER MONTH			8. NATURE OF RESTRAINT OF ACCUSED	9. DATE(S) IMPOSED
a. BASIC	b. SEA/FOREIGN DUTY	c. TOTAL		
$1,420.00	$150.00	$1,570.00	NONE	N/A

II. CHARGES AND SPECIFICATIONS

10. CHARGE: VIOLATION OF THE UCMJ, ARTICLE 86

SPECIFICATION:

IN THAT PV2 ANTHONY T. PIROLLI, U.S. ARMY, DID ON OR ABOUT, 4 APRIL 2006, IN A TIME OF WAR WITHOUT AUTHORITY AND WITH INTENT TO REMAIN AWAY THEREFROM PERMANENTLY, ABSENT HIMSELF FROM A CO, 1ST BN, 505TH PIR AT FORT BRAGG, NC 28310, AND REMAIN SO ABSENT IN DESERTION. IN THAT PV2 PIROLLI, DID, ON OR ABOUT, 4 APRIL 2006, IN A TIME OF WAR WITH INTENT TO AVIOD HAZARDOUS DUTY NAMELY JRTC DEPLOYMENT AND IRAQ DEPLOYMENT, QUIT A CO, 1ST BN, 505TH PIR AT FORT BRAGG, NC 28310, AND REMAIN SO ABSENT IN DESERTION.
IN THAT PV2 PIROLLI, DID ON OR ABOUT, 4 APRIL 2006, WITHOUT AUTHORITY AND WITH INTENT TO AVOID JRTC, ABSENT HIMSELF FORM A CO, 1ST BN, 505TH PIR AT FORT BRAGG, NC 28310 AND DID REMAIN SO ABSENT.
IN THAT PV2 PIROLLI, DID, ON OR ABOUT, 4 APRIL 2006, THROUGH DESIGN MISS MOVEMENT OF A CO, 1ST BN, 505TH PIR WITH WHICH HE WAS REQUIRED IN THE COURSE OF DUTY TO MOVE.

III. PREFERRAL

11a. NAME OF ACCUSER (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION OF ACCUSER
ANTWAN L. DUNMYER, CPT, IN, Commanding	O-3	A CO 1ST BN, 505TH PIR

d. SIGNATURE OF ACCUSER	e. DATE (YYYYMMDD)
	20060516

AFFIDAVIT: Before me, the undersigned, authorized by law to administer oath in cases of this character, personally appeared the above named accuser this 16 day of MAY, 2006, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either haspersonal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.

CARL E. BENANDER	1ST BN, 505TH PIR
Typed Name of Officer	*Organization of Officer*
0-3	Adjutant
Grade	*Official Capacity to Administer Oath (See R.C.M. 307(b)_ must be commissioned officer)*

Signature

12.
On _____, _____, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me *(See R.C.M. 308(a)). (See R.C.M. 308 if notification cannot be made.)*

_____ *Typed Name of Immediate Commander*

_____ *Organization of Immediate Commander*

_____ *Grade*

_____ *Signature*

IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY

13.
The sworn charges were received at _____ hours, _____, _____ at 1ST BN, 505TH PIR *Designation of Command or*

FORT BRAGG, NC 28310 .
Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)

FOR THE [1] _____

SCOTT A. HARRIS *Typed Name of Officer*

COMMANDING *Official Capacity of Officer Signing*

O-5 *Grade*

Signature

V. REFERRAL; SERVICE OF CHARGES

14a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY	b. PLACE	c. DATE *(YYYYMMDD)*

Referred for trial to the _____ court-martial convened by _____,

_____, _____, subject to the following instructions: [2]

_____

By _____ of _____
Command or Order

_____ *Typed Name of Officer*

_____ *Official Capacity of Officer Signing*

_____ *Grade*

_____ *Signature*

15.
On _____, _____, I (caused to be) served a copy hereof on (each of) the above named accused.

_____ *Typed Name of Trial Counsel*

_____ *Grade or Rank of Trial Counsel*

_____ *Signature*

FOOTNOTES: 1 - When an appropriate commander signs personally, inapplicable words are stricken.
2 - See R.C.M. 601(e) concerning instructions. If none, so state.

Deserter Processing Checklist

NAME: Pirolli JR, Anthony SSN: 142-88-4680 DATE: 8 Aug 2006

- ✓ DD 553
- ✓ DD 4187 (AWOL)
- ✓ DD 4187 (DFR)
- ✓ DD 458 (Charge Sheet)
- ✓ OMPF Screened
- ✓ MPRJ (DA 201) Screened
- ✓ DA 4384 (Commander's Report of Inquiry)
- ___ Revocation of Security Clearance
- ✓ Letter to Next-of-Kin (AWOL)
- ✓ Letter to Next-of-Kin (DFR)
- ___ Inventory Military/Civilian Clothing & Effects
- ✓ DA 137 Installation Clearance Record
- ___ PCS/TDY Orders
- ___ NG/USAR Active Duty Order
- ___ NG/USAR Assignment Order
- ___ NG Discharge Order
- ✓ Medical/Dental Record

REMARKS:

MARRIED / DIVORCED / (SINGLE) DEPENDENTS (0) IRAQ UNIT YES / (NO)

(RA) / USAR / NG TYPE RECORD (PA) / PZ FLIGHT RISK YES / (NO)

CMD ASGD: FC PPA: LB PSB/SSB: UA11 UIC: AB2UA0 Initials MB

RMC Verification –
(Action taken: Explain in detail, attach letter if appropriate)

NCIC Action

Entry Date: _____ Initials: _____

Distribution Date: _____ Initials: _____

8 Aug 2006 MB DB

DESERTER/ABSENTEE WANTED BY THE ARMED FORCES

1. DATE PREPARED (YYYYMMDD)

REPORT CONTROL SYMBOL: DD-P&R(SA)1454

2. TO *(Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point)*

JUL 27 2006

Cdr, US Army Personell Control Facility
ATTN: ATZK-PMF-DIP Bldg 1281
Ft. Knox, KY 40121

JUL 27 2006

27 Jul 2006

3. FROM *(Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks)*

Commander
A CO, 1st BN, 505th PIR, 82ND ABN DIV
Ft. Bragg, NC. 28310

4. DISTRIBUTION

RECEIVED
JUN 06 2006

06 MPC023
3385K-5W1

5. ABSENTEE IDENTIFICATION

a. NAME *(Last, First, Middle Initial)*	b. GRADE/RANK/RATE	c. SEX
PIROLLI, ANTHONY Thomas JR.	PV2	M

d. RACE *(X one or more)*

- [ ] AMERICAN INDIAN/ALASKA NATIVE
- [ ] ASIAN
- [ ] BLACK OR AFRICAN AMERICAN
- [ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- [X] WHITE
- [ ] DECLINE TO RESPOND

e. ETHNICITY *(X one)*

- [ ] HISPANIC OR LATINO
- [ ] NOT HISPANIC OR LATINO
- [ ] DECLINE TO RESPOND

f. PLACE OF BIRTH *(City, State, Country)*	g. DATE OF BIRTH *(YYYYMMDD)*	h. HEIGHT	i. WEIGHT
Newark DE	19870916	71''	214lb

j. EYE COLOR *(X one)*

- [ ] BLACK
- [X] BLUE
- [ ] BROWN
- [ ] GREEN
- [ ] GRAY
- [ ] HAZEL
- [ ] VIOLET

k. HAIR COLOR *(X one)*

- [ ] AUBURN
- [ ] BLACK
- [ ] BLOND
- [X] BROWN
- [ ] GRAY
- [ ] RED
- [ ] SILVER
- [ ] WHITE
- [ ] BALD

l. DIP CONTROL NUMBER	m. BRANCH OF SERVICE	n. SOCIAL SECURITY NO.	o. CITIZENSHIP	p. MARITAL STATUS
	US ARMY	142-88-4680	US	S

q. MILITARY OCCUPATION

11B1P/INFANTRYMAN

r. CIVILIAN OCCUPATION

NONE

s. PERMANENT RESIDENCE ADDRESS *(Include ZIP Code)*

104 CHAMPAGNE DR. SWEDESBORO, NJ.08085

6. CURRENT ENLISTMENT

a. DATE *(YYYYMMDD)*	b. PLACE *(City and State)*
20050429 ~~20050810~~	FT Dix ~~SWEDESBOROUGH~~, NJ

7. ENTRY INTO CURRENT PERIOD OF SERVICE

a. DATE *(YYYYMMDD)*	b. PLACE *(City and State)*
20050810	FT Dix ~~SWEDESBOROUGH~~, NJ

8. ATTACH PHOTOGRAPH *(If available)*

9. TIME OF ABSENCE

a. DATE *(YYYYMMDD)*	b. HOUR
2006 04 04	06:30

10. ADMINISTRATIVE DATE OF DESERTION *(YYYYMMDD)*: 2006 05 05

11. ESCAPED OR SENTENCED PRISONER *(X as applicable)*

- [ ] YES — IF "YES," SPECIFY CHARGE
- [ ] NO

12. DISCHARGE STATUS *(X as applicable)*

	YES	NO
a. DISCHARGED	[ ]	[ ]
b. SUSPENDED	[ ]	[ ]

13. OPERATOR'S LICENSE

a. NUMBER	b. STATE	c. EXP. DATE *(YYYYMMDD)*
P46130538309874	NJ	20080930

14. VEHICLE LICENSE

a. PLATE NO.	b. STATE	c. EXP. DATE *(YYYYMMDD)*	d. TYPE
	NJ		

15. VEHICLE

a. VEHICLE IDENTIFICATION NUMBER	b. YEAR	c. MAKE	d. MODEL	e. STYLE	f. COLOR
	97	LINCOLN	CONTINENTAL		BLACK

16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE *(If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)*

a. NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)*
(1) ANTHONY PIROLLI SR. Father	[redacted]
(2) Coleman JR, Thomas Friend	
(3) Ruemaker, Dan Friend	
(4) Conway, Jim Supervisor	
(5) Lacortiglia, Jeffrey Friend	

17. CERTIFICATION *(See Notes)*

The undersigned states: That he/she is a commissioned officer of the United States ARMY *(Military Department)*, presently assigned as the Commanding Officer, A CO, 1STBN, 505TH PIR *(Unit from which the alleged deserter absented himself or herself)*, and in the performance of official duties imposed by Department of Defense Directive 1325.2 and AR 190-9 AND AR 630-10 *(Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10)*, he/she has conducted an investigation into the status of PV2 ANTHONY T. PIROLLI *(Name and rank of alleged deserter)*, a member of the United States Armed Forces serving on active duty with A CO, 1ST BN, 505TH PIR, UNITED STATES ARMY *(Unit and Service from which the alleged deserter absented himself or herself)*, by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and *(See Note 1)* _____).

That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about 2006 04 04 *(Date - YYYYMMDD)*, PV2 ANTHONY T. PIROLLI *(Name and rank of alleged deserter)*, did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: *(See item 3 above)* located at *(See item 3)* in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent until _____ *(Date this statement is executed - YYYYMMDD)*. I state under penalty of perjury (under the laws of the United States of America *(See Note 2)* that the foregoing is true and correct. Executed on _____ *(Date - YYYYMMDD)*.

NOTES:

1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.

18. COMMANDING OFFICER

a. TYPED NAME *(Last, First, Middle Initial)*	b. RANK	c. TITLE	
DUNMYER, ANTWAN L.	0-3	COMPANY COMMANDER	
d. ORGANIZATION AND INSTALLATION	e. SIGNATURE *(All copies)*		f. DATE SIGNED *(YYYYMMDD)*
A CO, 1ST BN, 505TH PIR 82ND ABN DIV			2006 05 11

19. REMARKS *(List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification.*

Rx: Corrected Lenses

Body Marks
Chest Strnoe

INFORMATION

1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

(1) Payment for apprehension and detention of absentees until military authorities assume custody; or

(2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of apprehending, keeping and delivering the absentee. Payment may be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly (telephone or telegraph) with the Deserter Information Point of the military service concerned.

a. US Army:	U.S Army Deserter Information Point ATTN: ATZK-PMF-D 1481 Old Ironsides Avenue Fort Knox, KY 40121
Telephone:	Area Code (502) 626-3711/ 3712/3713
b. US Navy:	Navy Absentee Collection and Information Center (NACIC) 2834 Greenbay Road North Chicago, IL 60064
Telephone collect:	Area Code (847) 688-2106 (or toll free: 1-800-423-7633)
c. US Marine Corps:	Commandant, US Marine Corps Code POS-40 2 Navy Annex Washington, DC 20380-1775
Telephone collect:	Area Code (703) 614-3248/3376
d. US Air Force:	Headquarters AF Personnel Center (DPWCM) 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716
Telephone collect:	Area Code (210) 566-3752 (or toll free: 1-800-531-5501)

Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III).*

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
COMMANDER 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310	COMMANDER 82D PSB 82D ABN DIV FT. BRAGG, NC 28310	COMMANDER A CO 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T.	PV2 / 11B1P	142-88-4680

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above soldier's duty status is changed from PRESENT FOR DUTY (PFD) to ABSENT WITHOUT LEAVE (AWOL) effective 630 hours, 04 APRIL 2006

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School		Other *(Specify)*
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*

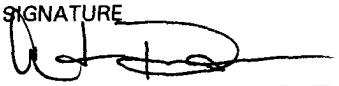
10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*
ANTWAN DUNMYER, CPT, IN, Commanding		2006 05 11

52221AO003

MONTGOMERY GI BILL ACT OF 1984 *(MGIB)*

(Chapter 30, Title 38, U.S. Code)

BASIC ENROLLMENT

10

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, US Code, Sections 3011, 3012,3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE: To document the understanding of members about their eligiblilty or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

ROUTINE USES: To the Department of Veterans' Affairs to ascertain an individual's eligiblilty to claim benefits under the MGIB.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

SERVICE MEMBER DATA

a. NAME *(LAST, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER *(SSN)*
PIROLLI ANTHONY T JR	142-88-4680

STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

I am [redacted] eligible for MGIB because (a) I am a Service Academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

(1) SERVICE MEMBER SIGNATURE	(2) RANK / RADE	(3) DATE SIGNED*(YYYYMMDD)*

STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

(1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing item 5 below.

(2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced $100 per month or the current monthly rate until $1,200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED,** this is an **IRREVOCABLE DECISION.**

(3) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.

(4) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed $600 while on active duty. Once I separate, I cannot contribute.

(5) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions."

(6) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.

(7) I have 10 years from date of last discharge from active duty to use MGIB benefits.

(8) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).

(9) I cannot receive any combination of DVA educational benefits in excess of 48 months.

(10) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

(a) SERVICE MEMBER SIGNATURE	(b) RANK/GRADE	(c) DATE SIGNED*(YYYYMMDD)*
X Anthony Pirolli	PV2/E02	20050815

SELECTED RESERVE EDUCATION ASSISTANCE OPTIONS

STATEMENT OF DISENROLLMENT

I **DO NOT** desire to participate in the MGIB. I understand the benefits of the MGIB program and that I WILL NOT be able to enroll at a later date.

a. DATE SIGNED *(YYMMDD)*	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE

CERTIFYING OFFICIAL

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*
SMITH SHARON D	GS 04		20050815

DD FORM 2366, JUN 2002 *PREVIOUS EDITION IS OBSOLETE.*

Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III)*.

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
COMMANDER 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310	COMMANDER 82D DIV PSB ATTN: ORDERS FT. BRAGG, NC 28310	COMMANDER A CO, 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T.	PV2 / 11B1P	142-88-4680

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above soldier's duty status is changed from ABSENT WITHOUT LEAVE to DROPPED FROM THE ROLLS effective 630 hours, 5 MAY 2006

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School	X	Other *(Specify)* DUTY STATUS CHANGE AWOL TO DFR
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*

10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

Soldier AWOL effective 0630 hours on 4 March 2006.

DISTRIBUTION:
PSB
Finance
PMO

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

[X] HAS BEEN VERIFIED [ ] RECOMMEND APPROVAL [ ] RECOMMEND DISAPPROVAL [ ] IS APPROVED [ ] IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*
ANTWAN DUNMYER, CPT, IN, Commanding		2006 05 10

REPORT OF RETURN OF ABSENTEE

REPORT CONTROL SYMBOL
DD-P&R(SA)1454

IMPORTANT NOTICE

The absentee status of the individual named below has been terminated. Military records indicate that your agency was specifically furnished a copy of DD Form 553, "Deserter/ Absentee Wanted by the Armed Forces," soliciting your support. Request you clear your records of the DD Form 553 pertaining to this individual and the associated unauthorized absence indicated on this report. The Department of Defense and the Military Service law enforcement officials concerned gratefully acknowledge your participation and support of military apprehension programs.

1. DISTRIBUTION *(Same as DD Form 553 at time of absence)*

CRC
1- Ft. Brass

2. NAME OF ABSENTEE *(Last, First, Middle Initial)*
Pirolli, Anthony Jr

3. SERVICE	4. SOCIAL SECURITY NO.	5. GRADE OR RATE
ARMY	142-88-4680	E-2

6. FORMER ABSENTEE STATUS

a. FORMER STATUS *(X one)*

	(1) ESCAPED OR SENTENCED PRISONER		(2) ABSENTEE
		X	(3) DESERTER *(Administrative)*

b. DATE/HOUR ABSENCE BEGAN *(YYYYMMDD)*
20060404 / 0630

c. ORGANIZATION AND INSTALLATION FROM WHICH ABSENT
Aco, 1st BN, 505th PIR, 82nd ABN Div
Ft. Brass, NC

7. CIRCUMSTANCES OF ABSENTEE'S RETURN

a. MODE OF RETURN *(X one)*

	(1) APPREHENDED	X	(1) MILITARY		(2) CIVIL		(3) FBI		(4) DIS
X	(2) SURRENDERED		(5) OTHER *(Specify)*						

b. AUTHORITIES TO WHOM ABSENTEE SURRENDERED OR BY WHOM APPREHENDED *(X one)*

c. PLACE OF INITIAL RETURN
Ft. Sill, OK

d. DATE/HOUR OF INITIAL RETURN *(YYYYMMDD)*
20060508 / 1500

e. REQUIRED ACTION *(X one)*

X	(1) RETURN TO MILITARY CONTROL		(2) RETAINED BY CIVIL AUTHORITIES		(3) CIVIL CHARGES		(4) SAFEKEEPING

f. MILITARY ORGANIZATION AND INSTALLATION OR CIVILIAN LOCATION
Ft. Sill, OK

g. DATE RETURNED TO MILITARY CONTROL *(YYYYMMDD)*
20060508

8. DISPOSITION OF ABSENTEE

a. ACTION BY MILITARY AUTHORITIES *(X one)*

	(1) RETAINED	X	(2) TRANSFERRED
	(3) TECHNICAL ARREST ORDERS		(4) GUARD

b. TO *(Name of Command in charge of absentee)*
CDR, 82d 55B
AFVC-PSC
Ft. Brass, NC

c. COST OF TRANSPORTATION *(To be charged to the individual's account)*
$UNKNOWN

9. REMARKS *(Include location of Service, Pay and Health Records)*

TERMINATE
APPREHENSION EFFORTS
INDIVIDUAL HAS RETURNED
TO MILITARY CONTROL

THIS IS NOT A RECORDS
CHECK REQUEST

NO CRC NO. 06-MR023 3385K-5W1
FOUND ON DD FORM 553

DFR DATE: 20060505

TRADOC FORSCOM 29

10. AUTHORIZING OFFICIAL

a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE
PRINCE, SCOTT D.	GS-5	SHIFT SUPERVISOR, USADIP

d. ORGANIZATION	e. SIGNATURE *(Sign all copies)*	f. DATE SIGNED *(YYYYMMDD)*
SPC/PCF/USADIP FORT KNOX, KY 40121	Scott D Prince	20060508

DD FORM 616, DEC 1999 PREVIOUS EDITION IS OBSOLETE.

ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME *(Last, First, Middle)*	2. SOCIAL SECURITY NUMBER
PIROLLI ANTHONY THOMAS JR	142-88-4680
3. HOME OF RECORD *(Street, City, State, ZIP Code)*	**4. PLACE OF ENLISTMENT/REENLISTMENT** *(Mil. Installation, City, State)*
104 CHAMPAGE DRIVE SWEDESBORO, NJ 08085	FORT DIX MEPS FORT DIX, NJ 08640-5645

5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD)	6. DATE OF BIRTH (YYYYMMDD)	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
20050429	19870916	a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* ARMY RESERVE this date for 8 years and 00 weeks beginning in pay grade E-1. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A B.

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* 0600 20050810 for enlistment in the Regular component of the United States *(list branch of service)* ARMY for not less than 4 years and 20 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is **NOT** creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: *(If none, so state.)* NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) AP

(Continued on reverse side.)

NAME OF ENLISTEE/REENLISTEE *(Last, First, Middle)*	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE
PIROLLI ANTHONY THOMAS JR	142-88-4680

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: *(If none, X "NONE" and initial.)* [X] **NONE** ATP *(Initials of enlistee/reenlistee)*

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED *(YYYYMMDD)*
Anthony Thomas Pirolli JR	20050429

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States *(list branch of service)* ARMY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
RICKS MORRIS W	E-7	FORT DIX MEPS
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
	20050429	FORT DIX NJ 08640-5645

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, ANTHONY THOMAS PIROLLI JR, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States *(list branch of service)* _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.*a*

18a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED *(YYYYMMDD)*
Anthony Pirolli	20050429

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
MAGNUS LORNA N	O-3	FORT DIX MEPS
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
	20050429	FORT DIX NJ 08640-5645

DD Form 4/2, JAN 2001 PREVIOUS EDITION MAY BE USED.

NAME OF ENLISTEE/REENLISTEE *(Last, First, Middle)*	SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE
PIROLLI ANTHONY THOMAS JR	142-88-4680

F. DISCHARGE FROM DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States *(list branch of service)* ARMY for a period of 4 years and 20 weeks. No changes have been made to my enlistment options **OR** if changes were made they are recorded on Annex(es) C D which replace(s) Annex(es) A B.

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE	c. DATE SIGNED *(YYYYMMDD)*
Anthony Thomas Pirolli	20050810

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States *(list branch of service)* ARMY in pay grade E-2.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
RICKS MORRIS W	E-7	FORT DIX MEPS
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
Liz Wiske	20050810	FORT DIX NJ 08640-5645

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, ANTHONY THOMAS PIROLLI JR, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED *(YYYYMMDD)*
Anthony Thomas Pirolli	20050810

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME *(Last, First, Middle)*	c. PAY GRADE	d. UNIT/COMMAND NAME
SAKS ERICK L	O-2	FORT DIX MEPS
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMDD)*	**g. UNIT/COMMAND ADDRESS** *(City, State, ZIP Code)*
	20050810	FORT DIX NJ 08640-5645

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES

(Read Privacy Act Statement and Instructions on back before completing this form.)

Form Approved
OMB No. 0704-0173
Expires Oct 31, 2006

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0173), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

A. SERVICE PROCESSING FOR	B. PRIOR SERVICE:	C. SELECTIVE SERVICE CLASSIFICATION	D. SELECTIVE SERVICE REGISTRATION NO.
D A R	☐ YES ☒ NO NUMBER OF DAYS:	NONE	NONE

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER: 142-88-4680

2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.): PIROLLI, ANTHONY THOMAS JR

3. CURRENT ADDRESS *(Street, City, County, State, Country, ZIP Code)*
104 CHAMPAGE DRIVE, SWEDESBORO, GLOUCESTER, NJ, 08085 USA

4. HOME OF RECORD ADDRESS *(Street, City, County, State, Country, ZIP Code)*
104 CHAMPAGE DRIVE, SWEDESBORO, GLOUCESTER, NJ, 08085 USA

5. CITIZENSHIP *(X one)*
- ☒ a. U.S. AT BIRTH *(If this box is marked, also X (1) or (2))*
  - ☒ (1) NATIVE BORN
  - ☐ (2) BORN ABROAD OF U.S. PARENT(S)
- ☐ b. U.S. NATURALIZED
- ☐ c. U.S. NON-CITIZEN NATIONAL

ALIEN REGISTRATION NUMBER *(If issued)*

- ☐ d. IMMIGRANT ALIEN *(Specify)*
- ☐ e. NON-IMMIGRANT FOREIGN NATIONAL *(Specify)*

6. SEX *(X one)*
- ☒ a. MALE
- ☐ b. FEMALE

7.a. RACIAL CATEGORY *(X one or more)*
- ☐ (1) AMERICAN INDIAN/ ALASKA NATIVE
- ☐ (2) ASIAN
- ☐ (3) BLACK OR AFRICAN AMERICAN
- ☐ (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ☒ (5) WHITE
- ☐ (6) DECLINE TO RESPOND

7.b. ETHNIC CATEGORY
- ☐ (1) HISPANIC OR LATINO
- ☒ (2) NOT HISPANIC OR LATINO
- ☐ (3) DECLINE TO RESPOND

8. MARITAL STATUS (Specify): NEVER MARRIED

9. NUMBER OF DEPENDENTS: 0

10. DATE OF BIRTH *(YYYYMMDD)*: 19870916

11. RELIGIOUS PREFERENCE *(Optional)*: CH CHRIST

12. EDUCATION *(Yrs/Highest Ed Gr Completed)*: 11 / S

13. PROFICIENT IN FOREIGN LANGUAGE *(If Yes, specify. If No, enter NONE.)*: NONE
1st: 2nd:

14. VALID DRIVER'S LICENSE *(X one)* ☒ YES ☐ NO
(If Yes, list State, number, and expiration date)
NJ, P46130538309874, 2008/09/30

15. PLACE OF BIRTH (City, State and Country): NEWARK, DE USA

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

16. APTITUDE TEST RESULTS

a. TEST ID	b. TEST SCORES	AFQT PERCENTILE	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE
02E	2005/04/29	79	62	62	52	52	64	55	44	50	68	52

17. DEP ENLISTMENT DATA

a. DATE OF DEP ENLISTMENT *(YYYYMMDD)*	b. PROJ ACTIVE DUTY DATE *(YYYYMMDD)*	c. ES	d. RECRUITER IDENTIFICATION	e. PROGRAM ENLISTED FOR
20050429	20050810	3	[redacted]	AACSB

f. T-E MOS/AFS	g. WAIVER (1)	(2)	(3)	(4)	(5)	(6)	h. PAY GRADE
11X1	YYY						E02

18. ACCESSION DATA

a. ENLISTMENT DATE *(YYYYMMDD)*	b. ACTIVE DUTY SERVICE DATE *(YYYYMMDD)*	c. PAY ENTRY DATE *(YYYYMMDD)*	d. TOE
20050810	20050810	20050810	4

e. WAIVER (1)	(2)	(3)	(4)	(5)	(6)	f. PAY GRADE	g. DATE OF GRADE *(YYYYMMDD)*	h. ES	i. YRS./HIGHEST ED GR COMPL
YYY						E02	20050810	1	11S

j. RECRUITER IDENTIFICATION	k. PROGRAM ENLISTED FOR	l. T-E MOS/AFS	m. PMOS/AFS	n. YOUTH	o. OA	p. TRANSFER TO (UIC)
[redacted]	AACSB	11X10	11X1O	YY0	NN	W2L5H2

19. SERVICE REQUIRED CODES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P	V	2	2	0		T	D	C	H	F	V	2	0	A	0	0	1	K	2	V				
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
			S	F																							
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Sections 504, 505, 508, 12102, 520a; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397.

PRINCIPAL PURPOSE(S): DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

WARNING

Information provided by you on this form is FOR OFFICIAL USE ONLY and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.

INSTRUCTIONS

(Read carefully BEFORE filling out this form.)

1. Read Privacy Act Statement above before completing form.

2. Type or print LEGIBLY all answers. If the answer is "None" or "Not Applicable," so state. "Optional" questions may be left blank.

3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in YYYYMMDD fashion. June 1, 2000 is written 20000601.

20. NAME (Last, First, Middle Initial)	21. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T, JR	142-88-4680

SECTION III - OTHER PERSONAL DATA

22. EDUCATION

a. List all high schools and colleges attended. *(List dates in YYYYMM format.)*

(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	(5) GRADUATE YES	(5) GRADUATE NO
200109	PRESENT	KINGSWAY REGIONAL H.S.	KINGS HIGHWAY SWEDESBORO, NJ		X

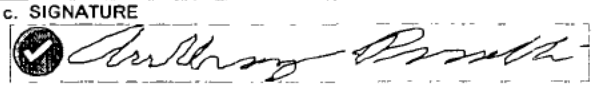
	YES	NO
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?		X
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA *(If "Yes," explain in Section VI, "Remarks.")*		
a. Is anyone dependent upon you for support?		X
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?		X
c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?		X
d. Are you the only living child in your immediate family?		X
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT *(If "Yes," explain in Section VI, "Remarks.")*		
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?		X
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?		X
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?		X
d. Have you ever been employed by the United States Government?		X
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?		X
25. ABILITY TO PERFORM MILITARY DUTIES *(If "Yes," explain in Section VI, "Remarks.")*		
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)		X
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?		X
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?		X
26. DRUG USE AND ABUSE *(If "Yes," explain in Section VI, "Remarks")* Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licenced physician?		X

27. NAME (Last, First, Middle Initial)	28. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T, JR	142-88-4680

SECTION IV - CERTIFICATION

29. CERTIFICATION OF APPLICANT *(Your signature in this block must be witnessed by your recruiter)*

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME *(Last, First, Middle initial)*	c. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
PIROLLI, ANTHONY T, JR		20050429

30. DATA VERIFICATION BY RECRUITER *(Enter description of the actual documents used to verify the following items.)*

a. NAME *(X one)*		b. AGE *(X one)*		c. CITIZENSHIP *(X one)*	
X	(1) BIRTH CERTIFICATE	X	(1) BIRTH CERTIFICATE	X	(1) BIRTH CERTIFICATE
	(2) OTHER *(Explain)*		(2) OTHER *(Explain)*		(2) OTHER *(Explain)*

d. SOCIAL SECURITY NUMBER (SSN) *(X one)*		e. EDUCATION *(X one)*		f. OTHER DOCUMENTS USED
X	(1) SSN CARD		(1) DIPLOMA	
	(2) OTHER *(Explain)*	X	(2) OTHER *(Explain)* H S Letter	

31. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME *(Last, First, Middleinitial)*	c. PAY GRADE	d. RECRUITER I.D.	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*
Fuller, Garrett		[redacted]		20050429

32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear

IAW AR601-210, Chapter 9, table 9-1 Program Req. OPT 40AND Req. OPT 070, 224, 734, MOS 11X1O00YY 4 years 20 weeks RGV4

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).



33. CERTIFICATION OF RECRUITER OR ACCEPTOR

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States *(Enter Branch of Service)*

Army and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

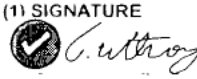
b. TYPED OR PRINTED NAME *(Last, First, Middleinitial)*	c. PAY GRADE	d. RECRUITER ID OR ORGANIZATION	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*
Fuller, Garrett		[redacted]		20050429

SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. APPLICANT		e WITNESS		
(1) SIGNATURE	(2) DATE *(YYYYMMDD)*	(1) TYPED OR PRINTED NAME *(Last, First, Middleinitial)*	(2) RANK/ GRADE	(3) SIGNATURE
	20050810	Linton, Craig D	/	

35. NAME (Last, First, Middle Initial)	36. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T, JR	142-88-4680

SECTION VI - REMARKS

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

26. Have you ever used marijuana? N
Statement Remarks:
Enlistment grade is E-2 IAW AR 601-210 paragraph 2-18b.(1) This space will be used for anyone entering the Army at as advanced pay grade.

DD FORM 1966/5 ATTACHED? (X one)	YES / NO

SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS

37. NAME CHANGE.
If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE	b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE	(2) DATE SIGNED (YYYYMMDD)

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) PAY GRADE	(3) SIGNATURE

38. NAME (Last, First, Middle Initial)	39. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T, JR	142-88-4680

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT

40. PARENT/GUARDIAN STATEMENT(S) *(Line out portions not applicable)*

a. I/we certify that *(Enter name of applicant)* ANTHONY T. PIROLLI JR

has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States *(Enter Branch of Service)*

REGULAR ARMY

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.

c. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) PIROLLI, DARLENE E	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD) 20050427
d. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) HORNOR,, GWEN S	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD) 20050427
e. PARENT		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) PIROLLI, ANTHONY J	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD) 20050427
f. WITNESS		
(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) HORNOR, GWEN S	(2) SIGNATURE	(3) DATE SIGNED (YYYYMMDD) 20050427

41. VERIFICATION OF SINGLE SIGNATURE CONSENT

42. NAME (Last, First, Middle Initial)	43. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T, JR	142-88-4680

SECTION VI - REMARKS CONTINUATION

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

Office of Personnel Management EPSQ version 2.2
SECURITY CLEARANCE APPLICATION O.M.B. No. 3206-0007
Date: 04/29/2005 Time: 2:39 PM
Standard Form 86, Sep. 95

PIROLLI JR, ANTHONY THOMAS **SSN:** 142-88-4680

1. Personal Information

Name: PIROLLI JR
ANTHONY THOMAS
Birth Date: 1987/09/16 **Sex:** MALE
Place of Birth: NEWARK, DE
County: NEW CASTLE
UNITED STATES
Maiden Name:
Work/Day Phone: **Home/Evening Phone:** 856-467-0528
Height: 5 - 10 **Weight:** 222.00 **Hair Color:** BROWN **Eye Color:** BROWN

2. Other Names Used

NO Have you ever used or been known by another name?

3. Citizenship

Current Citizenship: U.S. CITIZEN AT BIRTH, NATIVE BORN
Mothers Maiden Name: LOGAN
DARLENE ELIZABETH

NO Are you now or were you a dual citizen of the U.S. and another country?

Passport Number: **Passport Issuance Date:**

4. Where You Have Lived

	FROM	TO	ADDRESS
1.	1997/01/01	PRES	[redacted]

Person Who Knows You:
PIROLLI SR, ANTHONY THOMAS
[redacted]
Ph

NO Is this residence address hard to find?

5. Where You Went To School

YES Have you attended school beyond Junior High School within the last 5 years?

	FROM	TO	TYPE/ADDRESS
1.	2001/09/06	PRES	HIGH SCHOOL

Degree/Diploma/Other

KINGSWAY REGIONAL H.S.

KINGS HIGHWAY
SWEDESBORO, NJ 08085-9608

Award Date:

Person Who Knows You
ROYER, MICHAEL UNKNOWN
[redacted]
P[redacted]

6. Your Employment Activities

	FROM	TO	TYPE OF EMPLOYMENT
1.	2005/02/02	PRES	OTHER

Your Position: REPLINISHIER
Employer Name: DRUG STORE.COM/JIM CONNWAY
Employer Address: 405 HERDON DRIVE
SWEDSEBORO, NJ 08085
Employer Phone: 011 856-241-5001

Supervisor Name: CONNWAY
JIM NMN
Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:
NO Have you worked for this organization previously?

2.	2004/09/18	2005/02/01	OTHER

Your Position: DISH WASHER
Employer Name: RODES RESTARAUNT/BILL
Employer Address: KINGSHIGHWAY
SWEDESBORO, NJ 08085
Employer Phone: 011 856-964-7225

Supervisor Name: UNKNOWN
BILL NMN
Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:
NO Have you worked for this organization previously?

3. 1997/01/01 2004/09/17 UNEMPLOYMENT (INCLUDE NAME OF PERSON WHO CAN VERIFY)

Your Position: SON
Employer Name: PIROLLI,DARLENE
Employer Address: 104 CHAMPAGE DRIVE
SWEDESBORO, NJ 08085
Employer Phone: 011 856-467-0528

NO Were you in the Federal Civil Service prior to the last 10 years?

7. People Who Know You Well

	FROM	TO	REFERENCE NAME/ADDRESS
1.	1997/01/21	PRES	[redacted]
		Home Address:	
		Evening Phone:	
2.	1996/09/18	PRES	
		Home Address:	
		Evening Phone:	
3.	1995/11/19	PRES	
		Home Address:	
		Evening Phone:	

8. Your Spouse

What is your current marital status? NEVER MARRIED

9. Your Relatives and Associates

	RELATIONSHIP	NAME/ADDRESS
1.	MOTHER	PIROLLI

DOB: [redacted] Country of [redacted]

2. FATHER

DOB: [redacted] Country of

3. SISTER

DOB: [redacted] Country of

4. SISTER

DOB: [redacted] Country of

10. Citizenship of Your Relatives and Associates

11. Your Military History

NO Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military Service.)

12. Your Foreign Activities - Property

NO Do you have foreign property, business connections, or financial interests?

13. Your Foreign Activities - Employment

NO Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

14. Your Foreign Activities - Contact with Foreign Governments

NO Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

15. Your Foreign Activities - Passport

NO In the past 7 years, have you had an active passport that was issued by a foreign government?

16. Foreign Countries You Have Visited

NO Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Lived, worked, attended school)

17. Your Military Record

NO Have you ever received other than an honorable discharge from the military?

18. Your Selective Service Record

YES Are you a male born after December 31, 1959?

NO If yes, have you registered with the Selective Service System?

Explanation: 17 YRS OLD

19. Your Medical Record

NO In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

20. Your Employment Record

NO Has any of the following happened to you in the past 7 years?
- Fired from job,
- Quit a job after being told you'd be fired,
- Left a job by mutual agreement following allegations of misconduct,
- Left a job by mutual agreement following allegations of unsatisfactory

performance; or
- Left a job for other reason under unfavorable circumstances

21. Your Police Record - Felony Offenses

NO Have you ever been charged with or convicted of any felony offense? (Include those under the Uniform Code of Military Justice.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

22. Your Police Record - Firearms/Explosives Offenses

NO Have you ever been charged with or convicted of a firearms or explosives offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

23. Your Police Record - Pending Charges

NO Are there currently any charges pending against you for any criminal offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

24. Your Police Record - Alcohol/Drug Offenses

NO Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

25. Your Police Record - Military Court

NO In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal

Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

26. Your Police Record - Other Offenses

NO In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than $150 unless the violation was alcohol or drug related.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

27. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs

NO Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), phetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

28. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Positions

NO Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

29. Your Use of Illegal Drugs and Drug Activity - Drug Activity

NO In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

30. Your Use of Alcohol

NO In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in EPSQ Module 19 (Section 21 from the SF86).

31. Your Investigation Record - Investigations/Clearances Granted

NO Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y) es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (NO.)

32. Your Investigation Record - Clearance Actions

NO To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

33. Your Financial Record - Bankruptcy

NO In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

34. Your Financial Record - Wage Garnishments

NO In the last 7 years, have you had your wages garnished for any reason?

35. Your Financial Record - Repossessions

NO In the last 7 years, have you had any property repossessed for any reason?

36. Your Financial Record - Tax Lien

NO In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

37. Your Financial Record - Unpaid Judgements

NO In the last 7 years, have you had any judgements against you that have not been paid?

38. Your Financial Delinquencies - 180 Days

NO In the last 7 years, have you been over 180 days delinquent on any debt(s)?

39. Your Financial Delinquencies - 90 Days

NO Are you currently over 90 days delinquent on any debt(s)?

40. Public Record Civil Court Actions

NO In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

41. Your Association Record - Membership

NO Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

42. Your Association Record - Activities

NO Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

43. General Remarks

NO Do you have any additional remarks to enter in your application?

Co-Subject Report

MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

BASIC ENROLLMENT

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

ROUTINE USE(S): To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program

1. SERVICE MEMBER DATA

a. NAME *(LAST, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER (SSN)
PIROLLI, ANTHONY THOMAS JR	142-88-4680

2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED *(YYYYMMDD)*

3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

1. I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.

2. I understand that **UNLESS I DISENROLL** from the MGIB my basic pay will be reduced $100 per month or the current monthly rate until $1200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED** this is an **IRREVOCABLE DECISION.**

3. I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.

4. I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed $600 while on active duty. Once I separate, I cannot contribute.

5. I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include 'under honorable conditions'.

6. I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.

7. I have 10 years from date of last discharge from active duty to use MGIB benefits.

8. If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).

9. I cannot receive any combination of DVA educational benefits in excess of 48 months.

10. I must complete at least **24** months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED *(YYYYMMDD)*
	E01	20050429

4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

Associated Options name: US ARMY COLLEGE FUND ($66,744), AND US ARMY CASH BONUS, 4 YR

Term of Enlistment: 4 Years, 20 Weeks, MOS: 11X

5. STATEMENT OF DISENROLLMENT

I DO NOT desire to participate in MGIB. I understand the benefits of the MGIB program and that **I WILL NOT** be able to enroll at a later date.

a. DATE SIGNED *(YYYYMMDD)*	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE

6. CERTIFYING OFFICIAL

a. TYPED OR PRINTED NAME *(LAST, First, Middle Initial)*	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*
Fuller , Garrett			20050429

DD FORM 2366, JUN 2002 PREVIOUS EDITION IS OBSOLETE.

POLICE RECORD CHECK

1. DATE OF REQUEST (YYYYMMDD): 20050427

Form Approved
OMB No. 0704-0007
Expires Oct 31, 2006

The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.

SECTION I - *(To be completed by Recruiting Service)*

2. NAME OF APPLICANT *(Last, First, Middle Name(s), Alias)*	3. SEX	4. PLACE OF BIRTH		
PIROLLI, ANTHONY THOMAS JR	[X] MALE [ ] FEMALE	a. CITY: NEWARK	b. COUNTY: NEW CASTLE	c. STATE: DE

5. DATE OF BIRTH (YYYYMMDD)	6.a. RACIAL CATEGORY *(X one or more)*	b. ETHNIC CATEGORY	7. SOCIAL SECURITY NUMBER
19870916	[ ] (1) AMERICAN INDIAN/ALASKA NATIVE [ ] (2) ASIAN [ ] (3) BLACK OR AFRICAN AMERICAN [X] (4) WHITE [ ] (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER [ ] (6) DECLINE TO RESPOND	[ ] (1) HISPANIC OR LATINO [ ] (2) NOT HISPANIC OR LATINO [X] (3) DECLINE TO RESPOND	142-88-4680

8. ADDRESS IN ADDRESSEE'S JURISDICTION *(See "MAIL TO" block)*				9. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET *(Include apartment no.)*	b. CITY	c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)
104 CHAMPAGE DRIVE	SWEDESBORO	NJ	08085	19970101	PRESENT

10. PERSON MAKING THIS REQUEST			
a. NAME *(Last, First, Middle Name(s))*	b. RANK	c. SIGNATURE	d. TITLE
HORNOR, GWEN SHINMYUNGSOOK	SSG		RECRUITER

SECTION II - *(To be completed by Applicant)*

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102, E.O. 9397
PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States.
ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order, to any component of the Department of Justice for the purpose of representing the DoD.
DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.

11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.	SIGNATURE
	Anthony Pirolli

SECTION III - *(To be completed by Police or Juvenile Agency)*

The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.

12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? [ ] YES [ ] NO
(If YES, what was the offense or charge, date, disposition and sentence?)

13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? *(If YES, give details.)* [ ] YES [ ] NO
N.J State police charge $ 15 fee for records PAO MCL 08 DEC 02

THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.

14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY *(Signature)*
20050428	Recruiter	

LAW ENFORCEMENT AGENCY MAIL TO:	RECRUITING AGENCY MAIL FROM:
1 Troopa Drive Trenton, NJ 08628	Woodbury U.S. Army Career Center 411 South Broad Street Woodbury, NJ 08096 (856)-845-1769

DD FORM 369, NOV 2003 PREVIOUS EDITION IS OBSOLETE

POLICE RECORD CHECK

1. DATE OF REQUEST (YYYYMMDD): 20050427

Form Approved
OMB No. 0704-0007
Expires Oct 31, 2006

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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.

SECTION I - *(To be completed by Recruiting Service)*

2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)	3. SEX	4. PLACE OF BIRTH		
PIROLLI, ANTHONY THOMAS JR	[X] MALE [ ] FEMALE	a. CITY: NEWARK	b. COUNTY: NEW CASTLE	c. STATE: DE

5. DATE OF BIRTH (YYYYMMDD)	6.a. RACIAL CATEGORY (X one or more)		b. ETHNIC CATEGORY	7. SOCIAL SECURITY NUMBER
19870916	[ ] (1) AMERICAN INDIAN/ALASKA NATIVE [ ] (2) ASIAN [ ] (3) BLACK OR AFRICAN AMERICAN	[X] (4) WHITE [ ] (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER [ ] (6) DECLINE TO RESPOND	[ ] (1) HISPANIC OR LATINO [ ] (2) NOT HISPANIC OR LATINO [X] (3) DECLINE TO RESPOND	142-88-4680

8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)				9. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET (Include apartment no.)	b. CITY	c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)
104 CHAMPAGE DRIVE	SWEDESBORO	NJ	08085	19970101	PRESENT

10. PERSON MAKING THIS REQUEST			
a. NAME (Last, First, Middle Name(s))	b. RANK	c. SIGNATURE	d. TITLE
HORNOR, GWEN SHINMYUNGSOOK	SSG		RECRUITER

SECTION II - *(To be completed by Applicant)*

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102, E.O. 9397.
PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States.
ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD.
DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.

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11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.	SIGNATURE

SECTION III - *(To be completed by Police or Juvenile Agency)*

The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience

12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? [ ] YES [X] NO
(If YES, what was the offense or charge, date, disposition and sentence?)

13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? *(If YES, give details.)* [ ] YES [X] NO

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14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)
4-28-05	Supervisor of Records	

LAW ENFORCEMENT AGENCY MAIL TO:	RECRUITING AGENCY MAIL FROM:
Gloucester County Prosecutor's office Post office Box 623 Woodbury, NEW Jersey 08096	*Woodbury U.S. Army Career Center* *911 South Broad Street* *Woodbury, NJ 08096* *(856)-845-1769*

DD FORM 369, NOV 2003 PREVIOUS EDITION IS OBSOLETE.

POLICE RECORD CHECK

1. DATE OF REQUEST (YYYYMMDD): 20050427

Form Approved
OMB No. 0704-0007
Expires Oct 31, 2006

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SECTION I - *(To be completed by Recruiting Service)*

2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)	3. SEX	4. PLACE OF BIRTH		
PIROLLI, ANTHONY THOMAS JR	X MALE / FEMALE	a. CITY: NEWARK	b. COUNTY: NEW CASTLE	c. STATE: DE

5. DATE OF BIRTH (YYYYMMDD)	6 a. RACIAL CATEGORY (X one or more)		b. ETHNIC CATEGORY	7. SOCIAL SECURITY NUMBER
19870916	(1) AMERICAN INDIAN/ALASKA NATIVE; (2) ASIAN; (3) BLACK OR AFRICAN AMERICAN; X (4) WHITE; (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER; (6) DECLINE TO RESPOND		(1) HISPANIC OR LATINO; (2) NOT HISPANIC OR LATINO; X (3) DECLINE TO RESPOND	142-88-4680

8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)				9. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET (Include apartment no.)	b. CITY	c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)
104 CHAMPAGE DRIVE	SWEDESBORO	NJ	08085	19970101	PRESENT

10. PERSON MAKING THIS REQUEST			
a. NAME (Last, First, Middle Name(s))	b. RANK	c. SIGNATURE	d. TITLE
HORNOR, GWEN SHINMYUNGSOOK	SSG		RECRUITER

SECTION II - *(To be completed by Applicant)*

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AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102, E.O 9397.
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(If YES, what was the offense or charge, date, disposition and sentence?)

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14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)
2005/04/28	Records Clerk	

LAW ENFORCEMENT AGENCY MAIL TO.	RECRUITING AGENCY MAIL FROM:
Woolwich Township P.D. 100 Woodstown Rd. Woolwich Township, NJ 08085	Woodbury U.S. Army Career Center [illegible] Broad Street , NJ 08096 [illegible]-845-1769

DD FORM 369, NOV 2003 — PREVIOUS EDITION IS OBSOLETE.

POLICE RECORD CHECK

1. DATE OF REQUEST (YYYYMMDD): 20050427

Form Approved
OMB No. 0704-0007
Expires Oct 31, 2006

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8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)				9. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET (Include apartment no.)	b. CITY	c. STATE	d. ZIP CODE	a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)
104 CHAMPAGE DRIVE	SWEDESBORO	NJ	08085	19970101	PRESENT

10. PERSON MAKING THIS REQUEST			
a. NAME (Last, First, Middle Name(s))	b. RANK	c. SIGNATURE	d. TITLE
HORNOR, GWEN SHINMYUNGSOOK	SSG		RECRUITER

SECTION II - *(To be completed by Applicant)*

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102, E.O. 9397.
PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States.
ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order, to any component of the Department of Justice for the purpose of representing the DoD.
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11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.	SIGNATURE
	Anthony Pirolli

SECTION III - *(To be completed by Police or Juvenile Agency)*

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(If YES, what was the offense or charge, date, disposition and sentence?)

13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? *(If YES, give details.)* [ ] YES [X] NO

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14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)
4/29/05	Police Clerk	Meg Smith

LAW ENFORCEMENT AGENCY MAIL TO:	RECRUITING AGENCY MAIL FROM:
Logan Twp. Police Dept. P.O. Box 250 Bridgeport, NJ 08014- NJ0080900	*Woodbury U.S. Army Career Center* *9-11 South Broad Street* *Woodbury, NJ 08096* *(856)-845-1769*

DD FORM 369, NOV 2003 PREVIOUS EDITION IS OBSOLETE

STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM
U.S. ARMY DELAYED ENLISTMENT PROGRAM
For use of this form, see AR 601-210: the proponent agency is ODCSPER
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	**Title 10, United States Code. Section 275 Executive Order 9397**
PRINCIPAL PURPOSE:	**Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.**
ROUTINE USES:	**This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.**
DISCLOSURE:	**Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.**

1. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army. I hereby acknowledge that:

a. My enlistment in the U. S. Army Reserve obligates me to a total of 8 years service in the U. S. Armed Forces, including service in the Reserve components, unless sooner discharged by proper authority. Fulfillment of this obligation begins on the date I enlist in the Delayed Entry Program.

b. I will be assigned to the U. S. Army Reserve Control Group (Delayed Entry). During which time I will be in a non-pay status and will not be authorized to participate in any Reserve training.

c. I volunteer to serve on active duty for two years in any job assignment specified by the Army. Such period to begin within 102 days unless I enlist into the Regular Army, or I am granted further delay by proper authority

d. In lieu of performing the active duty specified above. I may enlist into the Regular Army for a period of 4 Years 20 weeks

2. Upon enlistment into the Regular Army. I will be enlisted under the provisions of Army Regulation 601-210. Program or programs as indicated below:

PROGRAM	TITLE	REQUEST OPTION
9B	United States ARMY Station/Unit/Area/Command Enlistment Program(RGV4)	40
9C	United States ARMY Incentive Enlistment Program(STATEMENT OF INTENT FOR SPECIAL FORCES SELECTION, US ARMY AIRBORNE BONUS, US ARMY COLLEGE FUND ($66,744), AND US ARMY CASH BONUS, 4 YR)	070, 224, 734

School course, I have been assured of attending the School course for:

Within CMF

11X INFANTRY RECRUIT
Skill Level: 1
SQI: ONO SPECIAL QUALIFICATIONS
ASI: 00DEFAULT CODE
Language: YYNONE

a. In the event, through no fault of my own, that my enlistment, program school course, or training of my choice is cancelled or otherwise not available before I enlist into the Regular Army. I will elect one of the following alternatives:

(1) I will elect another program, School Course, or training of my choice for which I am qualified and a vacancy exists.

(2) I will be separated from the Delayed Entry Program.

3. The date of my enlistment into the Regular Army is scheduled for 10 Aug 2005 .

a. In the event that I willfully fail to report for active duty as specified in above and on my DD Form 4 enlistment Contract. I understand that I will be in an Absent With out Leave Status (AWOL) and subject to apprehension and charged with article 86 (deserter) of the Uniform Code of Military Justice.

b. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance, I may be reclassified based on the needs of the Army or processed for discharge.

c. I understand that I will be trained in either MOS 11B1, 11C1, or 11M1 and that MOS 11X1 is an enlistment MOS only. I further understand that the MOS I will be trained into is based upon the selection criteria determined by the Department of the Army while I am attending Basic Training.

d. I certify that I am currently enrolled as a senior in high school and I understand that my enlistment into the Army Delayed Entry Program is contingent upon my successful completion of high school

e. If I am not already airborne qualified, I will be required to qualify for and successfully complete such training before assignment of a Ranger Unit. I volunteer to attend the Ranger course. By my enlistment for this option, I am volunteering to perform frequent aircraft flights and parachute jumps and to participate in realistic combat training while engaged in airborne/Ranger training and duty.

f. Causes for disqualification for this option include: Failure to complete satisfactorily airborne (parachute) training, it required: failure to qualify for security clearance, and failure to complete the Ranger Indoctrination Program (RIP) prior to assignment.

g. I am aware that the Battalion Commander has the authority to relieve summarily from duty and move from the Battalion, individuals the Commander determines are unsuited for continued assignment to a Ranger unit., Whether I will be reassigned to another Ranger unit will be at the option of the Army, but if I am summarily relieved, such action will not constitute a breach of my enlistment.

h. The incentive above is the US ARMY COLLEGE FUND (ACF), I am entitled to the amount indicated, as it applies to the term of enlistment I am enlisting for. I must qualify, enroll, and remain enrolled in the Montgomery GI-Bill to retain this incentive. The total amount of this entitlement consists of the ACF amount combined with the MGIB. The ACF amounts are fixed and based upon status as a fulltime student (amount is prorated if less than fulltime); the MGIB entitlements may increase due to cost of living adjustments. The payment is made in single monthly payments combining the ACF and MGIB

dollar amounts while I am enrolled as a student. I must separate from my active duty enlistment with a fully honorable discharge, and under most circumstances, complete my initial active duty obligation.

ARMY COLLEGE FUND ENTITLEMENT BASED ON MGIB AND YEARS OF ENLISTMENT.
Entitlement provides the following monthly payments for 36 months while enrolled as a fulltime student based upon the enlistment contract length:

Term of	.....Maximum Monthly Payment.....			.....Maximum Total Payment.....		
Service	MGIB	ACF	Total	MGIB	ACF	Total
2 Years	$816	$150	$966	$29,376	$5,400	$34,776
3 Years	$1,004	$450	$1,454	$36,144	$16,200	$52,344
4 Years	$1,004	$850	$1,850	$36,144	$30,600	$66,744
5 Years	$1,004	$950	$1,950	$36,144	$34,200	$70,344
6 Years	$1,004	$950	$1,950	$36,144	$34,200	$70,344

i. I also acknowledge that I am qualified and enlisting for an MOS or CMF that has a Cash Bonus, that the bonus amount authorized on my enlistment into the Regular Army will be the amount authorized upon my entry into the Delayed entry Program. Further I understand that the Bonus for my CMF or MOS on this date is $**10000** authorized by HQDA, DAPE-MPA, Enlisted Incentive Program Effective 19 April 2005 and will be paid in accordance with DA instruction.

j. I have provided my recruiter or and Guidance Counselor all information required on my application for enlistment. I certify that I have read and fully understand the contents of this form and that no one has told me to conceal any information. I further state that all of the documents such as my birth certificate, high school or college transcripts, diplomas, social security card, or other documents in my enlistment or appointment packet are mine and were not falsified. It is prohibited to have anyone assist me in taking the Armed Services Vocational Aptitude Battery (ASVAB). I certify that no one has given me any answers to the test questions and that the scores I achieved were through my own efforts and I received no assistance taking the ASVAB.

(1) I am aware that I must reveal all criminal offenses, cases, and arrests to include juvenile and those charges that have been expunged, dismissed, set aside, or not prosecuted. I must reveal all responsibilities I have with respect to children or spouse. I must reveal all prior military service.

(2) I have not concealed any medical information and I further state that If anyone has told me to conceal, omit from my application, or falsify any information I must report any misconduct on anyone's part that is involved with my recruiting process immediately to the recruiting battalion executive officer.

(3) That no person has advised me to conceal any information with respect to my enlistment.

4. I understand that in the event the Secretary of the Army determines for military necessity of national interest members be available for immediate assignment/reassignment any guarantees contained in this agreement may be terminated. Under these conditions I may be assigned or reassigned according to the needs of the Army.

(1) I understand that I am enlisting for the Special Forces Initial Contract Initiative.

(2) I certify that I meet the basic requirements for the program as outlined below

(3) Enlist in any of the following career management fields (CMF): 11, 12, 13, or MOS 91B (Combat Medical) and 98XL (Linguist).

(4) Be at least an E-4. Individuals who come in the Army as E-4 are eligible, unless time in service requirements prohibits eligibility.

(5) Meet Special Forces (SF) selection and eligibility criteria as outlined in AR 614-200 and SF recruiting parameters.

(6) Be a high school graduate or have a general education development (GED).

(7) Be airborne qualified, or qualified for and volunteer to attend airborne training.

(8) Reclassify to CMF 18 upon successful completion of Special Forces Qualification Course and language training.

(9) Not be under suspension of favorable personnel action.

(10) Not have 30 days or more lost time under section 972, title 10, United States Code within current or preceding enlistment.

(11) Have not been convicted by court-martial or have disciplinary action under the Uniform Code of Military Justice (article 15).

(12) Have not received a bar to reenlistment.

(13) Have not been terminated from SF, ranger, or airborne duty, unless termination was due to extreme family problems.

(14) Pass the SF medical examination (including EKG) under AR 40-501 and meet the body fat composition requirements in AR 600-9.

(15) Successfully complete the Special Forces Assessment and Selection Course.

(16) My decision to execute this option will be voluntary throughout the first enlistment, as long as I am otherwise eligible.

(17) Initial assignment will be based on the needs of the Army not on the requirement to position the soldiers to execute the letter of intent. Career branches are requested to assist soldiers in the fulfillment of the letter of intent when the soldier or an SF recruiter informs them of its existence.

(18) However, until the soldier is eligible and has volunteered, there are no constraints on Permanent Change of Station (PCS) assignments.

(19) The letter of intent does not constitute a request to volunteer for SF. I must be eligible and then volunteer. I will contact a SF in-service recruiter to begin the selection process. After I have volunteered, AR 614-200, paragraph 5-5b, can be applied to assignment instructions.

(20) I must have served 12 months time on station (CONUS or OCONUS long tours) or 5/6th of a tour (OCONUS dependent-restricted tours) prior to PCS.

(21) This statement of intent is not a guarantee of SF assignment or selection This statement simply provides you with the prerequisites and requirements that you must meet at the time of application for SF. Failure to be selected for SF does not constitute an unfulfilled enlistment agreement.

5. Pre-Basic Combat Training (BCT) Physical Training (PT) Program

a. I understand and acknowledge that all recruits reporting for Active Duty/Active Duty for Training will be required to meet a physical assessment standard in order to enter on active duty. At a minimum, I must be able to demonstrate my ability to successfully perform 13 pushups for males, 3 pushups for females, 17 sit-up for males and females and a one mile run in 8:30 minutes for males and 10:30 minutes for females. In addition, Prior Service applicants not requiring basic training will be

required to successfully achieve a minimum of 60 points in each event on the Army Physical Fitness Test (APFT).

b. Based upon my initial assessment, my recruiter will enroll me in a self-paced Pre-Basic Combat Training (BCT) Physical Training (PT) Program. I understand and acknowledge that as a member of the Army or Army Reserves, my participation in the PT program is voluntary; however, I will be required to meet a physical assessment standard in order for me to enter on active duty. Failure to meet these standards will prevent me from shipping.

6. SURE PAY:

a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.

b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code

7. ALCOHOL AND DRUG ABUSE:

a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation from the Army.

b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS.

8. RELIGIOUS PRACTICE ACCOMMODATION:

a. I understand the Department of the Army's policy on accommodation of religious practices is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety, or discipline. The Army places a high value on the rights of its soldiers to observe the tenants of their respective religions. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-20 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.

b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-20.

9. FITNESS TRAINING UNIT:

a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.

b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

10. SEXUAL HARASSMENT:

a. The U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:

(1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;

(2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.

(3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.

(4) I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army Recruiting Battalion Executive Officer or Commander at (732) 323-5000

b. The U.S Army has zero tolerance for conduct or behavior that violates the policy stated above.

c. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

11. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).

(1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.

(2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.

(3) Participating in a public demonstration or rally.

(4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;

(5) Fund-raising:

(6) Recruiting or training members (including encouraging other soldiers to join);

(7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or

(8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.

b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

12. UNIFORM AND APPEARANCE:

a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

(1) AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.

(2) I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to body markings.

(3) The current policy is as follows:

(a.) Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.

(b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

c. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

AUTHENTICATION

13. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

TYPED NAME AND SSN OF APPLICANT	SIGNATURE OF APPLICANT	DATE
ANTHONY THOMAS PIROLLI JR 142-88-4680		20050429

TYPED NAME AND GRADE OF COUNSELOR	SIGNATURE OF WITNESSING OFFICIAL	DATE
Mr Garrett Fuller		20050429

STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM
For use of this form, see AR 601-210: the proponent agency is ODCSPER
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	**Title 10, United States Code. Section 275 Executive Order 9397**
PRINCIPAL PURPOSE:	**Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.**
ROUTINE USES:	**This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.**
DISCLOSURE:	**Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.**

1. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army. I hereby acknowledge that:

a. I am enlisting for the following program (s):

PROGRAM	TITLE	REQUEST OPTION
9B	United States ARMY Station/Unit/Area/Command Enlistment Program(RGV4)	40
9C	United States ARMY Incentive Enlistment Program(STATEMENT OF INTENT FOR SPECIAL FORCES SELECTION, US ARMY AIRBORNE BONUS, US ARMY COLLEGE FUND ($66,744), AND US ARMY CASH BONUS, 4 YR)	070, 224, 734

b. My enlistment for this program assures me that, provided I meet required prerequisites, I will receive training in the following Military Occupational Specialty (MOS) or Career Management Field (CMF)

Within CMF

11XINFANTRY RECRUIT
Skill Level: 1
SQI: ONO SPECIAL QUALIFICATIONS
ASI: 00DEFAULT CODE
Language: YYNONE

c. If I am not already airborne qualified, I will be required to qualify for and successfully complete such training before assignment of a Ranger Unit. I volunteer to attend the Ranger course. By my enlistment for this option, I am volunteering to perform frequent aircraft flights and parachute jumps and to participate in realistic combat training while engaged in airborne/Ranger training and duty.

d. Causes for disqualification for this option include: Failure to complete satisfactorily airborne (parachute) training, it required:

failure to qualify for security clearance, and failure to complete the Ranger Indoctrination Program (RIP) prior to assignment.

e. I am aware that the Battalion Commander has the authority to relieve summarily from duty and move from the Battalion, individuals the Commander determines are unsuited for continued assignment to a Ranger unit., Whether I will be reassigned to another Ranger unit will be at the option of the Army, but if I am summarily relieved, such action will not constitute a breach of my enlistment.

(1) In addition to my MOS training I am required to complete airborne training, I understand that I am volunteering to perform frequent aircraft flights, parachute jumps and to participate in realistic combat training while receiving airborne training or performing Airborne duties. I understand that if I fail to complete airborne training, maintain airborne qualifications or fail to attain or maintain required standards on the advanced physical fitness test, I will be reassigned and trained in accordance with the needs of the Army.

f. I understand that I will be trained in either MOS 11B1, 11C1, or 11M1 and that MOS 11X1 is an enlistment MOS only. I further understand that the MOS I will be trained into is based upon the selection criteria determined by the Department of the Army while I am attending Basic Training.

g. I certify that I have read or have viewed the Job Description for the MOS I am enlisting for and further acknowledge that I understand the general nature of the training I will receive.

h. I understand that I must satisfactorily complete basic combat training in order to receive the training indicated above. Further, I understand that if I should be relieved from training for academic deficiency, disciplinary reasons, failure to receive any required security clearance because of information withheld by me or any misconduct, I will be trained in accordance with the needs of the Army and required to complete the term of my enlistment.

i. I further state and understand that I have been given no guarantee of assignment nor have I been assured that I will or will not be assigned to an overseas location. I understand that upon successful completion of my training I will be assigned in accordance with the needs of the Army and no guarantee of a specific job has been made.

j. My term of enlistment in the Regular Army is 4 Years 20 weeks.

2. ASSOCIATED OPTIONS: In connection with my enlistment into the Regular Army, I hereby acknowledge and understand

a. The incentive above is the US ARMY COLLEGE FUND (ACF), I am entitled to the amount indicated, as it applies to the term of enlistment I am enlisting for. I must qualify, enroll, and remain enrolled in the Montgomery GI-Bill to retain this incentive. The total amount of this entitlement consists of the ACF amount combined with the MGIB. The ACF amounts are fixed and based upon status as a fulltime student (amount is prorated if less than fulltime); the MGIB entitlements may increase due to cost of living adjustments. The payment is made in single monthly payments combining the ACF and MGIB dollar amounts while I am enrolled as a student. I must separate from my active duty enlistment with a fully honorable discharge, and under most circumstances, complete my initial active duty obligation.

ARMY COLLEGE FUND ENTITLEMENT BASED ON MGIB AND YEARS OF ENLISTMENT.
Entitlement provides the following monthly payments for 36 months while enrolled as a fulltime student based upon the enlistment contract length:

Term of	.....Maximum Monthly Payment.....			.....Maximum Total Payment.....		
Service	MGIB	ACF	Total	MGIB	ACF	Total
2 Years	$816	$150	$966	$29,376	$5,400	$34,776
3 Years	$1,004	$450	$1,454	$36,144	$16,200	$52,344
4 Years	$1,004	$850	$1,850	$36,144	$30,600	$66,744

5 Years	$1,004	$950	$1,950	$36,144	$34,200	$70,344
6 Years	$1,004	$950	$1,950	$36,144	$34,200	$70,344

b. The incentive above is the U. S. ARMY CASH BONUS, I understand that the BONUS AMOUNT IS $**10000** authorized by HQDA, DAPE-MPA, Enlisted Incentive Program Effective 13 July 2005 and will be paid in accordance with DA instruction.

c. I certify that I have read viewed and understand the Information for applicants Table 9-1 of AR 601-210 for the enlistment Programs I am enlisting for.

3. APPLICABLE TO ALL APPLICANTS ENLISTING UNDER THIS PROGRAM:

a. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance, I may be reclassified based on the needs of the Army or processed for discharge.

b. I understand that if my enlistment contract cannot be fulfilled through no fault of my own, the alternatives available to me will be provided in Army Regulation 635-200. I understand that I will have a period of thirty days from the time I am notified, become aware or reasonably should have become aware that my selected training (above) cannot become fulfilled, to elect an alternative training program for which I am qualified and a vacancy exists, or request a separation. This thirty day period may be extended by the general courts martial convening authority when necessary to determine the availability of my selected alternative. If I make no election within the thirty day period, my claim will be deemed to have been waived. I understand that if I have enlisted for training in a military occupational specialty (MOS) under the variable enlistment length (VEL) option. I understand I am required to complete all training and term of service (TOS) associated with the MOS. If MOS or training length changes, I will be required to meet the minimum years of service obligation associated with the MOS upon completion of training.

c. If I fail, through my own fault, to meet any of these established prerequisites for the Nuclear Security Programs or the required security clearances or fail to meet or maintain required medical, physical, professional, or other suitability standards for training or retention in accordance with my enlistment contract, I will be trained and assigned in accordance with the needs of the Army and required to complete my term of enlistment. I further acknowledge that if I become disqualified for this enlistment program because of personal conduct, withholding of information that I have within my knowledge that precludes access to special intelligence information, I will be retrained and required to complete my term of enlistment in accordance with the needs of the Army.

4. STATEMENT AND CONDITIONS which apply to ALL incentive programs above:

a. I further acknowledge and understand that my incentive is subject to the following conditions:

(1) Should I fail to satisfactorily complete the Advanced Individual Training or One Station Unit Training, I will be trained in another MOS or CMF and required to complete my term of enlistment based upon the needs of the Army, forfeiting any entitlement of the Cash Bonus, LRP, or Army College Fund

(2) I will lose entitlement to the incentive above if I fail to successfully complete training *(including academic failure)* and awarded the MOS I have enlisted for.

(3) I must stay qualified in my incentive MOS for the duration of my initial enlistment, unless otherwise directed by Headquarters, Department of the Army. Change of MOS due to normal career progression is authorized.

(4) If I fail to complete my term of enlistment and separation or discharge **was** at the convenience of the government, I must have completed at least 20 months if my initial term was less than 3 years and at least 30 months if 3 or more years. This applies to the MGIB and the ACF only.

(5) If I receive a commission in the Armed Forces either by graduating from the U. S. Military, **Naval**, Air Force, or Coast Guard Academy, or by completing a program of educational assistance under the Reserve Officer Training Corps (ROTC) Scholarship program, I will lose my eligibility for the MGIB and the ACF.

5. ARMY KNOWLEDGE ONLINE:

a. You must register for an AKO email account prior to your Initial Orientation with your recruiter which will occur 1-10 days from today's date. You must register for your account at: http://www.futuresoldiers.com/html/registration.jsp. You are required to enter your Social Security Number, Date of Birth and Pay Entry Basic Date. Your Pay Entry Basic Date is: **29 Apr 2005**.

6. SURE PAY:

a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.

b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code.

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b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS based on the needs of the Army.

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Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. Conditions of accommodation may change based on military need. Policy guidelines are contained in AR 600-20 and AR 165-1 which my guidance counselor has available for me to read. I understand that the Army cannot guarantee accommodation of religious practices.

b. I further state that I have been given the opportunity to read or I have read the policy in AR 600-20 and AR 165-1.

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a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.

b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

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a. U.S. Army will not condone any person who violates the rights of; or discriminates against; any person because of their gender. Further, I understand that:

(1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;

(2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment.

(3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.

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c. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

11. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).

(1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.

(2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (UCMJ) and administrative.

(3) Participating in a public demonstration or rally.

(4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;

(5) Fund-raising:

(6) Recruiting or training members (including encouraging other soldiers to join);

(7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or

(8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.

b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

12. UNIFORM AND APPEARANCE:

a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

(1) AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.

(2) I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to body markings.

(3) The current policy is as follows:

(a.) Any person with a tattoo on the head, neck, scalp, or face will not be accepted. Furthermore, regardless of a tattoo's location, any tattoo deemed offensive, racist, profane, and/or linked to a criminal activity or extremist group may be denied enlistment.

(b.) TATTOOING in areas of the body (i.e., face, legs, hands, fingers, etc.,) that would cause the tattoo to be exposed in a Class A Uniform would detract from a soldierly appearance.

(c.) Any person who is not in compliance with AR 670-1 as it applies to tattoos will not be accepted for enlistment in the U.S. Army.

b. I have been advised that while a member of the U.S. Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining any body markings or I may be denied entry for violation of the above expressed policy.

c. I hereby state that I have revealed the existence of all tattoos during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have markings (tattoos).

I DO NOT HAVE ANY TATTOOS.

13. MILITARY SERVICE OBLIGATION UNDERSTANDING:

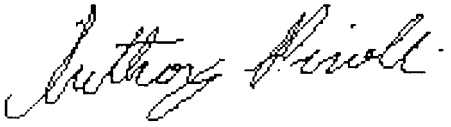
I understand that an original enlistment in the US Armed Forces obligates me to an eight (8) year Military Service Obligation. My term of enlistment in the Regular Army is creditable towards that obligation, as was any enlistment in the Delayed Entry Program. In the event that the Secretary of the Army determines that military necessity of a national scope requires that soldiers be available for assignment/reassignment or training, any or all guarantees contained in this agreement may be terminated. Under these conditions I may be trained, assigned or reassigned according to the needs of the Army.

AUTHENTICATION

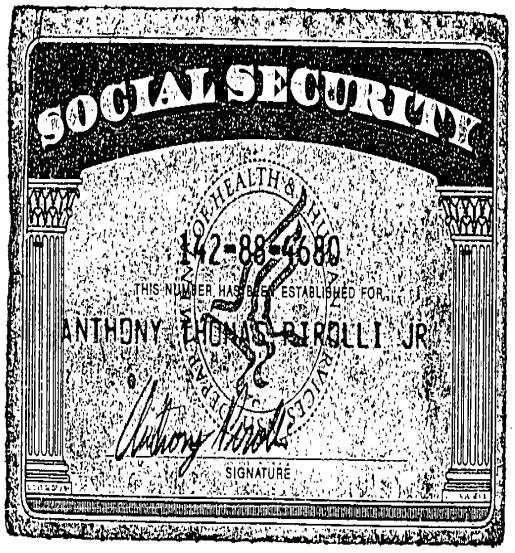
14. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

I certify that I have not received any additional law violations, and remain morally qualified for the enlistment options I have chosen.

All additional documentation/information necessary for my MOS / Options have been provided IAW AR 601-210.

TYPED NAME AND SSN OF APPLICANT	**SIGNATURE OF APPLICANT**	**DATE**
ANTHONY THOMAS PIROLLI JR 142-88-4680		20050810

TYPED NAME AND GRADE OF COUNSELOR	**SIGNATURE OF GUIDANCE COUNSELOR**	**DATE**


SOCIAL SECURITY
142-88-4680
THIS NUMBER HAS BEEN ESTABLISHED FOR
ANTHONY THOMAS PIROLLI JR
SIGNATURE

State of Delaware

DELAWARE STATE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

Office of Vital Statistics

CERTIFICATION OF BIRTH

NAME: ANTHONY THOMAS PIROLLI, JR.

DATE OF BIRTH: SEPTEMBER 16, 1987

PLACE OF BIRTH: NEWARK

SEX: MALE FILE NUMBER: 8707151

MOTHER'S MAIDEN NAME: DARLENE LOGAN

FATHER'S NAME: ANTHONY THOMAS PIROLLI

FILE DATE: SEPTEMBER 22, 1987 DATE ISSUED: MARCH 05, 1990

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Delaware Division of Public Health

Lyman J. Olsen M.D., M.P.H
State Registrar

Any reproduction or alteration of this document is prohibited. Do not accept unless certificate bears a raised seal of the Bureau of Vital Statistics.

79

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	DAR	SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY THOMAS		142-88-4680

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin: NEG	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar: NEG			

TESTS	RESULTS				SECOND SPECIMEN ID LABEL
	FIRST TEST	CODE	SECOND TEST	CODE	
49. HIV	NEG	5B			
50. DRUGS	NEG	N			
51. ALCOHOL	N	N			
52. OTHER					
a. PAP SMEAR					
b. EKG					
c. CXR					

142884680

J0097202 Initials: ATP

20050429 (YYYYMMDD)

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT	54. WEIGHT	55.a. MIN WGT - MAX WGT	55.b. ACTUAL BF % - MAX BF %	56. TEMPERATURE	57. PULSE
70.75	222 lbs	127 - 194	20.16 - 29.00		95

58. BLOOD PRESSURE			59. RED/GREEN (Army Only)	60. OTHER VISION TEST	
a. 1ST	b. 2ND	c. 3RD		a. COLOR HAIR	b. COLOR EYES
SYS 140	SYS.	SYS.		BROWN	Right: BLUE
DIAS 77	DIAS	DIAS			Left: BLUE

61. DISTANT VISION	62. REFRACTION BY AUTOREFRACTION OR MANIFEST	63. NEAR VISION
Right 20/ 200 Corr to 20/	By S CX	Right 20/ 15 Corr to 20/ by
Left 20/ 100 Corr to 20/	By S CX	Left 20/ 15 Corr to 20/ by

64. HETEROPHORIA (Specify distance)

ES° EX° R.H. L H Prism div. Prism Conv [illegible] NPR PD

CT [illegible]

65. ACCOMMODATION		66. COLOR VISION (Test used and result)	67. DEPTH PERCEPTION (Test used and score) AFVT	
Right	Left	PIP Pass 0 /14	Uncorrected	Corrected

68. FIELD OF VISION	69. NIGHT VISION (Test used and score)	70. INTRAOCULAR TENSION	
		O.D	O.S

71a. AUDIOMETER — Unit Serial Number: 2518 — Date Calibrated (YYYYMMDD): Daily

HZ	500	1000	2000	3000	4000	6000
Right	05	05	00	05	15	10
Left	10	00	00	05	15	15

71b. Unit Serial Number — Date Calibrated (YYYYMMDD)

HZ	500	1000	2000	3000	4000	6000
Right						
Left						

72a. READING ALOUD TEST: SAT UNSAT

72b. VALSALVA: SAT UNSAT

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

(AGE 17)

Uncorrected visual acuity and manifest refraction obtained immediately after contact lens removal

050429

REFRACTION BY AUTO - MANIFEST

DISTANCE / NEAR

S: 20/400 RT -2.00 +0.50 CX 90 R. 20/ 20

O: 20/150 RT -1.25 +0.50 CX 111 L. 20/ 25

REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
	20050429	142-88-4680

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
PIROLLI ANTHONY THOMAS	104 CHAMPAGE DRIVE SWEDESBORO, NJ 08085	1-856-467-0526

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX	10.a. RACIAL CATEGORY (X one or more)					b. ETHNIC CATEGORY	
				American Indian or Alaska Native	Black or African American	Native Hawaiian or Other Pacific Islander	White		Hispanic/Latino	Decline to Respond
CIVILIAN	19870916	(17)	X Male Female	Asian		X Decline to Respond			Not Hispanic/ Latino	

11. TOTAL YEARS GOVERNMENT SERVICE		12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
a. MILITARY	b. CIVILIAN		
None	None	DA	

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
N/A	N/A	N/A

15.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION				16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
X Army, Coast Guard, Navy, Marine Corps, Air Force	X Active Duty, Reserve, National Guard	X Enlistment, Commission, Retention, Separation	Medical Board, Retirement, U.S Service Academy, ROTC Scholarship Program	Other		FORT DIX MEPS Texas Ave Fort Dix, NJ 08640-5645

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Normal	Abnorm	NE
17. Head, face, neck, and scalp	✓		
18. Nose	✓		
19. Sinuses	✓		
20. Mouth and throat	✓		
21. Ears - General (Int and ext canals/Auditory acuity under item	✓		
22. Drums (Perforation)	✓		
23. Eyes - General (Visual acuity and refraction under items 61 - 63)	✓		
24. Ophthalmoscopic	✓		
25. Pupils (Equality and reaction)	✓		
26. Ocular motility (Associated parallel movements, nystagmus)	✓		
27. Heart (Thrust, size, rhythm, sounds)	✓		
28. Lungs and chest (Include breasts)	✓		
29. Vascular system (Varicosities, etc.)	✓		
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)	✓		
31. Abdomen and viscera (Include hernia)	✓		
32. External genitalia (Genitourinary)	✓		
33. Upper extremities	✓		
34. Lower extremities (Except feet)	✓		
35. Feet (See Item 35 Continued)	✓		
36. Spine, other musculoskeletal	✓		
37. Identifying body marks, scars, tattoos		✓	
38. Skin, lymphatics	✓		
39. Neurologic	✓		
40. Psychiatric (Specify any personality deviation)	✓		
41. Pelvic (Females only)			
42. Endocrine	✓		

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#43 - Dental Exam not performed by Dental Officer.

scar - chest

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.)

✓ Acceptable

Not Acceptable Class

35. FEET (Continued) (Circle category)

N - Normal Arch; 1 - Mild; A - Asymptomatic; C - Pes Cavus; 2 - Moderate; P - Pes Planus; 3 - Severe; S - Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	DAR	SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY THOMAS		142-88-4680

74.a. EXAMINEE/APPLICANT *(check one)*

- [x] IS QUALIFIED FOR SERVICE IN SPF DAR
- [ ] IS NOT QUALIFIED FOR SERVICE

75. I have been advised of my disqualifying condition. I have been advised to see my private medical care provider within 24 - 48 - 72 hours / 30 days / Routine Follow-up (circle one) for further evaluation and/or treatment.

a. SIGNATURE OF EXAMINEE | b. DATE *(YYYYMMDD)*

b. PHYSICAL PROFILE

P	U	L	H	E	S	X	PROFILER INITIALS	DATE *(YYYYMMDD)*
1	1	1	1	2	1		PC	05042 9

76. SIGNIFICANT OR DISQUALIFYING DEFECTS

ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE *(YYYYMMDD)*	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED: SERVICE	WAIVER RECEIVED: DATE *(YYYYMMDD)*

77. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)(Use additional sheets if necessary.)*

31 strut - shoulders

78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify) (Use additional sheets if necessary.)*

79. MEPS WORKLOAD *(For MEPS use only)*

WKID	ST	DATE *(YYYYMMDD)*	INITIAL	WKID	ST	DATE *(YYYYMMDD)*	INITIAL
1	P	20050429	KRL				
7	P	AUG 10 2005	MJ				

80. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE
AUG 10 2005	70.5	258	20.96	199		✓		~~GEORGE ISAJIW M.D.~~ GEORGE ISAJIW M.D.

81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	b. SIGNATURE
20050429 HOWARD B. COOPER, DO	H B Cooper DO
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	b. SIGNATURE
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	b. SIGNATURE GEORGE ISAJIW M.D.
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY 20050429 HOWARD B. COOPER, DO	b. SIGNATURE H B Cooper DO

85. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE	b. GRADE	c. DATE *(YYYYMMDD)*
K Laurie	GS8	20050429

86. WAIVER GRANTED *(If yes, date and by whom)*

- [ ] YES
- [ ] NO

87. NUMBER OF ATTACHED SHEETS: 10

DD FORM 2808, JAN 2003

DESIGNED USING MIRS, USMEPCOM, OUSD(P&R)
OVERPRINT/EXCEPTION APPROVED, MAY 7, 2001

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	DAR	SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY THOMAS		142-88-4680

88. Additional Remarks (extension of blocks 77 or 78).

DD FORM 2808, JAN 2003

DESIGNED USING MIRS, USMEPCOM, OUSD(P&R)
OVERPRINT/EXCEPTION APPROVED, MAY 7, 2001

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY INFANTRY CENTER
FORT BENNING, GEORGIA 31905-5000

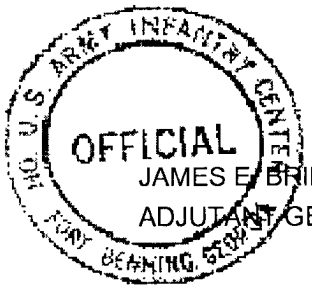
PERMANENT ORDERS 19-3284 19 January 2006

PIROLLI ANTHONY THOMAS 142-88-4680 PV2 A CO 1/507TH (W2L59T) Fort Benning, GA 31905-5560 (ABN 91-06)

Announcement is made of the following award and the following MOS action is directed.

Award: Parachutist Badge 11B1P
Date(s) or period of service: 27 January 2006 or upon completion of Airborne training.
Authority: Paragraph 8-11, AR 600-8-22.
Reason: For successful completion of Airborne training.
FORMAT: 320.

FOR THE COMMANDER:



JAMES E. BRINSON
ADJUTANT GENERAL

DISTRIBUTION:
IMSE-BEN-HR
PV2 PIROLLI ANTHONY THOMAS (1)
MPRJ (1)
Cdr, USAEREC ATTN: PCRE-FS Ft Benjamin Harrison,IN 46249-5000 (1)
Cdr, (W2L59T) A CO 1/507TH (1)
Total copies: (4)

DEPARTMENT OF THE ARMY
HEADQUARTERS, DIVISION SPECIAL TROOPS BATTALION
HEADQUARTERS, 82ND AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310

AFVC-P

OCT 17 2006

MEMORANDUM FOR Commander, 82nd Airborne Division, ATTN: AFVC-GAP-P, Fort Bragg, North Carolina 28310

SUBJECT: Separation Under AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

1. I direct PV2 PIROLLI, Anthony T., 142-88-4680, 82nd Replacement Detachment, Division Special Troops Battalion, 82nd Airborne Division, Fort Bragg, North Carolina, be separated from the Army under the provisions of AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

2. In accordance with AR 635-200, paragraph 1-20(b), any unearned portions of enlistment or reenlistment bonuses must be recouped before the Soldier's termination from service.

3. In accordance with AR 635-200, paragraph 1-35(b), the Soldier is ineligible for transfer to the Individual Ready Reserve to complete his statutory service requirement.

4. I direct PV2 PIROLLI receive a General, Under Honorable Conditions discharge. A General Discharge Certificate, DD Form 257A, will be furnished.

7 Encls
nc

JAMES P. LEARY
LTC, AD
Commanding

DEPARTMENT OF THE ARMY
HEADQUARTERS, DIVISION SPECIAL TROOPS BATTALION
HEADQUARTERS, 82ND AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310

AFVC-P

MEMORANDUM FOR Commander, 82nd Airborne Division, ATTN: AFVC-GAP-P, Fort Bragg, North Carolina 28310

SUBJECT: Separation Under AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

1. I direct that PV2 PIROLLI, Anthony T., 142-88-4680, 82nd Replacement Detachment, Division Special Troops Battalion, 82nd Airborne Division, Fort Bragg, North Carolina, not be separated from the Army under the provisions of AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

2. I direct the Soldier be retained in the United States Army.

3. In accordance with AR 635-200, Chapter 1-16(c), I direct the Soldier (be rehabilitative transferred) (not be rehabilitative transferred) to a different Battalion.

7 Encls
nc

JAMES P. LEARY
LTC, AD
Commanding

DEPARTMENT OF THE ARMY
82ND REPLACEMENT DETACHMENT, DIVISION SPECIAL TROOPS BATTALION
HEADQUARTERS, 82ND AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310

AFVC-P-R

OCT 1 1 2006

MEMORANDUM FOR Commander, Division Special Troops Battalion, Fort Bragg, North Carolina 28310

SUBJECT: Separation Under AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

1. Under the provisions of AR 635-200, Chapter 14-12c, recommend that the following named individual be separated from the United States Army prior to expiration of their term of service.

a. Name, Grade, Social Security Number: PIROLLI, Anthony T., E2, 142-88-4680

b. Date of Birth: 16 September 1987.

c. BASD: 10 August 2005 ETS: 27 December 2009 Total Years: 1 year, 2 months

d. Length of term for which enlisted: 52 months.

e. Prior Service, if any: None.

f. Specific, factual reasons for action recommended: SM's absence without leave from his unit from on or about 4 April 2006 to on or about 8 August 2006.

g. Aptitude area scores and Duty MOS: 11B1P

General Technical: 115	Food Operations: 112
Clerical Admin: 119	Surv and Commo: 115
Combat: 114	Technical: 115
Electrical: 113	General Maintenance: 114
Field Artillery: 115	Motor Mechanical: 115

h. Record of Counseling, if applicable: Is attached.

i. Description of rehabilitation attempts: None.

j. Record of trial by Court-Martial: None.

k. Record of other disciplinary action, including non-judicial punishment (include offenses findings and sentence): Field Grade Article 15 for Trooper's absence without leave from his unit of assignment to wit: Alpha Company, 1st Battalion, 505th Parachute Infantry Regiment from on or about 4 April 2006 until on or about 8 August 2006. SM was reduced to PVT (E1); forfeiture of $640.00 pay per month for two months; and extra duty and restriction for 45 days.

l. Report of mental status evaluation is attached.

m. Report of medial examination is attached.

n. Statement why Commander does not consider it feasible or appropriate to accomplish other disposition: Command wants Discharge of Soldier for Commission of a Serious Offense (One charge of Absence without leave from his unit of assignment) This offense has a maximum punishment of a Dishonorable discharge, forfeiture of all pay and allowances, and confinement for 18 months.

o. Promotions and dates thereof: See attached ERB.

p. Reductions and dates thereof: See attached ERB.

q. Whether there is a record of time lost; if so, whether due to absence without leave, confinement, or other reasons: None.

r. Note favorable communications or recommendations for the Soldier: None.

s. Note other derogatory data other than Article 15 action and courts-martial: None.

t. Make note of any citations and awards: See attached ERB.

u. Whether derogatory information has been revealed, make note of any evidence of rehabilitation: None.

v. Make note of any medical or other data meriting consideration in the overall evaluation to separate the Soldier and in the determination as to the appropriate characterization of service: None.

w. Other information considered pertinent: None.

AFVC-P-R
SUBJECT: Separation Under AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

2. I recommend the Soldier receive a General, Under Honorable Conditions discharge.

3. Memorandum of Notification and Acknowledgement are attached as enclosures.

MICHAEL J. ROBILLARD
CPT, AG
Commanding

4 Encls
nc
added Encl
5. Notification Memorandum
6. Election of Rights

Data Required by the Privacy Act of 1974
(5 USC 552a)

AUTHORITY: Section 301, title 5 USC and section 3013, title 10 USC.

PURPOSE: Information provided is used by processing activities and the approval authority to determine if the member meets the requirements for recommended separation action.

ROUTINE USES: Upon completion of processing actions, the statement is filed in the MPRJ. So long as filed in the MPRJ, this personal information may be used by other appropriate Federal agencies and State and local government authorities where the use of the information is compatible with the purpose for which the information is collected. Release of any information from this form is subject to the restrictions of 42 USC 290ee-3; 42 USC 290dd-3; and 42 Code of Federal Regulations, Part 2. Under these statutes and regulations, disclosure of information that would identify the client as an abuser of alcohol or other drugs is authorized within the Armed Forces or to those components of the Veterans Administration furnishing health care to veterans. AR 600-85 further limits disclosure within the Armed Forces to those individuals having an official need to know. All other disclosure require the written consent of the client except disclosures (1) to medical personnel outside the Armed Forces to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel conducting scientific research, management for financial audits, or program evaluation; or (3) upon the order of a court of competent jurisdiction.

SUBMISSION OF A STATEMENT FOR CONSIDERATION IS VOLUNTARY: If a statement is not submitted, the Army will determine separation or retention based on the available information.

DEPARTMENT OF THE ARMY
82ND REPLACEMENT DETACHMENT, DIVISION SPECIAL TROOPS BATTALION
HEADQUARTERS, 82ND AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310

AFVC-P-R

OCT 1 1 2006

MEMORANDUM FOR PV2 PIROLII, Anthony T., Jr., 142-88-4680, 82nd Replacement Detachment, Division Special Troops Battalion, 82nd Airborne Division, Fort Bragg, North Carolina 28310

SUBJECT: Notification of Separation Under AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

1. Under the provisions of AR 635-200, Chapter 14-12c, I am initiating action to separate you for a Commission of a Serious Offense. The reason for my proposed action is your absence without leave from your unit, to wit: Alpha Company, 1st Battalion, 505th Parachute Infantry Regiment from on or about 4 April 2006 until on or about 8 August 2006 in which you were administered a Field Grade Article 15 for the offense on 14 September 2006. Your action is not in keeping with the standards set forth in the United States Army and will not be tolerated

2. I am recommending that you receive a General, Under Honorable Conditions discharge. My recommendation and your reply will be submitted to the Commander, Division Special Troops Battalion, Fort Bragg, North Carolina, who is the separation authority and will make the final decision in your case.

3. The intermediate commander(s) and the separation authority are not bound by my recommendation as to characterization of service. The separation authority may direct that your service be characterized as General, Under Honorable Conditions, or that you be retained in the service.

4. If my recommendation is approved, the proposed separation could result in discharge, release from active duty to a reserve component, or release from custody and control of the Army.

5. You have the right to consult with consulting counsel **(located in Bldg # C-3832 or call 907-1950 to schedule an appointment)**, within a reasonable time (not less than 3 duty days). You may also consult with civilian counsel at your own expense.

6. You may submit written statements in your behalf.

7. You may obtain copies of documents that will be sent to the separation authority supporting the proposed separation. (Classified documents may be summarized.)

8. You are entitled to request a hearing before an administrative separation board if you have 6 or more years of active and reserve military service at the time of separation.

9. You may waive the rights listed above in paragraphs 5, 6, 7, and 8 in writing, and you may withdraw any such waiver at any time prior to the date the separation authority orders, directs, or approves your separation.

10. If you are entitled to have your case heard before an administrative separation board you may submit a conditional waiver of that right.

11. You have undergone a complete medical examination IAW AR 40-501.

12. You have undergone a mental status evaluation IAW AR 40-501.

13. Execute the attached acknowledgment and return it within 7 duty days from the date of your receipt of this memorandum. Any statement you desire to submit in your behalf must reach me within 7 duty days after you receive this letter, unless you request and receive an extension for good cause shown. Unless an extension is granted, failure to respond within 7 duty days will constitute a waiver of the rights in paragraphs 5, 6, 7, and 8.

MICHAEL J. ROBILLARD
CPT, AG
Commanding

4 Encls
1. Supporting Documents
2. Medical Evaluation
3. Mental Evaluation
4. ERB

AFVC-P-R
SUBJECT: Notification of Separation Under AR 635-200, Chapter 14-12c, Commission of a Serious Offense.

I acknowledge receipt of this notification memorandum. I have been advised of my right to consult with counsel prior to making any election of rights.

11 October 2006
Date

ANTHONY T. PIROLLI
PV2, USA
142-88-4680

Data Required by the Privacy Act of 1974
(5 USC 552a)

AUTHORITY: Section 301, title 5, USC and Section 3013, title 10, USC.

PURPOSE: To be used by the commander exercising separation authority over you to determine approval or disapproval of your request and in case of disapproval to indicate the Soldier's options as pertain to the rights available to him or her in contemplated administrative separation cases.

ROUTINE USES: Information provided in the statement is used by processing activities and the approval authority to determine what rights Soldier desires to exercise and the offering of such rights as indicated. Upon completion of processing actions, the statement is filed in the MPRJ. So long as filed in the MPRJ, the personal information may be used by other appropriate Federal agencies and State and local government authorities where the use of the information is compatible with the purpose for which the information is collected.

Disclosure is voluntary. If the information is not provided, the Army will complete processing using information available.

SEPARATION UNDER THE PROVISIONS OF CHAPTER 14-12, A/B/C; AR 635-200
An Administrative Separation Board ***is not*** applicable.

Data Required by the Privacy Act of 1974 (5 U.S.C. 552 a)

Authority: Section 301, Title 5, U.S.C. Section 3012, Title 10 U.S.C.

Purpose: This Statement indicates a soldier's options regarding the rights available to him or her in contemplated administrative separation cases.

Routine Uses: Information provided in the statement is used by processing activities and the approval authority to determine what rights the Soldier desires to exercise and the offering of such rights as indicated. Upon completion of processing actions the statement is filed in the MPRJ, so long as filed in the MPRJ, this personal information may be used by other appropriate Federal agencies and State and Local government authorities where use of the information is compatible with the purpose for which the information is collected may use this personal information.

Disclosure is voluntary. If the information is not provided, the Army will complete processing using information available.

Date: 12 October 2006

Subject: Separation Under the Provisions of Chapter **14-12 A/B/C, AR 635-200**

To: Commander, 82nd Replacement DET.

1. I have been advised by consulting counsel of the basis of the contemplated action to separate me for the following reason/: **MINOR DISCIPLINARY INFRACTIONS, AR 635-200, Chapter 14-12a /PATTERNS OF MISCONDUCT, AR 635-200, Chapter 14-12b / COMMISION OF A SERIOUS OFFENSE, AR 635-200, Chapter 14-12c,** and it's effect; of the rights available to me and the effect of any action taken by me in waiving any of my rights.
I understand that because I have LESS THAN SIX YEARS OF TOTAL ACTIVE SERVICE AND/ OR RESERVE MILITARY SERVICE at the time of separation; because I am NOT being considered for a separation, UNDER OTHER THAN HONORABLE CONDITIONS, or because I am NOT being separated under CHAPTER 15 for (Homosexual conduct), I AM NOT ENTITLED TO HAVE MY CASE HEARD BY AN ADMINISTRATIVE SEPARATION BOARD.

2. Statements in my own behalf (will) (will not) **(circle one)** be submitted within 7 DUTY DAYS ending COB _____.

3. I understand that I may be given an **HONORABLE** or **GENERAL** discharge, if eliminated from the service.

4. I understand that I may expect to encounter substantial prejudice in civilian life if a General Discharge Under Honorable Conditions is issued to me. I understand that if I receive a discharge/character of service that is less than **honorable,** I may make application to the Army Discharge Review Board, or the Army Board for Correction of Military Records for upgrading. However, I realize that an act of consideration by either board does not imply that my discharge will be upgraded.

5. I understand that I may, up until the date the separation authority orders, directs, or approves my separation, submit statements in my own behalf.

6. I further understand that I will be ineligible to apply for enlistment in the United States Army for a period of 2 years after discharge.

7. I (request) (do not request) **(circle one)** a copy of the documents that will be sent to the separation authority supporting the proposed separation.

Pirolli, Anthony T E-1
Printed Name Grade

Signature of Soldier

Having been advised by me of the basis for his/her contemplated separation and it's effects, the rights available to him/her, and the effect of a waiver of his/her rights, the above-named soldier personally made the choices indicated in the foregoing statement.

GREGORY MALSON
MAJ, JA Defense Counsel

Signature of Counsel

SUBJECT: **Pre-Separation Counseling on Educational Benefits**

In accordance with 10 USC 1142(Pre-Separation Counseling), I have received counseling on Veteran's Educational Benefits. I understand that I must receive a fully Honorable Discharge (DD Form 256A) and meet minimum time-in-service requirements to be eligible to receive benefits. Also I understand the Veteran's Administration (VA) determines eligibility for benefits and dollar amounts. The VA toll-free number is 1-800-827-1000.

[signature] 13 Oct 2006

Signature of Soldier **Date**

[signature]

Signature of Education Counselor

For use of this form, see AR 27-10; the proponent agency is TJAG. ETS: 20091227

See Notes on Reverse Before Completing Form

NAME	GRADE	SSN	UNIT	PAY (*Basic & Sea/Foreign*)
PIROLLI, Anthony T.	E2	142-88-4680	82nd Repl Det, DSTB, Fort Bragg, NC 28310	$1427.40

1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct: [1] In that you, did, on or about 4 April 2006, without authority, absent yourself from your unit of duty at which you were required to be, to wit: Alpha Company, 1st Battalion, 505th Parachute Infantry Regiment, located at Fort Bragg, North Carolina, and did remain so absent until on or about 8 August 2006. This is in violation of Article 86, UCMJ.

2. You are not required to make any statements, but if you do, they may be used against you in this proceeding or at a trial by court-martial. You have several rights under this Article 15 proceeding. First I want you to understand that I have not yet made a decision whether or not you will be punished. I will not impose any punishment unless I am convinced beyond a reasonable doubt that you committed the offense(s). You may ordinarily have an open hearing before me. You may request a person to speak on your behalf. You may present witnesses or other evidence to show why you shouldn't be punished at all *(matters of defense)* or why punishment should be very light *(matters of extenuation and mitigation)*. I will consider everything you present before deciding whether I will impose punishment or the type and amount of punishment I will impose. [2] If you do not want me to dispose of this report of misconduct under Article 15, you have the right to demand trial by court-martial instead. [3] In deciding what you want to do you have the right to consult with legal counsel located at USATDS, Ardennes St., Bldg C-3832, Ph # 907-1950. You now have 48 hours to decide what you want to do. [4]

DATE / TIME	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
1610 / 31 Aug 06	JAMES P. LEARY, LTC, CDR, HQ, 82ND DSTB, 82ND ABN DIV	

3. Having been afforded the opportunity to consult with counsel, my decision are as follows: *(Initial appropriate blocks, date, and sign)*

a. ☐ I demand trial by court-martial.

b. ☒ I do not demand trial by court-martial and in the Article 15 proceedings:

(1) I request the hearing be ☐ Open ☒ Closed. (2) A person to speak in my behalf ☐ Is ☒ Is not requested.

(3) Matters in defense, mitigation, and/or extenuation: ☒ Are not presented ☐ Will be presented in person ☐ Are attached.

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
04/14/2006	ANTHONY T. PIROLLI, PV2	

4. In a(n) ☐ Open ☒ Closed hearing [5] all matters presented in defense, mitigation, and/or extenuation, having been considered, the following punishment is imposed: [5][6] Reduction to Private (e1); forfeiture of $640.00 pay per month for 2 months; extra duty for 45 days; and restriction for 45 days.

~~5. I direct the original DA Form 2627 be filed in the ☐ Performance fiche ☐ Restricted fiche of the OMPF.~~ [7] N/A

6. You are advised of your right to appeal to ADC-S, 82nd ABN DIV within 5 calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated above.

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
14 SEP 06	JAMES P. LEARY, LTC, CDR, HQ, 82ND DSTB, 82ND ABN DIV	

7. *(Initial appropriate block, date, and sign)*

a. ☒ I do not appeal b. ☐ I appeal and do not submit additional matters [8][9] c. ☐ I appeal and submit additional matters [8][9]

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
04/14/2006	ANTHONY T. PIROLLI, PVT	

8. I have considered the appeal and it is my opinion that:

DATE	NAME AND GRADE OF JUDGE ADVOCATE	SIGNATURE

9. After consideration of all matters presented in appeal, the appeal is:

☐ Denied ☐ Granted as follows: [10]

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE

10. I have seen the action taken on my appeal.	DATE	SIGNATURE OF SERVICE MEMBER

11. ALLIED DOCUMENTS AND/OR COMMENTS [11][12][13] C/M

DA Form 3881, dtd 22 Aug 06; DA Form 2823, dtd 18 Aug 06; DA Form 4187 (AWOL), dtd 11 May 06; DA Form 4187 (DFR), dtd 10 May 06; DA Form 4187 (PDY), dtd 8 Aug 06; ERB

NOTES

[b] Insert a concise statement of each offense in terms stating a specific violation and the Article of the UCMJ *(Part IV, MCM)*. If additional space is needed, use item 11 or continuation sheets as described in note 11 below.

[c] Inform the member of the maximum punishment which may be imposed under Article 15.

[d] Inform the member that if he or she demands trial, trial could be by SCM, SPCM, or GCM. Additionally, inform the member that he or she may object to trial by SCM and that at SPCM or GCM he or she would be entitled to be represented by qualified military counsel, or by civilian counsel at no expense to the government. If the member is attached to or embarked in a vessel, he or she is not permitted to refuse Article 15 punishment. In such cases, all reference to a demand for trial will be lined out and an appropriate remark will be made in item 11 indicating the official name of the vessel and that the member was attached to or embarked in the vessel at the time punishment was imposed.

[e] Give the member copy 5 of this form.

[g] Offenses determined not to have been committed will be lined out. If the imposing commander decides not to impose any punishment, the member will be notified and all copies of this form destroyed.

[h] Amounts of forfeitures of pay will be rounded off to the next lower whole dollar. If a punishment is suspended, the following statement should be added after to: To be automatically remitted if not vacated before *(date)*. If punishment includes a written admonition or reprimand, it will be attached to this form and listed in item 11.

[i] The imposing commander will initial the appropriate block. The OMPF performance fiche is routinely used by MOS/specialty career managers and DA selection boards. The OMPF restricted fiche is not given to MOS/specialty career managers or DA selection boards without approval of the Cdr, MILPERCEN or selection board proponent.

[k] If the member appeals, this form and all written evidence considered by the imposing commander will be forwarded to the superior authority.

[q] Before acting on an appeal, it must be referred to a judge advocate for advice when the punishment, whether or not suspended, includes reduction or one or more pay grades from the fourth or a higher pay grade, or is in excess of one of the following: 7 days arrest in quarters, 7 days correctional custody, 7 days forfeiture of pay, or 14 days of either extra duties or restriction. *(See Article 15e(1) to (7), UCMJ.)*

[r] The superior authority will initial the appropriate block. If the appeal is granted, the specific relief granted will be stated according to note 12.

[u] In this space indicate the number of pages attached as follows: Allied documents on appeal consist of _____pages. Allied documents include all written matters considered by the imposing commander submitted by the member on appeal and the commander's rebuttal, if applicable. If additional space is needed for completion of any item(s), use plain bond headed "Continuation Sheet 1", etc.

[v] Applicable portions of the following format may be used to record action taken on appeal. Appropriate language should be entered in item 11 or, if necessary, on a continuation sheet. Supplementary actions *(para 3-39, AR 27-10)* will be recorded on DA Form 2627-2.

Suspension, Mitigation, Remission, or Setting Aside

On *(date)*, the punishment(s) of *(DATE)*

_____, imposed on *(date of punishment)* was/were suspended and will be automatically remitted if not vacated before *(date)*.

(Here set out actions, and reasons, privileges, and property restored, by any order of the officer who imposed the punishment, the successor in command to the imposing commander, or superior authority.)

(Signature block of officer who will be placed [illegible] Chapter 3, AR 27-10.)

DA Form 2627, Aug 94

REPORT OF RETURN OF ABSENTEE

REPORT CONTROL SYMBOL
DD/P&R(SA)1454

IMPORTANT NOTICE

The absentee status of the individual named below has been terminated. Military records indicate that your agency was specifically furnished a copy of DD Form 553, "Deserter/ Absentee Wanted by the Armed Forces," soliciting your support. Request you clear your records of the DD Form 553 pertaining to this individual and the associated unauthorized absence indicated on this report. The Department of Defense and the Military Service law enforcement officials concerned gratefully acknowledge your participation and support of military apprehension programs.

1. DISTRIBUTION *(Same as DD Form 553 at time of absence)*
CRC
1- Ft. Bragg

2. NAME OF ABSENTEE *(Last, First, Middle Initial)*
Pirolli, Anthony Jr

3. SERVICE	4. SOCIAL SECURITY NO.	5. GRADE OR RATE
ARMY	142-88-4680	E-2

6. FORMER ABSENTEE STATUS

a. FORMER STATUS *(X one)*

	(1) ESCAPED OR SENTENCED PRISONER		(2) ABSENTEE
		X	(3) DESERTER *(Administrative)*

b. DATE/HOUR ABSENCE BEGAN *(YYYYMMDD)*
20060401/0630

c. ORGANIZATION AND INSTALLATION FROM WHICH ABSENT
Aco, 1st BN, 505th PIR, 82nd ABN Div
Ft. Bragg, NC

7. CIRCUMSTANCES OF ABSENTEE'S RETURN

a. MODE OF RETURN *(X one)*

	(1) APPREHENDED	X	(1) MILITARY		(2) CIVIL		(3) FBI		(4) DIS
X	(2) SURRENDERED		(5) OTHER *(Specify)*						

b. AUTHORITIES TO WHOM ABSENTEE SURRENDERED OR BY WHOM APPREHENDED *(X one)*

c. PLACE OF INITIAL RETURN
Ft. Sill, OK

d. DATE/HOUR OF INITIAL RETURN *(YYYYMMDD)*
20060508/1500

e. REQUIRED ACTION *(X one)*

X	(1) RETURN TO MILITARY CONTROL		(2) RETAINED BY CIVIL AUTHORITIES		(3) CIVIL CHARGES		(4) SAFEKEEPING

f. MILITARY ORGANIZATION AND INSTALLATION OR CIVILIAN LOCATION
Ft. Sill, OK

g. DATE RETURNED TO MILITARY CONTROL *(YYYYMMDD)*
20060808

8. DISPOSITION OF ABSENTEE

a. ACTION BY MILITARY AUTHORITIES *(X one)*

	(1) RETAINED	X	(2) TRANSFERRED
	(3) TECHNICAL ARREST ORDERS		(4) GUARD

b. TO *(Name of Command in charge of absentee)*
CDR, 82d SSB
AFVC-PSC
Ft. Bragg, NC

c. COST OF TRANSPORTATION *(To be charged to the individual's account)*
$UNKNOWN

9. REMARKS *(Include location of Service, Pay and Health Records)*

TERMINATE
APPREHENSION EFFORTS
INDIVIDUAL HAS RETURNED
TO MILITARY CONTROL

THIS IS NOT A RECORDS
CHECK REQUEST

NO CRC NO 06-MRO23 3385K-SW1
FOUND ON DD FORM 553

DFR DATE: 20060505

TRADOC

FORSCOM 29

10. AUTHORIZING OFFICIAL

a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE
PRINCE, SCOTT D.	GS-5	SHIFT SUPERVISOR, USADIP

d. ORGANIZATION	e. SIGNATURE *(Sign all copies)*	f. DATE SIGNED *(YYYYMMDD)*
SPC/PCF/USADIP FORT KNOX, KY 40121	Scott D Prince	20060808

DD FORM 616, DEC 1999 PREVIOUS EDITION IS OBSOLETE.

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY:	Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES:	Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your Social Security Number is voluntary.

1. LOCATION	2. DATE	3. TIME	4. FILE NO.
FORT BRAGG, NC 28310	AUG 22 2006		

5. NAME *(Last, First, MI)*	8. ORGANIZATION OR ADDRESS
Pirolli, Anthony T	82ND REPL DET, 82ND DSTB, FORT BRAGG, NC 28310
6. SSN: 142-38-4680 / 7. GRADE/STATUS: E-2	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army CDR, 82ND REPL DET, 82ND DSTB, FBNC 28310 and wanted to question me about the following offense(s) of which I am suspected/accused: Violation of Articles 85 and 86, UCMJ

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. *(For personnel subject othe UCMJ* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

\- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS *(Continue on reverse side)*

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES *(If available)*	3. SIGNATURE OF INTERVIEWEE
1a. NAME *(Type or Print)*	
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR: MICHAEL J. ROBILLARD, CPT, AG, CDR
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR: 82ND REPL DET, 82ND DSTB

Section C. Non-waiver

1. I do not want to give up my rights
   - [ ] I want a lawyer
   - [ ] I do not want to be questioned or say anything
2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT *(DA FORM 2823)* SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

PART II - RIGHTS WARNING PROCEDURE

THE WARNING

1. WARNING - Inform the suspect/accused of:
   a. Your official position.
   b. Nature of offense(s)
   c. The fact that he/she is a suspect/accused.
2. RIGHTS - Advise the suspect/accused of his/her rights as follows:
   "Before I ask you any questions, you must understand your rights."
   a. "You do not have to answer my questions or say anything."
   b. "Anything you say or do can be used as evidence against you in a criminal trial."
   c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

   or

   (For civilians not subject to the UCMJ) You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."
   d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

THE WAIVER

"Do you understand your rights?"
(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"
(If the suspect/accused says "yes," find out when and where. If the request was recent *(i.e., fewer than 30 days ago)*, obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"
(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" *(If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)*

SPECIAL INSTRUCTIONS

WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE: If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY: In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

PRIOR INCRIMINATING STATEMENTS:

1. If the supsect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.
2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

NOTE: If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS: If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

COMMENTS *(Continued)*

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
FORT BRAGG, NC 28310	2006/08/17	1210	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
PIROLLI JR., ANTHONY T.	142-88-4680	E-2

8. ORGANIZATION OR ADDRESS
82ND REPL DET, 82ND DSTB, FBNC 28310

9.
I, Pirolli Jr., Anthony T., WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I went AWOL on april 4th 2006. I left from 1/505 at 8 a.m. I packed a small bag and got in my car and drove home to New Jersey. I left everything behind. The only things I brought home with me were a pair of civilian clothes and a shaving kit.

After a few weeks of being AWOL I decided to go back to Fort Bragg and turn myself In. I left New Jersey on May 1st and turned myself in to my unit on Tuesday May 2nd. I had talked to my CO Captain Daunmyer and he said "Go home so you can be DFR'ed and arrested." I went upstairs to my room and grabed two duffel bags of clothes. I got in my car and drove back to New Jersey. On Weresday May 3rd I had talked to a Civilian Attorney and he told me to go back to Fort Bragg ASAP. On Thursday May 4th I drove back to Fort Bragg and I turned myself in on Friday May 5th. This time I talked

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
	ATP	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

with First Sergeant Diminski. He told me there were guys in the company that would MOW me down. I didn't feel safe staying at the barracks so I left the first chance I had. I was DFR'ed on May 5th 2006.

On August 8, 2006 I turned myself in at Fort Sill. GI Rights Hotline said that is the best place to go to if you are DFR'ed. The MP's at Fort Sill got me a plane ticket to Fort Bragg. I turned myself in at Fort Bragg on August 10, 2006.

Nothing Following

Anthony Pirolli

ATP

AFFIDAVIT

I, Pirolli, Anthony T., HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Anthony Pirolli
(Signature of Person Making Statement)

WITNESSES:

_____

_____

_____
ORGANIZATION OR ADDRESS

_____

_____

_____
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 18 day of August, 2006 at _____ hrs

Michael J. Robillard
(Signature of Person Administering Oath)

MICHAEL J. ROBILLARD, CPT, AG, CDR
(Typed Name of Person Administering Oath)

Article 136B
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT ATP

Copy 1 Copy 2 Copy 3 Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III)*.
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
COMMANDER 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310	COMMANDER 82D PSB 82D ABN DIV FT. BRAGG, NC 28310	COMMANDER A CO 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T.	PV2 / 11B1P	142-88-4680

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above soldier's duty status is changed from PRESENT FOR DUTY (PFD) to

ABSENT WITHOUT LEAVE (AWOL) effective 630 hours, 04 APRIL 2006

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Overseas Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School		Other *(Specify)*
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*
ANTWAN DUNMYER, CPT, IN, Commanding		2006 05 11

DA FORM 4187, JAN 2000 PREVIOUS EDITIONS ARE OBSOLETE USAPA V1.00

Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III)*.

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
COMMANDER 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310	COMMANDER 82D DIV PSB ATTN: ORDERS FT. BRAGG, NC 28310	COMMANDER A CO, 1ST BN, 505TH PIR 82D ABN DIV FT. BRAGG, NC 28310

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
PIROLLI, ANTHONY T.	PV2 / 11B1P	142-88-4680

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above soldier's duty status is changed from ABSENT WITHOUT LEAVE to DROPPED FROM THE ROLLS effective 630 hours, 5 MAY 2006

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Overseas Service		Retesting In Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School	X	Other *(Specify)* DUTY STATUS CHANGE AWOL TO DFR
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

Soldier AWOL effective 0630 hours on 4 March 2006.

DISTRIBUTION:
PSB
Finance
PMO

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*
ANTWAN DUNMYER, CPT, IN, Commanding		2006 05 10

REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
20060913	142 88 4680

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
Pirelli, Anthony T	104 Champagne Drive Swedesboro, NJ 08085	(856)467-0528

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX	10.a. RACIAL CATEGORY (X one or more)	b. ETHNIC CATEGORY
E-2	19870916	18	☐ Female ☑ Male	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☑ White ☐ Native Hawaiian or Other Pacific Islander ☐ Decline to Respond	☐ Hispanic/Latino ☑ Not Hispanic/Latino ☐ Decline to Respond

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY	b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE
1			82nd Replacement

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS

15.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
☑ Army ☐ Coast Guard ☐ Navy ☐ Marine Corps ☐ Air Force	☑ Active Duty ☐ Reserve ☐ National Guard	☐ Enlistment ☐ Commission ☐ Retention ☐ Separation ☐ Medical Board ☐ Retirement ☐ U.S. Service Academy ☐ ROTC Scholarship Program ☒ Other Chapter 4-12c	PHYSICAL EXAMINATION SECTION WOMACK ARMY MEDICAL CENTER FT. BRAGG, NC 28310

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Normal	Abnorm	NE
17. Head, face, neck, and scalp	✓		
18. Nose	✓		
19. Sinuses	✓		
20. Mouth and throat	✓		
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)	✓		
22. Drums (Perforation)	✓		
23. Eyes - General (Visual acuity and refraction under items 61 - 63)	✓		
24. Ophthalmoscopic	✓		
25. Pupils (Equality and reaction)	✓		
26. Ocular motility (Associated parallel movements, nystagmus)	✓		
27. Heart (Thrust, size, rhythm, sounds)	✓		
28. Lungs and chest (Include breasts)	✓		
29. Vascular system (Varicosities, etc.)	✓		
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)	✓		
31. Abdomen and viscera (Include hernia)	✓		
32. External genitalia (Genitourinary)	✓		
33. Upper extremities	✓		
34. Lower extremities (Except feet)	✓		
35. Feet (See item 35 Continued)	✓		
36. Spine, other musculoskeletal	✓		
37. Identifying body marks, scars, tattoos	✓		
38. Skin, lymphatics	✓		
39. Neurologic	✓		
40. Psychiatric (Specify any personality deviation)	✓		
41. Pelvic (Females only)			
42. Endocrine	✓		

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.)
☐ Acceptable
☐ Not Acceptable Class _____

35. FEET (Continued) (Circle category)
Normal Arch — Mild — Asymptomatic
Pes Cavus — Moderate
Pes Planus — Severe — Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
Pirolli, Anthony T	142 38 4680

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin: NEG	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar: NEG			

TESTS	RESULTS	HIV SPECIMEN ID LABEL	DRUG TEST SPECIMEN ID LABEL
49. HIV			
50. DRUGS			
51. ALCOHOL			
52. OTHER			
a. PAP SMEAR			
b.			
c.			

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT	54. WEIGHT	55. MIN WGT - MAX WGT / MAX BF %	56. TEMPERATURE	57. PULSE
73"	237 lbs.			76

58. BLOOD PRESSURE			59. RED/GREEN (Army Only)	60. OTHER VISION TEST
a. 1ST	b. 2ND	c. 3RD		
SYS. 125	SYS.	SYS.		
DIAS. 75	DIAS.	DIAS.		

61. DISTANT VISION	62. REFRACTION BY AUTOREFRACTION OR MANIFEST	63. NEAR VISION
Right 20/ 100 Corr. to 20/	By S. CX	Right 20/ 20 Corr. to 20/ by
Left 20/ 20 Corr. to 20/	By S. CX	Left 20/ 20 Corr. to 20/ by

64. HETEROPHORIA (Specify distance)

ES° EX° R.H. L.H. Prism div. Prism Conv CT NPR PD

65. ACCOMMODATION		66. COLOR VISION (Test used and result)	67. DEPTH PERCEPTION (Test used and score) AFVT	
Right	Left	PIP /14	Uncorrected	Corrected

68. FIELD OF VISION	69. NIGHT VISION (Test used and score)	70. INTRAOCULAR TENSION	
		O.D.	O.S.

71a. AUDIOMETER	Unit Serial Number						71b. Unit Serial Number							72a. READING ALOUD TEST
Date Calibrated (YYYYMMDD)							Date Calibrated (YYYYMMDD)							☐ SAT ☐ UNSAT
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	
Right							Right							72b. VALSALVA
Left							Left							☐ SAT ☐ UNSAT

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

HCT: 44.1
PSA: _____
LIPIDS: _____
PUG: _____
SDX: _____
RPR: _____
CBC: _____
CHEM 17: _____
CHOL total: 142 LDL: _____ HDL _____ TRIG: _____ FBS: _____

CHEST XRAY: _____
EKG: _____
STOOL FOR OCCULT BLOOD: _____

SMOKING HISTORY
NUMBER OF CIGARETTES PER DAY

CORRECTED COPY
DEPARTMENT OF THE ARMY
HEADQUARTERS, 82D AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310-5100

ORDERS 303-0347 30 October 2006

PIROLLI, ANTHONY THOMAS JR 142-88-4680 PV2 0082AGFFICE REPL, (WC3CA5) FORT BRAGG, NC 28310

The following order is amended as indicated.

So much of: Orders 296-0263, HQ, 82ND ABN DIV DATED:, 23 October 2006

Pertaining to: DISCHARGE OF PIROLLI, ANTHONY THOMAS JR 142-88-4680 PV2, 0082AGFFICE REPL, (WC3CA5) FORT BRAGG, NC 28310

As reads: PIROLLI JR, ANTHONY THOMAS 142-88-4680 PV2 0082AGFFICE REPL, (WC3CA5) FORT BRAGG, NC 28310

How changed: PIROLLI , ANTHONY THOMAS JR 142-88-4680 PV1 0082AGFFICE REPL, (WC3CA5) FORT BRAGG, NC 28310

Auth: AR 635-200
Format: 700

FOR THE COMMANDER:

MICHAEL D. COPENHAVER
LTC, GS
ACOFS, G1/AG

DISTRIBUTION:
PV2 PIROLLI (15)
Cdr 0082AGFFICE REPL, (WC3CA5) (3)
AFVC-GAA-REUP (1)
AFVC-GAA (1)
AFVC-PAB (5)
AFVC-PSC-RO (6)
AFVC-SU (1)
AFVC-FO (1)
AFZA-DS-PS (82 PSO ANNEX) (1)
CDR, USA TRF PT (1)
CDR, 82 FINANCE (2)
SECURITY & INTEL DIV, PUBLIC SAFETY
BUSINESS CENTER (1)

DEPARTMENT OF THE ARMY
HEADQUARTERS, 82D AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310-5100

ORDERS 296-0263

23 October 2006

PIROLLI JR, ANTHONY THOMAS 142-88-4680 PV2 0082AGFFICE REPL, (WC3CA5) FORT BRAGG, NC 28310

You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are discharged from the Component shown. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of discharge.

Assigned to: US ARMY TRANSITION CENTER (W0U3NT) FORT BRAGG NC 28310-5000
Reporting date: 24 October 2006
Comp: REGULAR
Date of discharge unless changed or rescinded: 06 November 2006
Additional instructions: a. Immediately upon receipt of orders you will report to the Installation Outprocessing Center (One-Stop), Bldg 4-2843, 2d Floor, Wing D, Room 261, between 1300 - 1700, Monday - Friday to schedule an appointment to outprocess. You need to have your DA Form 31 (Request and Authority for Leave) for transition leave and/or permissive TDY.
b. You will attend all briefings and complete all processing in ACUs or BDUs.
c. IAW Public Law 101-510, Section 1144 you must attend a mandatory Preseparation Briefing and complete the DD Form 2648 (Preseparation Counseling Checklist) 120 - 180 days prior to separation. For more information contact the ACAP Center at 396-2227 or 7188.
d. Movement of dependents, accompanied and/or unaccompanied baggage and household goods or your entitlement to travel and transportation are from the debarkation point to home of record as determined by the JFTR. Call 396-6685 for further information. e. If you desire an ETS physical prior to separation, contact the medical treatment facility to schedule and appointment NLT 45 days before the start of transition leave or separation date.
f. Storage of household goods, at government expense, is authorized up to 6 months after separation.
g. If you have been issued a government travel card then you will carry a "zero balance" and turn the card in prior to departing this installation. h. DEPNS:
i. You must report to Bldg C-3832, on Ardennes Street to be processed through ACAP.
j. Immediately upon receipt of orders you will report to the Transition Center, Bldg 4-2843, 2d Floor, Wing B, between the hours of 0900 - 1100, Monday thru Friday to schedule an appointment for the completion of your DD Form 214.
k. Upon receipt of orders you will contact the Central Issue Facility (CIF) at 396-7045 or 5383 and establish an appointment to turn in all CIF issued equipment. The CIF Help Desk can provide you a copy of your clothing record, Monday through Friday, from 0800 - 1530.
l. If you plan to ship personal property at government expense report to the Transportation Office, Bldg 4-2843, Room I-Q 22, West Wing, with 7 copies of your orders.

FOR ARMY USE
Auth: AR 635-200
HOR: SWEDESBORO NJ US

Place EAD or OAD: FORT DIX NJ US
MDC: 7BE7

Format: 501

FOR THE COMMANDER:

MICHAEL D. COPENHAVER
LTC, GS
ACOFS, G1/AG

DISTRIBUTION:
PV2 PIROLLI (15)
Cdr 0082AGFFICE REPL, (WC3CA5) (3)
AFVC-GAA-REUP (1)
AFVC-GAA (1)
AFVC-PAB (5)
AFVC-PSC-RO (6)
AFVC-SU (1)
AFVC-FO (1)
AFZA-DS-PS (82 PSO ANNEX) (1)
CDR, USA TRF PT (1)
CDR, 82 FINANCE (2)
SECURITY & INTEL DIV, PUBLIC SAFETY
BUSINESS CENTER (1)
PERSONNEL SERVICE CENTER (ONE-STOP)
(1)

PRESEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS

(Please read Privacy Act Statement below before completing this form.)

SECTION I - PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1142, E.O. 9397.
PRINCIPAL PURPOSE(S): To record preseparation services and benefits requested by and provided to Service members; to identify preseparation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed preseparation counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preseparation counseling for Service members be made available.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, it will not be possible to initiate preseparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II - PERSONAL INFORMATION *(To be filled out by all applicants)*

1. NAME *(Last, First, Middle Initial)*	2. SSN	3. GRADE
Pirelli Anthony T	142 58 4680	E-2

4. SERVICE *(X one)*	5. DUTY STATION	6. ANTICIPATED DATE OF SEPARATION *(YYYYMMDD)*	1 am *(X one)*
[X] ARMY [ ] AIR FORCE [ ] MARINE CORPS [ ] COAST GUARD [ ] NAVY	62d Replacement	20061007	[ ] Retiring [ ] Separating Voluntarily [X] Separating Involuntarily

7. DATE CHECKLIST PREPARED *(YYYYMMDD)*	
20060823	[ ] 7.a. Place an X in this box ONLY if you have less than 90 days remaining on active duty before separation or retirement. Please read the following instructions: If voluntarily separating or retiring and you have less than 90 days remaining on active duty before your separation or retirement, why was your preseparation counseling not conducted earlier? Please go to Section V - REMARKS and check the response that best describes the reason why preseparation counseling was not conducted earlier.

SECTION III. ALL TRANSITIONING SERVICE MEMBERS MUST READ INSTRUCTIONS, SIGN AND DATE.

a. Items checked "YES" are mandatory for Service member to receive further information or counseling, or attend additional workshops, briefings, classes, etc. Service members that check "YES" in Item 11.a. will be released by Commanders to attend the appropriate workshop, briefing, etc. in its entirety.
b. Shaded Areas: Areas that are shaded mean (1) the information is not applicable or (2) the information is referring to a Web site address and the URL requires no explanation. For example: 11.b. is shaded under SPOUSE because DD Form 2586 does not apply to spouses. Items 11.f.(1) and (2) are shaded because they refer to Web site addresses and they require no explanation.
c. POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT RESTRICTION COUNSELING (Item 19): Service members cannot decline this counseling. It is required prior to separation. Therefore, no blocks exist to allow Service members the option of checking "YES", "NO", or "NA". Transition/Command Career Counselors shall refer separating and retiring Service members to an installation legal office (Staff Judge Advocate or Counsel's Office) to ensure they receive a post government (military) employment restrictions briefing or counseling from an ethics official.
d. I was offered preseparation counseling on the above date (Item 7) on my transition benefits and services as appropriate. I understand that this preseparation counseling is provided to assist my transition process as required by Title 10, USC, Chapter 58, Section 1142.
e. I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).
f. I [ ] accept [X] decline *(X appropriate block)* preseparation counseling. *(If you check the "decline" box, you are declining preseparation counseling only on those items on this checklist where you have the option of declining.)* Sign and date the checklist.

8a. SERVICE MEMBER SIGNATURE	b. DATE *(YYYYMMDD)*	9a. TRANSITION COUNSELOR SIGNATURE	b. DATE *(YYYYMMDD)*
Anthony Pirelli	20060823		20060823

SECTION IV. Please indicate *(by checking YES or NO)* whether you *(or your spouse if applicable)* desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to all Service members, unless otherwise specified:

	SERVICE MEMBER			SPOUSE			REFERRED TO
	YES	NO	N/A	YES	NO	N/A	
10. EFFECTS OF A CAREER CHANGE							
11. EMPLOYMENT ASSISTANCE							
a. Dept. of Labor sponsored Transition Assistance Workshops and Service sponsored Transition Seminars/Workshops							
b. Use of DD Form 2586 (Verification of Military Experience and Training)							
(1) Do you want a copy of your Verification of Military Experience and Training (VMET) Document? If yes, go to http://www.dmdc.osd.mil/vmet to print your VMET document and cover letter.							
c. DoD Job Search Web site http://www.dod.jobsearch.org							
d. Transition Bulletin Board (TBB) and Public and Community Service Opportunities http://www.dmdc.osd.mil/ot/							
e. Teacher and Teacher's Aide Opportunities/Troops to Teachers http://www.proudtoserveagain.com							
f. Federal Employment Opportunities							
(1) http://www.usajobs.com							
(2) http://www.go-defense.com							
g. Hiring Preference in Non-Appropriated Fund (NAF) jobs (Eligible Involuntary Separatees)							

ARMY CAREER and ALUMNI PROGRAM
82nd Airborne Division Admin. Bldg.
Building C-3832
Fort Bragg, NC 28307
(910) 432-0842/0279

PRESEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS	NAME *(Last, First, Middle Initial)* Mills, Anthony T	SSN 142 65 1680

SECTION IV *(Continued)*	SERVICE MEMBER			SPOUSE			REFERRED TO
	YES	NO	N/A	YES	NO	N/A	
11. EMPLOYMENT ASSISTANCE *(Continued)*							
h. State Employment Agencies/America's Job Bank							
(1) http://www.ajb.org							
i. Career One Stop http://www.careeronestop.org							
12. RELOCATION ASSISTANCE ***NOTE: Status of Forces Agreement limitations apply for overseas Service members.**							
a. Permissive (TDY/TAD) and Excess leave							
*b. Travel and transportation allowances							
13. EDUCATION/TRAINING							
a. Education benefits (Montgomery GI Bill, Veterans Educational Assistance Program, Vietnam-era, etc.)							
(1) http://www.gibill.va.gov							
b. Workforce Investment Act (WIA)							
c. Additional education or training options							
(1) Small Business Administration http://www.sba.gov							
d. Licensing, Certification and Apprenticeship Information							
(1) Department of Labor http://www.acinet.org							
(2) U.S. Army https://www.cool.army.mil							
(3) U.S. Military Apprenticeship Program https://www.cnet.navy.mil/usmap/							
(4) DANTES http://www.dantes.doded.mil/dantes_web/danteshome.asp							
e. Defense Activity for Non-Traditional Educational Support http://www.dantes.doded.mil/dantes_web/danteshome.asp							
14. HEALTH AND LIFE INSURANCE							
a. Transitional Health Care Benefit - for Eligibility Criteria and additional information go to: http://www.tricare.osd.mil or http://www.tricare.osd.mil/Factsheets/viewfactsheet.cfm							
b. Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health insurance. http://www.tricare.osd.mil/chcbp							
c. Veterans' Group Life Insurance (VGLI) http://www.insurance.va.gov							
d. Veterans Centers http://www.va.gov/rcs							
15. FINANCES							
a. Financial Management (TSP, Retirement, SBP)							
b. Separation pay (Eligible Involuntary Separatees)							
c. Unemployment compensation							
d. Other financial assistance (VA Loans, SBA Loans, and other government grants and loans)							
16. RESERVE AFFILIATION							
17. VETERANS BENEFITS BRIEFING							
18. DISABLED VETERANS BENEFITS							
a. Disabled Transition Assistance Program (DTAP)							
b. VA Disability Benefits http:www.va.gov							

19. POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT RESTRICTION COUNSELING
Information on post government (military) employment counseling (restrictions on employment, imposed by statute and regulation) shall be conducted by Services as appropriate. Transition/Command Career Counselors shall refer separating and retiring Service members to an installation legal office (Staff Judge Advocate or Counselor's Office) to ensure they receive a post government (military) employment restrictions briefing or counseling from an ethics official.

20. INDIVIDUAL TRANSITION PLAN (ITP)

a. As a separating Service member, after receiving basic preseparation counseling information and completing this checklist, you and your spouse (if applicable) are entitled to receive assistance in developing an Individual Transition Plan (ITP) based on the areas of interest you have identified on this checklist. The preseparation counseling checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of the ITP is to identify educational, training, and employment objectives and to develop a plan to help you achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.

b. Based upon information received during Preseparation Counseling, do you desire assistance in developing your ITP? If yes, the Transition staff/Command Career Counselor is available to assist you.	SERVICE MEMBER			SPOUSE			
	YES	NO	N/A	YES	NO	N/A	

PRESEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS	NAME *(Last, First, Middle Initial)*	SSN
	Pirelli, Anthony T	147 38 4030

SECTION V - REMARKS *(Attach additional pages if necessary)*

Complete the following ONLY if you placed an X in Item 7a. See page 1, Section II, Item 7a.

21. My counseling was conducted 89 days or less before my separation or retirement because: *(X one)*

- ☐ MISSION REQUIREMENTS
- ☐ PERSONAL REASONS
- ☐ MEDICAL SEPARATION
- ☐ LEGAL SEPARATION
- ☐ CHANGE IN CAREER DECISION
- ☐ OTHER *(Please provide a brief explanation)*

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).
PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following statement carefully, and sign on the line provided:
I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

(Signature of Servicemember)

1. NAME (Last, First, Middle)	2a. SSN	b. INITIAL *(To indicate valid SSN)*	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
PIROLLI, ANTHONY THOMAS	142884680	ATP	A	WC3C8D

4a. SPOUSE NAME — b. ADDRESS *(Include ZIP Code)*
SINGLE

5a. CHILDREN NAME	b. RELATIONSHIP	c. DATE OF BIRTH *(YYYYMMDD)*	d. ADDRESS *(Include ZIP Code)*
None.			

6a. FATHER NAME — b. ADDRESS *(Include ZIP Code)*
ANTHONY P SR — [redacted]

7a. MOTHER NAME — b. ADDRESS *(Include ZIP Code)*
DARLENE P — [redacted]

8a. DO NOT NOTIFY DUE TO ILL HEALTH — b. NOTIFY INSTEAD

9a. BENEFICIARY(IES) FOR DEATH GRATUITY *(If no surviving spouse or child)*	b. ADDRESS *(Include ZIP Code)*	c. PERCENTAGE
ANTHONY PIROLLI SR (FATHER)	[redacted]	100

10a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES	b. ADDRESS *(Include ZIP Code)*	c. PERCENTAGE
ANTHONY PIROLLI SR (FATHER)	[redacted]	100

11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING *(Subject to Secretarial Determination)*

12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)
a. SGLI (Optional Service Use) ☑ MAXIMUM ☐ NO ☐ OTHER (Amount)
b. INSURANCE COMPANIES/POLICY NUMBERS

13. CONTINUATION/REMARKS — Individual to Direct Disposition of Soldier's Remains: ANTHONY PIROLLI SR - FMLY MEMBER

14. SIGNATURE OF SERVICEMEMBER *(Include Rank, Rate, or Grade)*	15. SIGNATURE OF WITNESS *(Include Rank, Rate, or Grade)*	16. DATE SIGNED *(YYYYMMDD)*
	James Rodland SGT	20061011

DD FORM 93 (E)

Please read the instructions before completing this form

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name or update your beneficiary
- ☐ Reduce the amount of your insurance coverage
- ☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name	First name	Middle name	Rank, title or grade	Social Security Number
PIROLLI	ANTHONY	THOMAS	PV2	142884680

Branch of Service(Do not abbreviate)	Current Duty Location
Army	WC3C8D

Amount of Insurance

By law, you are automatically insured for $400,000. *If you want $400,000 of insurance*, skip to Beneficiary(ies) and Payment Options. *If you want less than $400,000* of insurance, please check the appropriate block below and write the amount desired and your initials.Coverage is available in increments of $50,000. *If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- ☐ I want coverage in the amount of $ _____, Your initials_____
- ☐ _____

(Write "I do not want insurance at this time.")

**Note:* Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. DARLENE PIROLLI [redacted]		MOTHER	50 %	LUMP SUM
2. ANTHONY PIROLLI SR [redacted]		FATHER	50 %	LUMP SUM
Contingent				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than $400,000.

SIGN HERE IN INK _____ Date: 20060707
(Your Signature. Do not print.)

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
[signature]	SGT	82nd DSTB	20061011

SGLV-8286 (E)

ENLISTED RECORD BRIEF

BRIEF DATE	NAME	RANK - DOR	PMOS	SSN	COMPONENT
20061011	PIROLLI, ANTHONY THOMAS JR	PV2 20050810	11B	142-88-4680	REGULAR

SECTION I – Assignment Information

OS/Deployment Combat Duty

#S - 0
#L - 0

Start-End Date	CT	MO	TS	TT

	#	M
C	0	0
O	0	0
R	0	0

TOT: 0

Dwell Time	
Start	20050810
Month - Days	11 Mo 6 Days

DEROS

DROS

Date Dependents Arrived OS

PMOS	11B	SQI	P
SMOS		PDSI/YRMO	/
Bonus MOS		ASI	00

Bonus Enlist Elig Dt

Promotion Points/YRMO

Prev Promotion Points/YRMO

Prom Seq# | Prom Select Dt

Promotion MOS

ASVAB	Test # / Dt	ASVAB10 / 20050810					
GT	115	ELEC	113	FOOD	112	TECH	116
ADMIN	119	FA	116	COMMO	116		
CMBT	114	MECH	105	MAINT	114		

Delay Separation Reason

AEA / Dt A /

Flag Code	Flag Start Dt	Flag Expiration Dt
AA	20060407	

SECTION II – Security Data

PSI Status SECRET Fld Det PS Stat NONE

PSI Invest INIT

PSI Invest Compl 20051031

SECTION V – Foreign Language

Language	Read	Listen	Speak

DLAB

SECTION VI – Military Education

MEL/MES NONE/NONE

Course	Year
AIRBORNE	2006

Correspondence Courses

Total # of Hours

SECTION III – Service Data

BASD 20050810	PEBD 20050810	BESD
ETS 20091227	DIEMS 20050810	Reenl Elig/Prohib
# Days Lost	AGCM Dt	AGCM Elig Dt 20060810

	PVT	PV2	PFC	SPC - CPL
DOR		20050810		

	SGT	SSG	SFC	MSG - 1SG
DOR				
DOR	SGM - CSM			

SECTION VII – CIVILIAN Education

Level Completed Yr
DESG

Institution Yr
Discipline

Institution Yr
Discipline

Number Of Semester Hours Completed 0

Technical Certification

Course Name	Dt Certified	Dt Expires

SECTION VIII – Awards and Decorations

NDSM 1

SECTION IV – Personal/Family Data

Date of Birth 19870916	Birthplace DE
Country of Citz	Sex/Race MALE / CAUCAS
No of Dependent Adults/Children 0 / 0	Religion CH CHR
Marital Status SINGLE	Spouse Birthplace/Citz
PULHES 111121	Height/Weight 71/228
EFMP Dt	#Cmd Sponsored 0
Physical Category B	APFT P/F Dt /
Last Physical Exam 20050429	MMRB Results/Dt

Home of Record SWEDESBORO , NJ

Mailing Address

Mil Spouse SSN/MPC

Svc Comp / DoD

Emergency Data Verified Date

SECTION X - Remarks

HIV YRMO

RGMT AFL

Date Last Photo

Date of Loss | Date of Last PCS 20060305 | Date of Last NCOER

SECTION IX – Assignment Information

ASGT	FROM	MO	UNIT NO	ORGANIZATION	STATION	LOC	COMD	DUTY TITLE	DMOS	ASI	LANG
PROJ											
Current	20060323		WABUA0	010505INBN CO A RIFLE	FT BRAGG	US	FC	INCOMING PERSONNEL	11B10	00	YY
1st Prev	20060322		WABUT0	010505INBN HHC	FT BRAGG	US	FC	INCOMING PERSONNEL	11B10	00	YY
2nd Prev	20060320		WC3C8D	0082 ABN DIV RPL DE	FT BRAGG	US	FC	INCOMING PERSONNEL	11B10	00	YY
3rd Prev	20060306		WABAAB	010082 AB 1ST BDE REPL	FT BRAGG	US	FC	INCOMING PERSONNEL	11B10	00	YY
4th Prev	20060203		W1E0RP	RGR INDOC TNG DET	FT BENNIN	US	SP	INCOMING PERSONNEL	11B10	00	YY
5th Prev	20060111		W2L59T	507 IN BN 1 ABN CO A TR	FT BENNIN	US	TC	INCOMING PERSONNEL	11B10	00	YY
6th Prev	20050818		W2L5C3	ITB 58 IN 02 BN CO C	FT BENNIN		TC	RA TRAINEE	1		YY
7th Prev	20050810		W2L5H2	ITB 30 AG BN CO A	FT BENNIN		TC	RA TRAINEE	1		YY
8th Prev			W18BE5	MEPS PHILADELPHIA	PHILADELP		TM				
9th Prev											
10th Prev											
11th Prev											
12th Prev											
13th Prev											
14th Prev											
15th Prev											
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24th Prev											