

**INITIAL CONTACT SHEET**

NAVPERS 1640/19 (REV. 9-82) S/N 0106-LF-016-4098

*Complete these questions, carefully, fully, and truthfully, to the best of your knowledge. Authority to request this information is derived from 5 UNITED STATES CODE 301, Departmental regulations. Information furnished as answers to the questions listed below will be used as a tool in assisting the prisoner/awardee in solving any pressing problems during his/her first few hours at this brig/correctional custody unit. Information gathered on this form may be used by Department of Defense officials, and in some cases, U. S. Department of Justice officials in the performance of their duties. Completion of this form is completely voluntary: however, failure to provide the requested information may prevent or limit the staff of the brig/correctional facility/correctional custody unit from helping the prisoner/awardee solve immediate problems.*

NAME (Last, first, middle)	RATE	SSN	BRANCH OF SERVICE
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MARITAL STATUS       MARRIED       SEPARATED       DIVORCED       SINGLE

WHAT IS YOUR NEAREST RELATIVE'S FULL NAME AND ADDRESS?	RELATIONSHIP
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DOES (he/she) KNOW OF YOUR WHEREABOUTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU WANT (her/him) NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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FATHER:     LIVING     DECEASED     MARRIED     SEPARATED     DIVORCED  
MOTHER:     LIVING     DECEASED     MARRIED     SEPARATED     DIVORCED

EXPLAIN BELOW ANY PRESSING PROBLEMS THAT YOU FEEL MUST HAVE IMMEDIATE ATTENTION

HAVE YOU BEEN HOSPITALIZED IN A MENTAL HOSPITAL?     YES     NO. IF SO, DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE ANY OF THE FOLLOWING PROBLEMS IN AREAS FOR WHICH YOU WANT HELP?

GAMBLING     YES     NO      NARCOTICS     YES     NO      DRINKING     YES     NO

OTHER:

HOW DO YOU FEEL ABOUT SUICIDE?

*This form is to be completed by all prisoners confined at the brig/correctional facility or awardees in a correctional custody unit and delivered to the Section Leader for screening. All initial contact sheets that reveal problems of any urgent nature shall cause the following personnel to be notified as appropriate:*

BRIG/CORRECTIONS/CORRECTIONAL CUSTODY OFFICER  
COUNSELOR  
CHAPLAIN

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EXPLAIN WHAT ACTION WAS TAKEN

ACTION TAKEN BY (Title and Signature)	TIME	DATE
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