

GENERAL COUNSELING FORM

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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

PART I - BASIC DATA

1. NAME (last, first, MI) LAKE, MICHAEL J	2. SOCIAL SECURITY NO [REDACTED]	3. GRADE PFC	4. SEX M
5. UNIT 158th C.S. Det 58th LEM FBNG	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING	7. TRAINING SCORES HIGH ___ MED. ___ LOW ___	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES **17 APR 90 - ABOVE SIM WENT ON EMERGENCY SICK CALL MONDAY NIGHT (16 APR 90) and returned to the TMC on 17 APR 90. SIM WAS SCHEDULED FOR A PT TEST ON 17 APR 90. SIM HAS YET TO TAKE PT TEST IN UNIT DUE TO PROFILES.**

9. DATE AND SUMMARY OF COUNSELING **19 APR 90 - Informed sm that monitoring of sick call will be done and if sm is found to be milingering that UCMJ action can occur.**

DISPOSITION INSTRUCTIONS

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

Rothmeier, Diana R SSG Diana R Rothmeier

19 APR 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 ~~do~~ concur for the following reasons:

I do not mind if I am monitored. Perhaps I may receive better than marginal help when trying to recover from injuries obtained on duty. It does not help my moral that when ~~an~~ an individual has a ~~high~~ ^{major} real injury it assumed that they are trying to escape duty. I feel now that my chain of command wishes me to let medical problems worsen until they can threaten life or property. I hope this is not so.

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

Lake, Michael, E-3, Michael J. Lake

19 April 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

18. NAME, GRADE, SIGNATURE OF UNIT COMMANDER

DATE