

**NATIONAL GUARD BUREAU
STATE REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION**

The proponent agency is NGB-JA. The prescribing directive is CNGBM 0400.01.

FOUO when information is entered.

1 - CONTROL INFORMATION

THRU:	OCI CASE NUMBER:	
	MP REPORT NUMBER:	
TO:	SUB-INSTALLATION / CIVILIAN POLICE AGENCY NUMBER:	
	REFERRED BY:	REFERRAL DATE:

The State Judge Advocate is responsible and accountable for completing NGB Form 97 with support documentation (copies of nonjudicial punishments, court-martial orders, reprimands, etc) for all OCI investigations conducted for the State NG. The State Judge Advocate is responsible and accountable for completing NGB Form 97 with supporting documentation in all cases investigated by OCI. The NGB Form 97 will be returned to OCI within 60 days of the state's receipt of the OCI Report of Investigation and thereafter updated at 60 day intervals until all actions are complete. A separate form is required for each individual reported perpetrator who is identified in the OCI Report of Investigation, and for any other individual who is the subject of any action as a result of the OCI Report (for example, a supervisor who receives a reprimand). Accurate and complete disposition reports are required to meet installation, command, HQDA, DAF, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier/airman and family member indiscipline.

In state court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section. "Sub-Installation" (Block 1) is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.

2 - OFFENDER OR OTHER INDIVIDUAL INFORMATION

LAST NAME:	UNIT:
FIRST NAME:	GRADE:
MIDDLE NAME:	DATE OF BIRTH:

Was a DNA sample collected from the offender? Yes No Unknown POC:

3 - ACTION TAKEN

Administrative	<input type="checkbox"/> Non- Adverse Referrals	<input type="checkbox"/> Adverse Personnel Action
<input type="checkbox"/> Non-Judicial or Article 15 (see details below)	<input type="checkbox"/> Judicial Court Martial or Civilian Criminal Court	
Non-Judicial Punishment Authority	<input type="checkbox"/> Summarized	<input type="checkbox"/> Company Grade <input type="checkbox"/> Field Grade
	<input type="checkbox"/> Principal Assistant	<input type="checkbox"/> GCMCA Imposed <input type="checkbox"/> General Officer Imposed
Judicial Punishment Authority	<input type="checkbox"/> Summary Court Martial	<input type="checkbox"/> General Court Martial
	<input type="checkbox"/> Civilian Criminal/Magistrate	Jurisdiction: <input type="checkbox"/> Other: <input type="checkbox"/>

3 - ACTION TAKEN

Administrative	<input type="checkbox"/> Non- Adverse Referrals	<input type="checkbox"/> Adverse Personnel Action	
<input type="checkbox"/> Non-Judicial or Article 15 (see details below)	<input type="checkbox"/> Judicial Court Martial or Civilian Criminal Court		
Non-Judicial Punishment Authority	<input type="checkbox"/> Summarized	<input type="checkbox"/> Company Grade	<input type="checkbox"/> Field Grade
	<input type="checkbox"/> Principal Assistant	<input type="checkbox"/> GCMCA Imposed	<input type="checkbox"/> General Officer Imposed
Judicial Punishment Authority	<input type="checkbox"/> Summary Court Martial	<input type="checkbox"/> General Court Martial	<input type="checkbox"/> General Court Martial
	<input type="checkbox"/> Civilian Criminal/Magistrate	Jurisdiction:	Other:

4 - NJP/COURT MARTIAL/CIVILIAN COURT PROCEEDING OUTCOME

No.	Charged Offense	Plea	Finding Offense	Trial/NJP Finding

5 - ADMINISTRATIVE ACTIONS

Non- Adverse:			Adverse:				
Agency	Date Referred	Date Responded	Date Imposed	Type of Action	Oral	Written Local	Written OMPF
Family Advocacy				Counseling/ Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Abuse				Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Referral				Censure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equal Opportunity				Admoniation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Office							
Mental Health							
Relief Agency							

Adverse:	
Date Imposed	Description
	Withholding of Privileges
	Adverse Performance Evaluation (OER/NCOER/Academic Report)
	Relief for Cause (OER/NCOER)
	Mandatory Reassignment
	Transfer (such as rehabilitative)
	Adverse Record Entry - Flag
	Bar to Reenlistment
	Letter of Reprimand. Where Filled:
	Withholding of Promotion
	Delay of Promotion
	Promotion Revocation
	Clearance Revocation
	Control Roster (downgrade of clearance, PRP reclassification)
	Resignation
	Retirement
	Retirement at Lower Grade From: To:
	Transfer to Inactive Reserve
	Removal from the AGR program Date effective:
	Military Occupational Specialty Reclassification
	Civilian Debarment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Civilian/Technician Job Termination
	Civilian/Technician Job Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years

5 - ADMINISTRATIVE ACTIONS (Continued)

	Civilian/Technician Leave Without Pay	Duration:	<input type="checkbox"/> Days	<input type="checkbox"/> Months	<input type="checkbox"/> Years
	Loss of Warrant				
	Voluntary Disclosure				
	Restitution (to US Government)	Amount US\$:			
	Restitution (to third party Non-US Government)	Amount US\$:			
	Civil-Civil Action Initiation				
	Other (return to States, etc.)				

6 - DETAILS OF ADMINISTRATIVE SEPARATION

Date Imposed:	Regulation:	Chapter:
Characterization:		Effective Date:

NOTE: Proceed to SJA's Remarks (Block 10a) if you chose Administrative Action in Block 6 or 7.

7 - NON-JUDICIAL/JUDICIAL SANCTIONS

Date Adjudged	Sanction
	Fine Amount US\$:
	Forfeiture Amount US\$: Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Extra Duty Days:
	Correctional Custody Days:
	Confinement Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Bad Conduct Discharge Effective Date:
	Dishonorable Discharge Effective Date:
	Reduction in Grade From: <input type="text"/> To: <input type="text"/>
	Probation Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Special Assignment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Total Forfeiture (all pay/allowances) Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Protective Order <input type="checkbox"/> Civil <input type="checkbox"/> Military Duration: From: <input type="text"/> To: <input type="text"/>
	Death Sentence
	Civil Recovery Amount US\$:
	Civil Award Amount US\$:
	Dismissal (Officer only) Effective Date:

8 - SUSPENDED ACTIONS

Were any Sanctions Suspended? Yes No

Note: If no sanctions were suspended, proceed to "SJA's Remarks" (Block 9a).

Suspended Sanction	Suspended Sanction Information
Fine	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Forfeitures	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Extra Duty	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Suspension Conditions: _____
Restriction	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days
	Suspension Conditions: _____
Correctional Custody	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days
	Suspension Conditions: _____
Confinement	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Suspension Conditions: _____
Reduction in Grade	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspension Conditions: _____
Probation	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspension Conditions: _____
Special Assignment	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Suspension Conditions: _____
Total Forfeiture	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Suspension Conditions: _____
Civil Recovery	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Civil Award	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Administrative Separation	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspension Conditions: _____

9 - SJA'S REMARKS (Continued)

--

11 - REPORTING OFFICER

Name:	Grade:
Official E-Mail Address:	
Signature Field	Signature Date: