

ATTORNEY OF RECORD DESIGNATION

(Civilian and Individual Military Counsel)

For use of this form, see AR 190-47; the proponent agency is ODCSPER.

DATE _____

I, _____, Service No./Social Security No. _____

Register Number _____, have retained _____

an attorney whose address is _____

to represent me in the matter of _____

I request that said attorney be permitted to visit me and to communicate with me as necessary in regard to this matter.

(Signature)

DATE _____

I, an attorney in good standing and a member of the Bar of _____

_____ have been retained and am representing _____

_____, a prisoner confined at _____

in the matter of _____

(Signature)

DATE _____

APPROVED:

(Commandant/Confinement Officer)

NOTE: Individual military counsel is a nonappropriated military counsel. Appointed military defense counsel, either trial or appellate, will not be required to complete this form.