



# NEO Packet



## Identification Documents (all that apply)

- ID Card(s)
- Passport(s)
- Birth Certificates
- Marriage Certificate

## Personal & Financial Documents:

- Shot Records
- Power of Attorney (family care plan / spousal needs (as appropriate))
- Last Will and Testament
- Checkbook / Bank books
- Credit Cards
- Vehicle Registration / Title
- Insurance Policies (car, life, health, etc.)

## Required USFK NEO Forms

- DA Form 4986 (EA Form 741-E) Personal Property Record (2 ea) (1 w/ HHG inventory)
- DD Form 1864 Vehicle Key Tag (1 per POV)
- Emergency Payment Authorization Form (2 ea - Only for Non-Command Sponsored Families)
  - DD Form 1337 Authorization/Designation for Emergency Pay and Allowances Instructions or
  - DD Form 2461 Authorization for Emergency Evacuation Advance and Allotment Payments for DoD Civilian Employees
- DD Form 2585 Repatriation Processing Form (1 ea)
- USFK Pam 600-300 (1 ea)
- USFK Form 197-R-E Noncombatant Preparedness Checklist (2 ea – 1 stays with warden)
- USFK Form 178-R-E Noncombatant Data Card (2 ea – 1 stays with warden)
- USFK Form 123-R-E Noncombatant Volunteer Form (2 ea – 1 stays with warden)
- Commander's Noncombatant Evacuee Contact Letter (1 ea)
- NEO Warden's Noncombatant Evacuee Contact Letter (1 ea)

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# Financial References

- Insurance Policies
- Bank books
- Check books
- Credit cards
- Stocks / Bonds / Brokerage accounts
- Income Tax Records



## Monthly Bank Statement

24 HOUR TELEPHONE TRANSFER LINE - 1-800-852-8228  
CUSTOMER SERVICE NUMBER - 1-877-537-2266

\*\*\*\*\*  
DEPOSIT ACCOUNTS  
REGULAR CHECKING  
REGULAR SAVINGS  
A/C NO. 0000

THIS STATEMENT SHOWS ALL ACCOUNT TRANSACTIONS FROM SEP 14, 1977 - 10/02/OCT 12, 1977

DEPOSITS		CHECKS AND DEDUCTIONS				DAILY BALANCES	
DATE	AMOUNT	NO	DATE	AMOUNT	DATE	AMOUNT	
9/19	100.00	4882	9/15	22.00	9/15	2533.00	
					9/16	2533.00	
9/28	200.00	4885	9/15	28.95	9/28	2583.05	
		4886	9/28	10.00	9/28	2583.05	
		4888	10/02	40.00	10/02	2523.05	

\*\*\*\*\*  
INDICATES ONE OR MORE MISSING CHECKS

REG. BALANCE	DEPOSITS & CREDITS	CHECKS & DEBITS	ENDING BALANCE
9/14/77	NO	AMOUNT	10/12/77
2466.00	2	300.95	2165.05

ENCLOSURES: 8

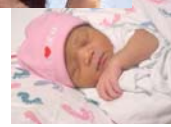
31



## Hard to Replace Items



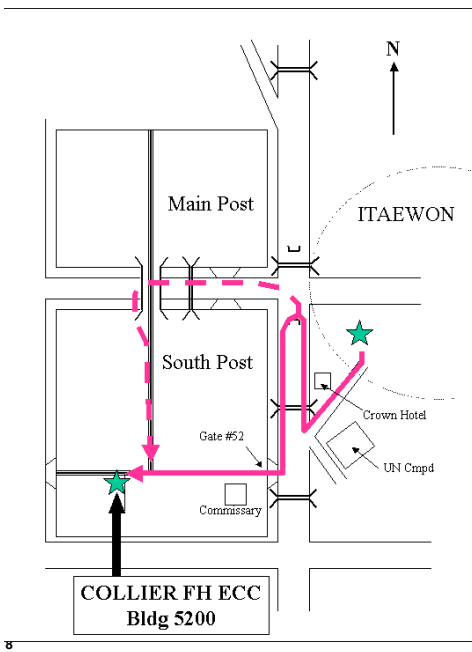
- Pet Vaccination Records
- Copy of Medical Records (for EFMP)
- All Bills of Lading coming to Korea
- Videotape of Household goods / POV
- Social Security Cards
- Precious photos / negatives / disks
- Wills / Letters of Intent
- Divorce decrees / custody orders



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For use in making Strip Maps an Atlas of Korea (English version) is available for Area II personnel at the NEO Warden's desk located at Headquarters, Camp Market Building 1650, second floor, room 207 in the Payroll/Personnel Office.

Strip maps can be made using this Korean website: <http://maps.naver.com> The strip map **MUST BE TRANSLATED** into English!



### STRIP MAP FROM NC RESIDENCE TO ECC

1. **PURPOSE.** This form will be completed by the NEO warden on each NC family assigned. In the event of a NEO exercise or contingency, this form aids the NC in their travel to the ECC. One copy of the completed form should be maintained in the NC's NEO packet, and an extra copy in the NEO warden's battle book (to hand out in case of a contingency/exercise).
2. **INSTRUCTIONS.**  
Strip map should be detailed enough to facilitate rapid and easy navigation from the NC's house to the nearest ECC. Key landmarks, subway stop numbers, building numbers, street names, etc. as well as a north-seeking arrow should be included.  
There may be a need to have the instructions translated into a language other than English.

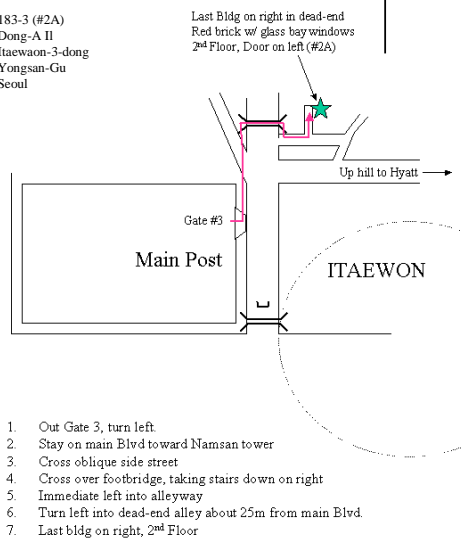




Strip Map to SFC Conroy's  
(02) 3785-1999

Wife HyeH Suk + 2 kids (4 & 1)

183-3 (#2A)  
Dong-A II  
Itaewon-3-dong  
Yongsan-Gu  
Seoul



1. Out Gate 3, turn left.
2. Stay on main Blvd toward Namsan tower
3. Cross oblique side street
4. Cross over footbridge, taking stairs down on right
5. Immediate left into alleyway
6. Turn left into dead-end alley about 25m from main Blvd.
7. Last bldg on right, 2nd Floor

**NOT LISTED, BUT NEEDED**

**STRIP MAP  
FROM UNIT TO NC RESIDENCE**

1. **PURPOSE.** This form will be completed by the NEO warden on each NC family assigned. In the event of a NEO exercise or contingency, this form aids the NEO Warden in physically notifying the NC family. The completed form should be maintained in the NEO warden's battle book. The second strip map will be turned in with household goods inventories and keys to assist the packers in finding the house, should the situation permit shipping HHG back to CONUS.

**2. INSTRUCTIONS.**

Strip map should be detailed enough to facilitate rapid and easy navigation to the NC's house. Key landmarks, subway stop numbers, building numbers, street names, etc. as well as a north-seeking arrow should be included.

Ideally, the NEO warden maps out the most efficient route from house to house; in effect, linking all of his strip maps. Maps should be physically verified periodically, esp. when relinquishing duties to a successor.



NONCOMBATANT PREPAREDNESS CHECKLIST (USFK FORM 197-R-E)				
SPONSOR'S NAME	RANK	SPONSOR'S UNIT	UNIT TELEPHONE NO.	APY AF
REQUIRED DOCUMENTS (As of the maintained by NEQ or under for every non-combatant)				
* USFK FORM 179R-E NONCOMBATANT EVACUATION OPERATIONS DATA CARD				
* STRIP MAP FROM RESIDENCE TO ECC				
REQUIRED DOCUMENTS FOR NONCOMBATANTS (Keep these items in your NEO KIT)				
* IDENTIFICATION DOCUMENTS (Military or Government ID Card, Passport, Marriage Certificate, or Birth Certificate, for all Noncombatants)				
* DD FORM 754 - REPAIR TAG (1 for each Noncombatant Family)				
* DD FORM 750 - PRIVATE VEHICLE BIRTH DOCUMENT (OR AUTOMOBILE ID for each Motor Vehicle)				
* DD FORM 1337 or DD FORM 2461 - AUTHORIZATION FOR ORIGINALLY ISSUED (DD Form 1337 for Military Service, DD Form 2461 for Civilian Service) (2 Copies of DD Form 1337 or 2 Copies of DD Form 2461)				
* DD FORM 1894 - VEHICLE KEY TAG (1 for each Motor Vehicle)				
* DD FORM 1569 - REPARATION PROCESSING CENTER PROCESSING SHEET (1 for each Noncombatant Family)				
* DD FORM 2462 - EXCHANGE TAG (1 for each Noncombatant)				
* DD FORM 5982 - CHANGE OF ADDRESS AND DIRECTORY CARD (2 Copies)				
* USFK FORM 123R-E - NONCOMBATANT VOLUNTEER INFORMATION (1 for each adult Noncombatant - 2 copies)				
* USFK FORM 207 - MILITARY REGISTRATION AND CERTIFICATE OF TITLE OF MOTOR VEHICLE OR OTHER LOCAL MOTOR VEHICLE OWNERSHIP REGISTRATION (1 for each Motor Vehicle)				
* EA FORM 741-E - PERSONAL PROPERTY RECORD (2 Copies in Packet; 1 for the Transportation B; 1 for you)				
* USFK FORM 8610-010 - EMERGENCY EVACUATION INSTRUCTIONS				
* COUSING ASSIGNING EXPEDITION/NONCOMBATANT TO KOREA (1 for each Noncombatant Family)				
* THE FORM 731 - INTERNATIONAL CERTIFICATE OF VACCINATION (1 for each Non-combatant)				
* FAMILY CARE PLAN (Only applies to assigned military parents) or Emergency Essential Civilian parent				
* POWER OF ATTORNEY				
FINANCIAL REFERENCES (Check Book, Bank Book, Insurance Policy Information, etc.)				
OTHER PERSONAL PROPERTY RECORDS (Set of Luggage, Appliances, Precious or Softly珍貴物品, etc.)				
* REO KIT (These items should be kept ready available and brought to the ECC in the event of an act of NEO? *Treat REO KIT cannot exceed two bags or a combined weight of 95 pounds.				
* THREE DAYS SUPPLY OF NON PERISHABLE FOOD AND WATER (For each Noncombatant)				
* FIRST AID KIT INCLUDING A 30 DAY SUPPLY OF BASIC MEDICATION (For each Noncombatant)				
* 30 DAY FOOD CONSUMABLES (If applicable)				
* BLANKETS (Keep baggage limits in mind)				
* TOILETRIES (For each Noncombatant)				
* LIGHT BACKPACK LUGGAGE (Keep baggage limits in mind)				
* EXTRA CLOTHING (Keep baggage limits in mind)				
* FLASHLIGHT WITH EXTRA BATTERIES				
* PORTABLE RADIO WITH EXTRA BATTERIES				
* PET CARRIER/PET FOOD & WATER/PET VACCINATION CERTIFICATE (If applicable)				
DATE OF INSPECTION	INSPECTOR'S NAME (PRINTED)	INSPECTOR'S SIGNATURE	SPONSOR'S SIGNATURE	

USFK FORM 197-R-E, 1 MAR 03

REPLACES EDITIONS OF THIS FORM AND REDUCES

**USFK FORM 197-R-E  
NC PREPAREDNESS CHECKLIST**

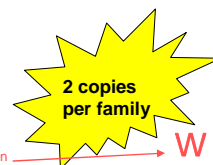
1. **PURPOSE.** USFK Form 197-R-E will be completed by NEO wardens on each assigned NC family. The form serves as a tool to enhance NC readiness and is a record of the NEO warden's most recent inspection of a NC family's NEO kit (packet + bag). One copy of the completed form should be maintained in the NEO packet (as a table of contents) and one copy retained in the NEO warden's battle book.
2. **INSTRUCTIONS.**

Self-explanatory. Asterisked items are required.

Warden fills out the sponsor's information at the top of the form and goes through the checklist line by line, checking the appropriate block.

The warden and sponsor both sign the bottom of the form after inspection is concluded.

This form must be updated quarterly.



Red "W" indicates a copy maintained by NEO warden

Unit # **MUST INCLUDE** a complete physical address (example: Central Texas College, Unit #15559, Bldg. #1650).



### USFK FORM 178-R-E NEO DATA CARD

NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD USFK FORM 178-R-E										
<input type="checkbox"/> USA		<input type="checkbox"/> USAF		<input type="checkbox"/> USN		<input type="checkbox"/> USMC		<input type="checkbox"/> DOD/CIVILIAN		<input type="checkbox"/> OTHER ( )
SPONSOR NAME (Last, First, MI)				SEX		GRADE		SSN		
DIPOB (DD Month YY)			DUTY TELEPHONE NUMBER			HOME TELEPHONE NUMBER				
UNIT										
NONCOMBATANT NAMES <i>Last, First, MI</i>		SEX	SSN	DATE OF BIRTH <i>DD Month YY</i>	CITIZENSHIP <i>(See Legend)</i>	RELATIONSHIP <i>(See Legend)</i>	PASSPORT NUMBER			
NONCOMBATANT LOCAL ADDRESS										
EMERGENCY CONTACT/DESTINATION <i>(Address and telephone number)</i>										
NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY <i>(Only sole parent/EC or dual military/EC)</i>										
NAME, ADDRESS & TELEPHONE NUMBER OF SCHOOL ATTENDED BY CHILDREN <i>(If applicable)</i>										
AUTOMOBILE <i>(If applicable)</i>										
TYPE OF PET	HEIGHT OF PET <i>(In pounds)</i>	CITIZENSHIP	LEGEND:							
PETS <i>(If applicable)</i>			U = U.S.	S = SON	F = FATHER-IN-LAW					
			H = HUSBAND	D = DAUGHTER	M = MOTHER-IN-LAW					
			T = OTHER	H = HUSBAND	A = OTHER MALE					
			EC = Emergency Evacuee Civilian	W = WIFE	B = OTHER FEMALE					
MEDICAL NEEDS										
REMARKS:										
SPONSOR'S SIGNATURE					DATE (DD Month YY)					
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p>1. <b>AUTHORITY:</b> Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.</p> <p>2. <b>PRINCIPAL PURPOSE:</b> To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.</p> <p>3. <b>ROUTINE USES:</b> Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.</p> <p>4. <b>MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:</b> Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.</p>										

- PURPOSE.** One USFK Form 178-R-E will be completed by the NEO warden on each NC family assigned. This form aids the NEO warden in his/her monthly reporting requirements and serves as a source of contact information. The completed form should be maintained in the NEO wardens battle book.
- INSTRUCTIONS.**  
Self-explanatory.  
The information on this form is FOUO and should be verified during quarterly inspections.



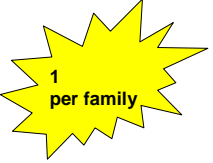
USFK FORM 178-R-E, 1 MAR 03 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



### DD FORM 2585 REPATRIATION PROCESSING CENTER PROCESSING SHEET

REPATRIATION PROCESSING CENTER PROCESSING SHEET		REPORT CONTROL SYMBOL:	Form Approved OMB No. 0704-0188 Expires Feb 28, 1999
<p><b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE ADDRESS FOR PROCESSING CENTER ON STATE DEPARTMENT BLDG#30000, WASHINGTON DC 20540-0000</b></p>			
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> EO 12858, EO 9397</p> <p><b>PRINCIPAL PURPOSE(S):</b> To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used, as needed, to assist the evacuee in the process of repatriation.</p> <p><b>ROUTINE USE(S):</b> To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse. Location and final destination will be released to the Department of State for evacuation management and planning purposes; to the American Red Cross for reconstruction of evacuation information about noncombatant members to service members still in foreign country; to the Immigration and Naturalization Service for tracking of foreign nationals evacuated to the U.S.; to the Department of Health and Human Services, to facilitate delivery of medical and financial services; and to release state of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an individual.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members.</p>			
<p align="center"><b>INSTRUCTIONS FOR COMPLETION OF DD FORM 2585, REPATRIATION PROCESSING CENTER PROCESSING SHEET (Read before completing the form.)</b></p> <p align="center"><b>GENERAL INSTRUCTIONS</b></p> <p>1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. § 13113, the Department of Defense Directive 3025.14, and Executive Order 9397. Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder your receipt of needed services and impede passage of information about your current whereabouts to family members.</p> <p>2. Before entering any information on the form carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.</p> <p>3. You may be asked to have available any or all of the following documentation:  a. For official government personnel and dependents, you should have available as applicable:  (1) Official travel orders for Safehaven Status (DD Form 1612).  (2) Permanent Change of Station (PCS) Orders.  (3) Passport, Visa and International Immigration (I-94) record.  (4) Military/Dependent Identification Card.  (5) Travel documents (Transportation Request, Transportation Travel Information or tickets, i.e., airline, train, bus, etc.).</p> <p>b. Private American citizens or foreign nationals should have:  (1) Passport and Visa (as applicable).  (2) Travel documents (travel information, tickets, etc.).</p> <p>4. The Repatriation Processing Packet is provided to evacuees either upon departure from the overseas country evacuated from for completion enroute, or upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.</p> <p>5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DOD Civilian, Military or DOD Civilian Dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I AND II, PAGES 3-8.</p> <p>6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.</p> <p>7. FOR PROCESSING CENTER USE ONLY: Page 5, Items 1 - 5 and Pages 9 and 10, Items 27 - 48 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the evacuee.</p>			

**Purpose.** The DD Form 2585 Repatriation Processing Center Processing Sheet is a single form to capture information that will be used to assist the noncombatant evacuee family in the process of repatriation. This form must be completed before repatriation processing can be completed in the United States. All US citizens and their families who are evacuated to the United States will complete this form. **All USFK noncombatant families are provided this form as part of the NEO packet and will complete the Section III Evacuee Identifying Information and maintain one copy of this form per family in their NEO packet.** The remainder of the form will be completed enroute to the United States or at the repatriation site. **This form is not used during evacuation processing in the ROK.**





## DA FORM 2402 EXCHANGE TAG

1. SUPPORT AGENCY (DDOAAQ) DOE, JIM G.		2. DATE	
3. ORGANIZATION (DDOAAQ) B Co, 3rd ME Bn (AE)		4. WARRANTY <input type="checkbox"/> PER EXHIBIT <input type="checkbox"/> EXCHANGE	
5. NSN 11-11-1111		6. NOUN NOMENCLATURE U.S. - CITIZEN	
7. PD 15FEB90		8. PD AUTHENTICATION M-SON	
9. END ITEM NOUN NOMENCLATURE		10. MODEL	
11. SERIAL NO.		12. DEFICIENCY OR SYMPTOM	
13. DATE ACCEPTED		14. SIGNATURE	
15. NMCS		16. JON	
17. INITIALS		18. DATE REPAIRED	
19. INITIALS		20. INITIALS	

**1. PURPOSE.** DA Form 2402 (Exchange Tag) will be used as the ECC/RC control card for tracking NCEs through the ECC/RC process.

- 2. INSTRUCTIONS.** This form will be completed as follows. This will reduce processing time at the AP/RC.
- ITEM #1 (SUPPORT AGENCY). Indicate NCE's name (Last, first, and middle).
  - ITEM #2 (DATE). **LEAVE BLANK THIS IS FOR ECC USE ONLY.** Indicate date-time-group of arrival at ECC (i.e., 290810 Aug 88).
  - ITEM #3 (ORGANIZATION). Indicate sponsor's unit.
  - ITEM #4. Not used.
  - ITEM #5 (NSN). Indicate sponsor's social security number.
  - ITEM #6 (NOUN NOMENCLATURE). Indicate citizenship/nationally status (i.e., U.S. citizen, resident alien, etc.).
  - ITEM #7 (PD). Indicate birth date (i.e., 14 Mar 52).
  - ITEM #8 (PD AUTHENTICATION). Indicate sex and relationship to sponsor (i.e., F - wife).

**STOP! The remainder of the form is for ECC use only.**

- ITEM #9 (END ITEM NOUN NOMENCLATURE). Not used.
- ITEM #10 (MODEL). Not used.
- ITEM #11 (SERIAL NUMBER). Not used.
- ITEM #12 (DEFICIENCY OR SYMPTOM). Indicate medical evacuation data.
- ITEM #13 (DATE ACCEPTED). Indicate the date-time-group of departure from ECC (i.e., 291015 Aug 88).
- ITEM #14 (SIGNATURE). Not used.
- ITEM #15 (NMCS). Not used.
- ITEM #16 (JON). Indicate the date-time-group of arrival at RC (i.e., 291830 Aug 88).
- ITEM #17 (INITIALS). Not used.
- ITEM #18 (DATE REPAIRED). Indicate the date-time-group of departure from RC (i.e., 300645 Aug 88).

**3. DISTRIBUTION.** Copies of the DA Form 2402 will be retained as tracking aids at the following locations:

- ECC Reception station.
- RC Reception station.
- POE Reception station.

**NOTE:** Items 2, 12, 13, 16, and 18 should not be filled out until execution of an ordered evacuation.

**Back-up for Automated Tracking  
XEROX COPY NOT SUFFICIENT.  
NOT AVAILABLE ONLINE.  
MUST BE ORDERED THROUGH PUBS!**

**1 per NCE  
& pet**



## DA FORM 3955 CHANGE OF ADDRESS CARD

DOE, JOHN L.		GS-05	111-11-1111	PURGE DATA
PRINT NAME (Last, First, MI)		GRADE	SSN	BOX NUMBER
NEW ORGANIZATION (Complete Designation) NEO of Family Members				
DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 28 USC and DOD/DoD Service Agreement, 2. Part 58. PRINCIPAL PURPOSE: To note and forward (Exemptions mark) ROUTINE USES. Used by Army military and civilian personnel in mail functions and address inquiries. Data are disseminated by commanders, postal officers, and military and civilian reception DISCLOSURES: Voluntary. However, failure to provide the requested information could result in delay/inability to forward mail.				
OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code) B Co, 3rd ME Bn (AE) PO Box # APO AP 96271		NEW MAILING ADDRESS (Include ZIP Code) 1507 W. ALEDA DR. DENVER, CO 80202		
DATE DEPARTED OLD ORG		DATE DUE NEW ORG		
QUARTERS/OFF POST ADDRESS		REMARKS WIFE: JANE M. DOE SON: JIM G. DOE		
CONSENT: <input checked="" type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.		(IF DEPARTING, COMPLETE BELOW ITEMS) HEADQUARTERS ISSUING ORDERS		
SIGNATURE John L. Doe		DATE	ORDER NUMBER	ORDER DATE

**PURPOSE:** Used to change mailing address for NCEs. Where all family members used to get mail at the sponsor's unit, now only the sponsor remaining behind will get it.

### INSTRUCTIONS:

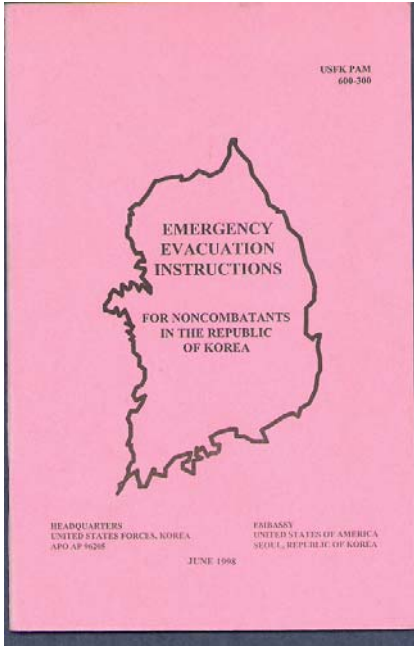
- Print Sponsor's Last, First, MI, Grade, SSN where indicated
- Note "NEO of Family Members only" (if Mil or EEC) or "NEO of Sponsor & Family" (if non-EEC) in New Organization
- Put current mailing address as Old Address
- Put final destination address as New Address
- List family member names in Remarks
- Initial consent and sign (do not date)

**NOT AVAILABLE ONLINE.  
MUST BE ORDERED THROUGH PUBS!**

**2  
per family**





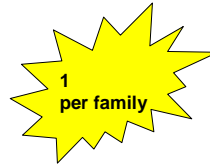


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## **USFK PAM 600-300 EMERGENCY EVAC PROCEDURES**

**PURPOSE:** Used to inform NCs about the NEO system. Printed in English and Hangul. Other languages are being developed.

First source of information on what to do, what to pack, and where to go in the event of a NEO.



# The following forms are for Military Spouses or Command Sponsored Noncombatants



## DA FORM 4986 (or EA Form 741-E) PERSONAL (HI-DOLLAR) PROPERTY RECORD

**2 per CS family**

**1. PURPOSE.** This form is used to record high dollar value items of NCE's personal property maintained in the ROK. This form may be used to help the NCE prepare claims against the U.S. government for reimbursement for loss or damage to their personal property due to an emergency evacuation from the ROK. Items that should be listed on this form include, but are not restricted to:

- a. Televisions
- b. Stereos
- c. Video Cassette Recorders
- d. Microwaves
- e. Cameras (over \$200)
- f. Items valued over \$200 (i.e., appliances, jewelry, etc.)

**2. INSTRUCTIONS.** Complete DA Form 4986 as follows:

- a. PAGE NUMBER, NUMBER OF PAGES, DATE OF PREPARATION blocks. Self-explanatory.
- b. PRINTED NAME, SOCIAL SECURITY NUMBER, SIGNATURE blocks. Self-explanatory.
- c. NAME OF ITEM block. Indicate generic name of item (i.e., Television, Microwave, etc.)
- d. QUANTITY block. Indicate the quantity of the item described.
- e. BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION block. Indicate the description of the item to include brand name, model number, etc.
- f. SERIAL NUMBER block. Indicate the serial number of the item, if applicable.
- g. DATE ACQUIRED block. Self-explanatory.
- h. VALUE block. Indicate the purchase cost of the item.
- i. INITIALS/SIGNATURE OF INDIVIDUAL VERIFYING block. This block will be verified by a member in the grade of E-6 and above within the sponsor's chain of command.

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## DD FORM 2461 AUTHORIZATION FOR EMERGENCY PAY (CIVILIAN)

**3 per DoD civ family**

**1. PURPOSE.** Used by non-command sponsored DOD civilians to authorize payment of emergency funds to their family members in case of evacuation from the ROK. See USFK Reg 37-6 for additional information.

**2. INSTRUCTIONS:** See example to complete form.

**3. PROCESSING PROCEDURES.**

- a. The employee will complete 3 copies of DD Form 2461 and obtain the signature of the primary dependent.
- b. The CPO ensures advance authorized is LAW appropriate regulations, signs as authenticating official, and makes the following distribution: One copy is forwarded to the servicing finance office, one copy is placed in the employees official folder, and the original is returned to the employee along with a copy of USFK Pam 37-2.

**DO NOT DATE**

**4. ENTITLEMENTS.** Entitlements for U.S. government employees and their family members during an evacuation are contained in the DOS Standardized Regulations, chapter 600, and endorsed for DOD civilians under DOD 1400.11-1 and JFTR, Volume 2, chapter 12.

**5. DISPOSITION OF DD FORM 2461.** The primary family member should place the DD Form 2461 in the NEO packet.

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## DD FORM 1864 VEHICLE KEY TAG

NAME (Print all information in block letters) <b>DOE, JOHN L.</b>			
RANK AND PAY GRADE <b>SPC/E-4</b>		SSN <b>111-11-1111</b>	
ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY ASSIGNMENT <b>1507 W. ALEDA DR., DENVER, CO, 80202</b>			
MAKE OF VEHICLE <input type="checkbox"/> MOTORCYCLE <input checked="" type="checkbox"/> CAR/BI	YEAR <b>91</b>	MODEL <b>PRINCE</b>	COLOR <b>BLACK</b>
LICENSE NUMBER AND STATE <b>SOFA 6-0000</b>			
DIMENSIONS IN INCHES OUTSIDE VEHICLES		LENGTH	WIDTH
LOADING TERMINAL STORAGE LOCATION			HEIGHT

**XEROX COPY NOT SUFFICIENT.  
NOT AVAILABLE ONLINE.  
MUST BE ORDERED THROUGH PUBS!**



**1. PURPOSE.** This form is used to separate keys to vehicles that will be used for moving for military members, dependents and DOD Civilians. Sponsor's personal information on the form ensures that the vehicle keys are given to the proper owner. "Hooptie" vehicles may be used as an alternate means of moving NCEs, so all POV keys must be turned in at the ECC (not just those vehicles eligible for shipment back to CONUS).

**2. INSTRUCTIONS.** This form will be completed as follows:

- SPONSOR'S NAME block. Enter sponsor's name (Last, first and middle initial).
- RANK AND PAY GRADE block. Enter sponsor's rank and pay grade (i.e., SGT/E-5).
- SSN block. Enter sponsor's Social Security Number.
- ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY STATION block. Enter the address and phone number of the location that the sponsor's dependents will be relocated to.
- MAKE OF VEHICLE block. Enter the make (i.e., FORD).
- YEAR block. Enter the year of the automobile.
- MODEL block. Enter the model (i.e., Taurus SHO).
- COLOR block. Enter the color of the automobile.
- LICENSE NUMBER and STATE block. Enter SOFA 6-0000

**3.** This tag is used in conjunction with DD Form 788 (POV Inspection Form)

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**This concludes the forms that you would be required to complete or list in your NEO Packet.**