SWORN STATEMENT								
	For use of this form, s	see AR 1	90-45; the proponent	agency is PMG.				
	PR	IVACY A	ACT STATEMENT					
AUTHORITY:				17 Social Security No	umber (SSM)			
PRINCIPAL PURPOSE:	Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN). To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline,							
ROUTINE USES:	law and order through investigation of complaints and incidents. Information provided may be further disclosed to federal, state, local, and foreign government law enforcement							
	agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.							
DISCLOSURE:	Disclosure of your SSN and other information is voluntary.							
1. LOCATION		2. DA	TE (YYYYMMDD)	3. TIME	4. FILE NUMBER	3		
5. LAST NAME, FIRST	NAME, MIDDLE NAME		6. SSN	<u> </u>	7. GRADE/STA	rus		
8. ORGANIZATION OR	ADDRESS							
9.								
l,		,	WANT TO MAKE TH	E FOLLOWING STAT	TEMENT UNDER O	ATH:		
	1							
10. EXHIBIT	11	. INITIA	ALS OF PERSON MAK	ING STATEMENT	PAGE 1 OF	PAGES		
ADDITIONAL PAGES M	UST CONTAIN THE HEADING "STAT	TEMENT	OE TAKEN A	T DATED				
THE BOTTOM OF EACH MUST BE INDICATED.	H ADDITIONAL PAGE MUST BEAR TH	HE INITIA	ALS OF THE PERSON	MAKING THE STAT	EMENT, AND PAG	E NUMBER		

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.							
STATEMENT OF	TAKEN AT	,	DATED				
9. STATEMENT (Continued)							
INITIALS OF PERSON MAKING STATEMENT			PAGE	OF	PAGES		

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STATEMENT OF	TAKEN AT	DATED					
9. STATEMENT (Continued)							
	AFFIDAVIT						
I,	HAVE READ (OR HAVE HAD READ TO ME THIS STATEMENT THE CONTENTS OF THE ENTIRE STATEMENT MADE					
BY ME. THE STATEMENT IS TRUE. I HAVE I	NITIALED ALL CORRECTIONS AND H	AVE INITIALED THE BOTTOM OF EACH PAGE					
CONTAINING THE STATEMENT. I HAVE MAD THREAT OF PUNISHMENT, AND WITHOUT CO							
		(Signature of Person Making Statement)					
WITNESSES.	Subscribed	and sworn to before me, a person authorized by law to					
WITNESSES:	administer oa	administer oaths, this day of,					
	at						
ORGANIZATION OR ADDRESS		(Signature of Person Administering Oath)					
		Typed Name of Person Administering Oath)					
ORGANIZATION OR ADDRESS		(Authority To Administer Oaths)					
NITIALS OF PERSON MAKING STATEMENT							
		PAGE OF PAGES					

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