DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	**5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)**
PRINCIPAL PURPOSE:	**To assist leaders in conducting and recording counseling data pertaining to subordinates.**
ROUTINE USES:	**For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.**
DISCLOSURE:	**Disclosure is voluntary.**

PART I - ADMINISTRATIVE DATA

Name *(Last, First, MI)*	**Rank/Grade**	**Social Security No.**	**Date of Counseling**
Example (Nonsupport with out Court Order)			
Organization		**Name and Title of Counselor**	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: *(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)*

Violation of Article 92 (Failure to Obey Order or Regulation); specifically failure to provide financial support to your dependents IAW AR 608-99.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

IAW AR 608-99, you have a support requirement to provide financial support to your dependents. The amount of support required monthly is equivalent to the BAH II rate for your grade. As an _____, you are required to pay $_____per month to your dependents on the first day of the month following the month to which the financial support payment pertains. You can contact the SJA Legal Assistance to seek general legal assistance if you wish.

You will provide proof of payment in the form of cancelled personal checks or leave and earnings statements (LESs) reflecting voluntary allotments. Postal or bank money order receipts accompanied by a sworn statement from you that the money orders were sent to your family member(s) are also acceptable. Receipts signed by the recipient or other proof that cash payments were made are also acceptable. In appropriate cases, I may ask you to present evidence indicating that the family member(s) in question cashed the money orders.

If you can not show proof of payment, then you will initiate a payment for _____ and continue this payment indefinitely or until a court order changes the amount which must be provided. Also, you must provide proof of payment made to your dependents NLT _____ for the amount of support required. Proof of payment can come in the form of the above mentioned items.

This is a serious violation which I will not tolerate. Your efforts at resolving the financial support you owe will have an impact on my decision and or recommendation about your punishment. Otherwise, I can initiate one of or a combination of the following actions: counseling, letter of reprimand, non-judicial punishment, court-martial, or administrative separation. Also, your dependents can initiate a Garnishment or Involuntary Allotment procedure if you fail to make support payments.

You are being formally counseled IAW AR 635-200, paragraph 1-16, concerning the above noted deficiencies. You will be given a reasonable period of time to correct these deficiencies and to rehabilitate yourself to meet acceptable standards of conduct and duty performance. Your conduct will be monitored during this period of time and you will be given every opportunity to prove yourself. Continued unsatisfactory conduct/duty performance will result in your involuntary separation under the provisions of AR 635-200 Chapter 5-8, 5-13, 13, 14-12a, or 14-12b, and you may receive a (n) Honorable Discharge (Chapters 5-8, 5-13, 13, 14-12a, or 14-12b) General Discharge (Chapters 5-8, 5-13, 13, 14-12a, or 14-12b), or Other Than Honorable discharge (Chapters 14-12a or 14-12b only). An involuntary Honorable discharge will qualify you for most benefits resulting from military service except eligibility for immediate enlistment and eligibility for benefits requiring you to have served a certain portion of your period of enlistment, e.g. Montgomery G.I. Bill. If you receive a General discharge, you may be ineligible for some veteran's benefits, you may experience difficulty in getting preferred civilian employment, and you will be ineligible for enlistment for a period of two years. If you receive an Other Than Honorable discharge, you may be ineligible from many or all benefits as a veteran under both federal and state laws, and you may expect to encounter substantial prejudice in civilian life including prejudice in obtaining civilian employment. You will be ineligible for enlistment.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment *(other than rehabilitative transfers)*, **separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.**