Department of the Army
Headquarters, U.S. Army Garrison
909 NW Hamilton Road, Suite 120
Fort Sill, Oklahoma 73503-9004
18 April 2017

Fort Sill Regulation 608-3

Personal Affairs

TRAVEL AND TRANSPORTATION FOR DEPENDENTS RELOCATING FOR REASONS OF PERSONAL SAFETY (FY04 DAA)

Summary. This regulation prescribes policies, responsibilities, and procedures for utilizing the entitlement of travel and transportation of abused dependents relocating for reasons of personal safety.

Applicability. This publication applies to all military personnel assigned or attached to Fort Sill and their family members.

Supplementation. Supplementation of this regulation is prohibited without prior approval from the Directorate of Family and Morale, Welfare and Recreation, Army Community Service, 4700 NW Mow Way Road, Suite 100, Fort Sill, OK 73503-9019

Suggested Improvements. The proponent of this regulation is the DFMWR, ACS. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to DFMWR, ACS.

Distribution. This regulation is distributed solely through the DHR, ASD Homepage at http://sill-www.army.mil/dhr/Admin_Svcs_Div/Index.html.

Table of Contents

	Paragraph	Page
Chapter 1. Introduction		
Purpose	1-1	2
References	1-2	2
Policy	1-3	2
Chapter 2. Responsibilities		
Unit Commanders	2-1	2
Army Community Service, Family Advocacy Program	2-2	3
Transportation Branch	2-3	3
Appendix A Victim Advocate's Memorandum of Support		4
Appendix B Family Member's Request for Entitlement		5
Appendix C Command Notification to Family Member of Entitlement		6
Appendix D Family Member Worksheet for Transportation Office		7

Appendix E JTR 5153 Travel and Transportation for a Dependent Relocating for Personal Safety		8
Appendix F Danger Assessment (DA2)		10
Appendix G Victim Advocate Safety Plan (DD Form 2893)		11

Chapter 1
Introduction

1-1. Purpose. To establish procedures for utilizing the entitlement of travel and transportation of abused dependents relocating for reasons of personal safety.

1-2. Reference. Joint Travel Regulation (JTR) 5153 change Travel and Transportation for Dependent Relocating for Personal Safety, 1 October 2014, effective 1 October 2014.

1-3. Policy. A service member's spouse or the parent/court appointed guardian of a dependent child may request relocation for personal safety and may be authorized travel and transportation if it is determined that--

a. The service member has committed a dependent-abuse offense against a dependent of the service member.

b. A safety plan and counseling have been provided to the dependent.

c. The dependent's safety is at risk.

d. Dependent relocation is advisable.

Chapter 2
Responsibilities

2-1. Unit Commanders. Unit commanders--

a. Notify dependents, in writing, that they may apply for dependent travel and/or shipment of household goods at government expense (see Appendices A, B, and C) when a dependent abuse offense occurs and there is concern for the safety of the victim, para a. IAW the JTR par. 5153 A.1 (Appendix D). Notification will also include a referral to the Family Advocacy Program Domestic Abuse Victim Advocate (DAVA) for verification of authorizing conditions and assistance in accomplishing documentation.

b. When requests for entitlements are received from a dependent and the Soldier's chain of command Concurs, the unit will prepare the Dependent Travel Authorization using their fund cite and appropriate signature authorities. Appendix E can be utilized as a guide to entitlements for the Dependent Travel Authorization. The Soldier's chain of command will submit the approved Dependent Travel Authorization

with document in Appendix D to the Logistics Readiness Center (LRC), Transportation Division, Passenger Movements Branch, Bldg 4700, for action.

c. Use command discretion regarding requests for military escorts to the receiving location. Commanders should utilize all available resources in making this decision, to include Family Advocacy Program Clinic, Domestic Abuse Victim Advocate (DAVA) and Staff Judge Advocate (SJA) personnel. Expenses incurred as a result of providing military escorts will be borne by the unit.

2-2. Army Community Service. Army Community Service, Family Advocacy Domestic Abuse Victim Advocate (DAVA) will--

a. Provide a DAVA as a source of support and a resource to assist the client with negotiating the various resources.

b. Provide a DAVA who will complete a memorandum of support, when warranted, for the command verifying that a safety plan has been initiated, the allegation has been reported, counseling has been offered, the client has been encouraged to go to Social Work Services at Reynolds Army Community Hospital for at least the initial interview, and the possibility of future violence is high (Appendix E) the new reference is JTR 5153 and in para B for Definitions of Dependent child, that reference is JTR 5153, para B.1

2-3. Transportation Branch. Passenger Movements Branch will—

a. Once the Dependent Travel Authorization is received, Passenger Movements Section will assist the dependents or unit representatives in making airline travel arrangements to designated location or will direct dependent to work with Household Goods Section and finance office for determination of other entitlements.

APPENDIX A

DOMESTIC ABUSE VICTIM ADVOCATE MEMORANDUM OF SUPPORT

IMSI-MWA (608-18a) Date

MEMORANDUM THRU Family Advocacy Program Manager

FOR Commander, (unit)

SUBJECT: Support of Travel and Transportation for Dependents Relocating for Reasons of Personal Safety

1. As the Fort Sill Domestic Abuse Victim Advocate (DAVA), I have met with _____ and concur that there is a personal safety risk present and the conditions of JTR 5153 have been met. The allegations of spouse abuse, current state of fear, and the outcome of the Danger Assessment 2 (high or critical) would suggest that relocation is warranted in this case.

2. I have worked with the victim on a safety plan and reported the incident to Family Advocacy Program Clinic for clinical assessment and counseling.

3. Point of contact is the undersigned, Army Community Service, 442-4916/4357.

Domestic Abuse Victim Advocate

APPENDIX B

FAMILY MEMBER'S REQUEST FOR ENTITLEMENT

APPROPRIATE LETTERHEAD

OFFICE SYMBOL Date

MEMORANDUM FOR (Commander's/Unit's Name)

SUBJECT: Request for Travel and Transportation for Dependents Relocating for Reasons of Personal Safety

In compliance with your memorandum, subject above: I request dependent travel and/or shipment of household goods at government expense. I am providing information on the following worksheet to assist in making a determination of entitlements.

_____
(Signature of dependent)

APPENDIX C

COMMAND NOTIFICATION TO FAMILY MEMBER OF ENTITLEMENT

APPROPRIATE LETTERHEAD

OFFICE SYMBOL Date

MEMORANDUM FOR (Dependent's Name)

SUBJECT: Travel and Transportation for Dependents Relocating for Reasons of Personal Safety

1. In accordance with Joint Federal Travel Regulation paragraph JTR 5153, you are authorized to apply for travel of dependents and/or shipment of household goods at government expense.

2. To obtain entitlements, dependent(s) must complete attached memorandum and worksheet, subject above, and return it to this headquarters, ATTN: XXXXXX. A self-addressed envelope is/is not attached for your convenience.

3. If election to obtain entitlements for shipment of household goods is requested, please attach written agreement from the service member or an order from a court of competent jurisdiction, giving possession of the household goods (HHG)/privately-owned vehicle (POV) to member's spouse. I will forward your request to the Transportation Office for publication of the movement authorization and will notify you of the results at the earliest possible date.

4. Point of contact for this headquarters is.

Encl

NAME LINE (Commander)
Rank, Branch
Title

APPENDIX D

FAMILY MEMBER WORKSHEET FOR TRANSPORTATION OFFICE

DEPENDENT WORKSHEET FS Form 788

FAMILY MEMBER WORKSHEET FOR TRANSPORTATION OFFICE

DEPENDENT WORKSHEET FS Form 788

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Section 3013
PRINCIPAL PURPOSES: Provide information to the Transportation Office.
ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in Fort Sill Regulation 608-3.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in the Family Members Transportation Office Travel and Transportation Entitlements.

SPOUSE WORKSHEET FOR TRAVEL AND TRANSPORTATION ENTITLEMENTS

SERVICE MEMBERS NAME: _____

SPOUSE'S NAME: _____

SPOUSE'S PRESENT ADDRESS (CITY, STATE, ZIP CODE): _____

_____

_____

SPOUSE'S PHONE NUMBER(S) (WITH AREA CODE): _____

SPOUSE'S EMAIL ADDRESS: _____

OTHER DEPENDENTS (SON, DAUGHTER, ETC)

NAMES	RELATIONSHIP	DATES OF BIRTH

ADDRESS WHERE HOUSEHOLD GOODS ARE CURRENTLY LOCATED WITH AREA CODE TELEPHONE NUMBER:

_____

_____

_____

_____

ADDRESS WHERE HOUSEHOLD GOODS WILL BE SHIPPED TO WITH AREA CODE AND PHONE NUMBER:

_____

_____

_____

_____

LOCATION FOR WHERE HOUSEHOLD GOODS WERE LAST SHIPPED FROM:

_____

_____

_____

_____

SPOUSE PRINTED NAME | SPOUSE SGNATURE | DATE

FS FORM 788
25 June 2014

APPENDIX E

SECTION 2: JTR 5153 TRAVEL AND TRANSPORTATION FOR A DEPENDENT RELOCATING FOR PERSONAL SAFETY 5153

A. General

1. The member's spouse or a dependent child's parent/court appointed guardian may request relocation for personal safety and may be authorized travel and transportation under par. B.1 if it is determined by the Service-designated official that:

a. The member has committed a dependent-abuse offense against a dependent of the member;

b. A safety plan and counseling have been provided to the dependent;

c. The dependent's safety is at risk; ***and***

d. Dependent relocation is advisable.

2. Dependent relocation must be in the best interest of the:

a. Member or the member's dependent, ***and***

b. U.S. Government.

B. Definitions

1. Dependent Child should reference JTR 5153:

a. A dependent/acquired dependent as defined in APP A; and

b. A member's unmarried child who was transported to the member's PDS at Gov't expense and who, by reason of age or graduation from (or cessation of enrollment in) an institution of higher education, would otherwise cease to be a dependent of the member while the member was serving at that station.

2. Dependent-abuse Offense. A dependent-abuse offense is conduct by a member (as defined in 10 USC §1059(c)) on active duty for more than 30 days that involves abuse of the spouse/dependent child.

C. Restriction. ***HHG/POV transportation may be authorized only if a written agreement of the member, or an order of a court of competent jurisdiction, gives possession of the HHG/POV to the member's spouse/dependent.***

D. Authorization

1. When an authorization/order directing a member's PCS has not been issued, or when it has been issued but cannot be used as authority for the transportation of the member's dependent, baggage, and HHG; transportation may be authorized for the member's dependent, baggage, and HHG from the PDS to the designated relocation site in the U.S., or its possessions, or if the dependent is a foreign national to the country of the dependent's origin.

2. Transportation-in-kind, transportation reimbursement, or MALT PLUS, is authorized for the dependent(s).

3. If the member's PDS is OCONUS, transportation may be authorized for one POV that is owned/leased by the member/dependent and is for the personal use of the member's dependent.

4. Transportation of HHG in NTS to the designated relocation site may be authorized.

E. Reimbursement. IAW 37 USC §406.

APPENDIX F

DANGER ASSESSMENT (DA2)

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN

Copyright 2004 Johns Hopkins University, School of Nursing

Corrections to calendar scale 2/3/2010

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.
("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No		
_____	_____	1.	Has the physical violence increased in severity or frequency over the past year?
_____	_____	2.	Does he own a gun?
_____	_____	3.	Have you left him after living together during the past year? 3a. (If have *never* lived with him, check here___)
_____	_____	4.	Is he unemployed?
_____	_____	5.	Has he ever used a weapon against you or threatened you with a lethal weapon? 5a. (If yes, was the weapon a gun?____)
_____	_____	6.	Does he threaten to kill you?
_____	_____	7.	Has he avoided being arrested for domestic violence?
_____	_____	8.	Do you have a child that is not his?
_____	_____	9.	Has he ever forced you to have sex when you did not wish to do so?
_____	_____	10.	Does he ever try to choke you?
_____	_____	11.	Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, Meth, speed, angel dust, cocaine, "crack", street drugs or mixtures.
_____	_____	12.	Is he an alcoholic or problem drinker?
_____	_____	13.	Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ____)
_____	_____	14.	Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
_____	_____	15.	Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)
_____	_____	16.	Has he ever threatened or tried to commit suicide?
_____	_____	17.	Does he threaten to harm your children?
_____	_____	18.	Do you believe he is capable of killing you?
_____	_____	19.	Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
_____	_____	20.	Have you ever threatened or tried to commit suicide?
_____	_____	Total "Yes" Answers	

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

APPENDIX G

Victim Advocate Safety Plan

VICTIM ADVOCATE SAFETY PLAN

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of this form and how it will be used. Please read it carefully.

AUTHORITY: 5 U.S.C. 301, "Departmental Regulations"; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; and Section 534 of the National Defense Authorization Act for Fiscal Year 1995, Public Law 103-337.

PRINCIPAL PURPOSE(S): The information on this form will be used to provide victims of domestic violence with a plan for increasing their personal safety and to prepare victims for steps to take if further abuse or violence occurs.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary. However, failure to provide the information may make it more difficult to develop a comprehensive safety plan.

NAME	**DATE** *(YYYYMMDD)*

REVIEW DATES *(YYYYMMDD)*

The following represents my plan for increasing my safety and preparing in advance for the possibility of further abuse or violence. Although I do not have control over my abuser's behavior, I do have a choice about how to respond to him/her and how to best get myself to safety.

Some of the things I can do are:

1. **INCREASING MY OVERALL SAFETY.** I may not always be able to avoid violent incidents. In order to increase my safety, I may use a variety of strategies.
   I can use some or all of the following strategies:

a. If I decide to leave, I will: (I will practice how to get out safely. What doors, windows, stairwells or fire escapes would I use?)

b. I can keep my personal belongings (purse, car keys, etc.) ready and put them

_____

(place) in order to leave quickly.

c. I can tell _____

and _____

about the violence and request they call the military or civilian police if they hear suspicious noises coming from my house.

d. I can teach my children how to use the telephone to contact the police and the fire department, and how to report violence or other problems.

e. I will use _____ as my code word with my children or my friends so they can call for help.

f. If I have to leave my home, I will go: _____

(I should decide this even if I don't think there will be a next time.) If I cannot go to the location above, then I can go to:

_____ or _____

g. I can also teach some of these strategies to some/all of my children.

h. When I expect we are going to have an incident, I will try to move to a space that is lowest risk, such as:

_____

(I will try to avoid incidents in the bathroom, garage, and kitchen, near weapons or in rooms without access to an outside door.)

i. I will use my judgment and intuition. If the situation is very serious, I can give my abuser what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

DD FORM 2893, MAR 2005

Page 1 of 6 Pages
Adobe Designer 7.0

2. **PROTECTING MYSELF DURING AN INCIDENT OR IF PLANNING TO LEAVE.** If I am planning to leave, I should do so without telling my abuser face-to-face. If I have to leave quickly (during an incident), I WILL JUST LEAVE. I will not talk with my abuser about it. If I am going to leave at another time, I will leave when my abuser is not home and communicate with him/her later by phone or letter from a safe place.

3. **SAFETY WHEN PREPARING TO LEAVE.** I may decide to leave the residence I share with my abuser. I must have a careful plan for leaving in order to increase my safety. My abuser might strike out and become more violent if he/she believes that I am leaving the relationship.
I can use some or all of the following safety strategies:

a. I will leave money and an extra set of keys with _____
so I can leave quickly.

b. I will keep copies of important documents or keys at:

c. I will open a savings account by (date) _____, to increase my independence.
I will use _____
as the mailing address so that the monthly statement is not sent to my home.

d. Other things I can do to increase my independence include:

e. The domestic violence program's hotline number is: _____. I can seek shelter by calling this hotline.

f. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my abuser those numbers that I called before or after I left. To keep my telephone communication confidential, I must either use coins or a pre-paid phone card or I might get a friend to permit me to use his/her telephone credit card for a limited time when I first leave.

g. I will check with _____ and _____
to see who would be able to let me stay with them or lend me some money.

h. I can leave extra clothes with:

i. I will not tell my abuser face-to-face that I am leaving, or I will leave without talking with my abuser.

j. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence.
(Domestic violence advocate or friend) _____
has agreed to help me review this plan.

k. I will rehearse my escape plan and, as appropriate, practice it with my children.

DD FORM 2893, MAR 2005

Page 2 of 6 Pages

4. **ITEMS TO TAKE WHEN LEAVING.** If I decide to leave my abuser, it is important to take certain items with me. I may also want to give an extra copy of papers and an extra set of clothing to a friend just in case I have to leave quickly.

Items on the following list are the most important to take. If there is time, I might take other items or store them somewhere outside my home so I can get to them easily.

These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly. When I leave, I should take:

Identification for myself
Military identification Card
Children's birth certificates
My birth certificate
Passports
Social Security number for myself, the DoD sponsor, and my children
Money
Checkbook, ATM (Automatic Teller Machine) card
Credit cards
Keys - house/car/office
Driver's license and registration
Medications
Work permits
Green card
Divorce papers/custody papers
Medical records
Lease/rental agreements, mortgage payment book
Bank books
School and vaccination records
Insurance papers
Address book
Pictures
Jewelry
Children's favorite toys and/or blankets
Small saleable items (not abuser's property)

5. **SAFETY IN MY OWN RESIDENCE.** If I no longer reside with my abuser or if I have my own residence, there are many things that I can do to increase my safety in my own residence. Depending on my residence, it may not be possible to do all the measures that are listed here or to do them all at once, but I will take all of them into consideration to protect my safety.

Safety measures I can use include:

a. I can change the locks on my doors and windows as soon as possible.

b. I can replace wooden doors with steel/metal doors.

c. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.

d. I can purchase rope ladders to be used for escape from second floor windows.

e. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

f. I can install an outside lighting system that lights up when a person is coming close to my house.

g. I will teach my children how to use the telephone to make a telephone call to me and to:

_____
(friend/clergyperson/other) in the event that my abuser takes the children.

h. I will tell people who take care of my children which people have permission to pick up my children. The people I will inform about pick-up permission include:

School: _____

Day care staff: _____

Babysitter: _____

Sunday School/religious school teacher: _____

Teacher: _____

Others: _____

i. I can inform the following people that my abuser no longer resides with me and they should call the military or civilian police if he/she is observed near my residence:

Neighbor _____

Pastor/religious leader: _____

Friend: _____

6. **SAFETY WITH A PROTECTION ORDER.** My abuser should obey protection orders, but I can never be sure. I recognize that I may need to ask the military or civilian police, the courts, and the military commanding officer to enforce my protection order.
The following are some steps that I can take to help the enforcement of my protection order:

a. I will keep my protection order at (location):

b. I will always keep a copy of my protection order with me. If I change purses/wallets, that's the first thing that should go in.

c. I will give a copy of my protection order to military and civilian police departments in the community where I work, in those communities where I usually visit family or friends, and in the community where I live.

d. There may be a county registry of protection orders that all police departments can call to confirm a protection order. I will check to make sure that my order is in the registry. The telephone number for the county registry of protection orders is:

e. For further safety, if I often visit other counties, I might file my protection order with the court in those counties. I will register my protection order in the following counties:

f. I can call the domestic violence program if I am not sure about b., c., or d. above or if I have some problem with my protection order.

g. I will inform my employer, my clergy person, my closest friends, and _____ that I have a protection order in effect.

h. If my abuser destroys my protection order I can get another copy by going to _____ located at: _____

i. If my abuser violates my protection order, I can call the police and report a violation, contact my attorney, call my advocate, and/or advise the court of the violation.

j. If law enforcement does not help, I can contact my advocate or attorney and will file a complaint with the chief of the law enforcement department.

k. I can also file a private civil complaint in the jurisdiction in the U.S. where the violation occurred. I can charge my abuser with a violation of the protection order. (I can also ask if the jurisdiction where the violation occurred permits the filing of private criminal complaints.) I can call the domestic violence advocate to help me with this.

7. **SAFETY ON THE JOB AND IN PUBLIC.** I must decide if and when I will tell others that my abuser is abusive and that I may be at continued risk. Friends, family and co-workers can all offer protection. I should carefully consider which people to invite to help secure my safety.
I might do any or all of the following:

a. I can inform my boss, the security supervisor, military commanding officer, senior enlisted advisor, and _____ at work of my situation.

b. I can ask _____ to help screen my telephone calls at work.

c. When leaving work, I can:

d. When driving home, if problems occur, I can:

e. If I use public transit, I can:

f. I can use different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when I was residing with my abuser.

g. I can use a different bank and take care of my banking at hours different from those I used when residing with my abuser.

h. I can also:

8. SAFETY AND DRUG OR ALCOHOL USE. Many people use alcohol. Many use mood-altering drugs. Some drugs are legal, others are not. The Department of Defense has a zero-tolerance policy for active duty members with regard to the use of illegal drugs, and there are Federal and State criminal laws addressing the use of illegal substances. Therefore, I should carefully consider the potential costs to my family and me if someone in my family is using illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce my awareness and ability to act quickly to protect myself from my abuser. Alcohol or drug use may also affect the way my abuser responds to different situations. Therefore, in the context of drug or alcohol use, I need to make specific safety plans.

If drug or alcohol use has occurred in my relationship with my abuser, I can enhance my safety by some or all of the following:

a. If I am going to use alcohol, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.

b. I can also:

c. If my abuser is using, I can:

d. I might also:

e. To safeguard my children, I might:

9. SAFETY AND MY EMOTIONAL HEALTH. The experience of being battered and verbally degraded by abusers is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

a. If I feel down and ready to return to a potentially abusive situation, I can:

b. When I have to communicate with my abuser in person or by telephone, I can:

c. I can try to use "I can ..." statements with myself and to be assertive with others.

d. I can tell myself: " _____ " whenever I feel others are trying to control or abuse me.

e. I can read _____ to help me feel stronger.

f. I can call _____, _____ and _____ as other resources to be of support to me.

g. Other things I can do to help me feel stronger are:

h. I can attend workshops and support groups at the domestic violence program or: _____ or _____ to gain support and strengthen my relationships with other people.

I SHOULD NOT KEEP THIS PLAN WITH ME. I SHOULD DISCUSS WITH MY VICTIM ADVOCATE WHERE AND WITH WHOM THIS PLAN WILL BE KEPT.

I SHOULD DETACH THE PHONE LISTING ON THE LAST PAGE AND KEEP IT WITH ME.

PHONE LIST

DETACH AND KEEP WITH YOU AT ALL TIMES.

TELEPHONE NUMBERS I NEED TO KNOW:

National Domestic Violence Hotline: **1-800-799-SAFE**

Police Department - home: _____

Police Department - school: _____

Police Department - work: _____

Military Police: _____

Commanding Officer/Senior Enlisted Advisor: _____

Family Advocacy Program Office: _____

Chaplain: _____

Domestic Violence Hotline: _____

Domestic Violence Program/Advocate: _____

County Registry of Protective Orders: _____

Work Number: _____

Supervisor's home number: _____

Clergy Person: _____

Attorney: _____

School/Daycare: _____

Doctor: _____

Friend: _____

Family Member: _____

Military One Source - from the U.S.: **1-800-342-9647**; overseas: **484-530-5747**

Other: _____

DD FORM 2893, MAR 2005

Page 6 of 6 Pages

IMSI-MWA

HQ, U.S. ARMY GARRISON
OFFICIAL
FORT SILL, OK

JAMES A MILLER
Director of Human
Resources

SAMUEL W. CURTIS
COL, SF
Commanding

DISTRIBUTION:
Fort Sill Intranet