

**INFORMATION AND INSTRUCTIONS
FOR COMPLETING MILITARY ORDERS DETAIL FORM**

This form can be used as a substitution for official orders and will be used for determining eligibility for benefits under the Servicemembers Civil Relief Act (SCRA).

SECTION 1: SERVICEMEMBER DETAIL

- **ITEM 1D (ACTIVE DUTY):** Check the appropriate box to denote if you are CURRENTLY on Active Duty.
- **ITEM 1F (RANK):** Enter your current rank.
- **ITEM 1G / ITEM 1H (NATIONAL GUARD / STATE):** If you check "YES" for the National Guard, enter the home state of your unit.
- **ITEM 1K (Spouse / Domestic Partner / Dependent):** Spouse, Domestic Partner, or Dependent of Servicemember. Interest rate benefits are extended to a requesting spouse, domestic partner, or dependent of a qualified Servicemember regardless of whether the Servicemember is liable on the account

SECTION 2: SERVICEMEMBER CONTACT INFORMATION

- **ITEM 2A (UNIT ADDRESS):** This is the address where you and your unit are currently located.
- **ITEM 2B (ADDRESS OF MORTGAGED PROPERTY):** This is the address of a residence mortgaged in your name in whole or jointly with another.
- **ITEM 2C (MAILING ADDRESS):** The address you would like all correspondence to be sent to.
- **ITEM 2D (SPOUSE/DOMESTIC PARTNER/DEPENDENT ADDRESS):** If your spouse, domestic partner or dependent is living at a different address other than one of the addresses listed above, please enter that in this field.
- **ITEM 2E (HOME PHONE NUMBER):** The home phone number for the Servicemember, if applicable.
- **ITEM 2F (CELL PHONE NUMBER):** The cell phone number for the Servicemember, if applicable.

SECTION 3: ACTIVE DUTY DETAILS

- **ITEM 3A (ORDERS RECEIPT DATE):** The date you received your orders.
- **ITEM 3B (DATE OF ORDERS):** The date of the orders.
- **ITEM 3C (ORDERS ACTIVE DUTY DATE):** The start AND end date of the orders to report for active duty.
- **ITEM 3D (EXTENSION DATE):** If these orders are an extension, please insert the new end date of the orders.
Note: Please make sure to provide any extension orders so that financial institutions are kept up to date.
- **ITEM 3E (LAST DATE OF PREVIOUS ACTIVE DUTY):** The end date of your previous active duty period.
- **ITEM 3F (ORDERS TYPE):** Check the box for the type of orders represented in this form. If you choose "Other," you must add additional information to describe the orders type.

Military Orders Detail - EXAMPLE

This form can be used as a substitution for official orders and will be used for determining eligibility for benefits under the Servicemembers Civil Relief Act (SCRA).

SECTION 1: Servicemember Detail				
<i>(Including certain commissioned officers of the Public Health Services and the National Oceanic and Atmospheric Administration)</i>				
A. Name (Last, First, MI): Smith, Robert A.	B. Date of Birth: 1/4/1965	C. SSN: 123-45-6789		
D. Active Duty: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E. Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other			
F. Rank: E-4	G. National Guard: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H. If Yes, with which State:	I. Reservist: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
J. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____				
K. Spouse/Domestic Partner/Dep. Name (Last, First, MI) - if applicable: Smith, Mary B.	L. Spouse/Domestic Partner/Dep. DOB: 2/17/1969	M. Spouse/Domestic Partner/Dep. SSN: 234-56-7890		
SECTION 2: Servicemember Contact Information				
A. Unit Address	Street Unit 2050 Box 4190	City APO	State AP	Zip Code 96278-2050
B. Address of Mortgaged Property	Street	City	State	Zip Code
C. Mailing Address	Street	City	State	Zip Code
D. Spouse/Domestic Partner/ Dependent Address	Street	City	State	Zip Code
E. Home Phone Number (555) 564 - 7890		F. Cell Phone Number (555) 988-1516		
SECTION 3: Active Duty Details				
A. Orders Receipt Date: 4/15/2011		B. Date of Orders: 3/15/2011		
C. Orders Active Duty Date: From: 06/01/2011 to: 5/31/2012				
D. Extension Date:		E. Last Date of Activity Duty: 8/1/2009		
F. Orders Type: <input type="checkbox"/> Standard Order <input checked="" type="checkbox"/> Order to Active Duty <input type="checkbox"/> Order for Induction <input type="checkbox"/> Extension <input type="checkbox"/> Other _____				
SECTION 4: SIGNATURES				
_____ Commanding Officer		_____ Servicemember		
_____ Date		_____ Date		

Military Orders Detail

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SECTION 1: Servicemember Detail				
<i>(Including certain commissioned officers of the Public Health Services and the National Oceanic and Atmospheric Administration)</i>				
A. Name (Last, First, MI):		B. Date of Birth:		C. SSN:
D. Currently Active Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No		E. Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other		
F. Rank:	G. National Guard: <input type="checkbox"/> Yes <input type="checkbox"/> No		H. If Yes, with which State:	I. Reservist: <input type="checkbox"/> Yes <input type="checkbox"/> No
J. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____				
K. Spouse Name (if applicable): _____				
SECTION 2: Servicemember Contact Information				
<i>Enter all applicable addresses / phone numbers.</i>				
A. Unit Address	Street	City	State	Zip Code
B. Address of Mortgaged Property	Street	City	State	Zip Code
C. Mailing Address	Street	City	State	Zip Code
D. Spouse/Domestic Partner/ Dependent Address	Street	City	State	Zip Code
E. Home Phone Number () - -		F. Cell Phone Number () - -		
SECTION 3: Active Duty Details				
A. Orders Receipt Date:		B. Date of Orders:		
C. Orders Active Duty Date: <div style="text-align: center; margin: 5px 0;"> From: _____ To: _____ </div>				
D. Extension Date:		E. Last Date of Active Duty:		
F. Orders Type: <input type="checkbox"/> Standard Order <input type="checkbox"/> Order to Active Duty <input type="checkbox"/> Order for Induction <input type="checkbox"/> Extension <input type="checkbox"/> Other _____				
SECTION 4: SIGNATURES				
_____ Commanding Officer		_____ Servicemember		
_____ Date		_____ Date		