

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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

PART I - BASIC DATA

| | | | |
|---|--|---------------------|--------------------|
| 1. NAME (last, first, MI) LAKE, Michael JOHN | 2. SOCIAL SECURITY NO. [REDACTED] | 3. GRADE E-3 | 4. SEX Male |
| 5. UNIT 158TH C.S. | FOR TRAINING UNITS ONLY 6. WEEK OF TRAINING 7. TRAINING SCORES HIGH _____ MED _____ LOW _____ | | |

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES
 On 22 March 90 I Found The common storage wall Locker unsecured and bed not made.

9. DATE AND SUMMARY OF COUNSELING
 I am counseling you on two areas that I find you deficient -
 1- Security On 22 March 90 you left the common storage locker unsecured -
 This is in violation of Army Regulations and Company Policy and common sense.
 2- Your area is in below standard in many respects. Realizing that you have many personal items you must maintain them in a manner that does not have a cluttered appearance. You must insure that your area is inspection ready when ever you leave the room.
 3- Failure to comply with the above instructions will result in ~~my~~ my recommendation of UCMJ.
 4- I will keep a copy in my wastebasket and if you fail in the above area will result in this being reported to the appropriate authorities.

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

PART III - AUTHENTICATION

10. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

Lockmiller, Anthony A. E-4 Anthony A. Lockmiller

23 March 90

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

At the designated time I was withdrawing from Lithium.

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

Lake, Michael PFC Michael Lake

23 Mar 90

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

PART IV - REHABILITATION

14. REHABILITATION RESULTS/COMMENTS

15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

16. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

PART V - UNIT COMMANDER INTERVIEW

17. INTERVIEW RESULTS AND RECOMMENDATION

NAME, GRADE, SIGNATURE OF UNIT COMMANDER

DATE