

NAVAL BRIG NORFOLK INSTRUCTION 1640.22D

Subj: ASSIGNMENT TO NAVY CORRECTIONAL CUSTODY UNIT (CCU)

Ref: (a) OPNAVINST 1640.7 (Series)
(b) MILPERSMAN 1600-110

Encl: (1) Deferment Letter
(2) Remittance Letter
(3) Request and Receipt for Health and Comfort Supplies
(DD Form 504)

1. Purpose. To establish procedures for the assignment and receipt of awardees per reference (a), and to provide commands with the information necessary to obtain quotas and assign service member to the CCU program.

2. Cancellation. NAVBRIGNORVAINST 1640.22C

3. Procedures. Per reference (a), correctional custody is an authorized punishment for paygrades E1 to E3 only. The following procedures will be used by Commanding Officers who award correctional custody as punishment.

a. Per reference (b), commands assigning CCU will contact the Brig and obtain a Quota Control Number, prior to their personnel arriving at CCU to ensure rack space. Space availability information can be obtained by calling commercial (757) 444-5511, extension 116, 119, 157 or 174 (DSN) 564-5511. If deployed, forward a message request to NAVBRIG NORFOLK VA//10//.

b. The effective date of punishment must be properly established per JAGINST 5800.7 (Series) (JAGMAN). An awardee's sentence may be deferred up to 15 days with a deferment letter. However, in the absence of a letter of deferment, the sentence begins on the date of Captain's Mast or Article 15. Enclosure (1) provides an example of a deferment letter. Please note that the deferment letter must be signed by the officer imposing

correctional custody punishment. If a command decides to cancel any portion of the awardee's sentence, they must submit a remittance letter to have the member released. Enclosure (2) provides a sample remittance letter.

c. Records (i.e. service, medical and dental) and valid Identification Card (good for at least 30 days) shall accompany all Navy and USCG CCU awardees. Medical records, dental records and I.D. card must accompany the Air Force, Army and Marine Corps awardees.

d. Additionally, all awardees will have the following:

(1) A copy of the Report and Disposition of Offense(s), NAVPERS 1626/7 (Navy) and the record of proceeding under Article 15, UCMJ (Army and Marine Corps) must be present to document the awarding of CCU, length of sentence awarded and the date of Captain's Mast or Article's.

(2) Original TAD orders or request for orders for Army personnel shall include a quota control number, the division officer and division LCPO/LPO names and phone numbers. Confinement Orders (DD Form 2707) are not acceptable.

(3) The awardee's medical record must contain a SF-600 with an entry stating "fit to serve the punishment of correctional custody" or "fit for full duty", which must be signed by a medical officer, nurse practitioner or physician's assistant. In the case of a female awardee, a pregnancy test must be administered prior to assignment to CCU.

(4) The awardee will have a complete seasonal seabag. Uniform items required will be in accordance with Chapter 3 of Navy Uniform Regulations. Other services are required to have initial issue items in accordance with their appropriate Uniform Regulations. All items will be in good serviceable conditions and not be hand stenciled. In those cases where the member does not have a full seabag, the member shall be required to purchase uniform items using enclosure (3), which will be charged to the member's pay account. Additionally, the awardee will need military PT gear and athletic shoes to fully participate in the physical fitness training.

(5) The awardee should bring an adequate supply of health and comfort items to last 30 days. (No aerosol products and no tobacco products)

(6) CCU's command visitation hours are 1230-1500 on Friday's only. Visiting command representatives must be E6 or above. Appointments are not necessary to visit CCU awardees. Per reference (a), command visits must occur once per week for commands within the same geographical area of Naval Brig Norfolk and a command representative must call CCU weekly to speak with awardees for commands outside the geographical area (50 miles). A notification letter will be forwarded when command's fail to visit or call their awardee.

4. Any additional questions concerning CCU can be directed to the CCU Officer in Charge at (757) 444-5511, extension 118 (DSN 564) or the CCU Leading Chief Petty Officer at (757) 444-5511 extension 183/146 or DSN (564).

Distribution: (NAVBRIGNORVAINST 5216.1F)
List I, II

EXAMPLE

1600
Ser 00/123
30 OCT 01

From: Commanding Officer, Awardee's Command
To: Commanding Officer, Naval Brig Norfolk

Subj: DEFERMENT OF IMPOSITION OF PUNISHMENT

1. AN Doe went to Commanding Officer's Non-judicial Punishment on 30 October 2001 and was awarded Forfeiture of \$100.00 pay per month for two months, 30 days correctional custody and reduction in rate to the next inferior pay grade.

2. Due to operational commitments and administrative requirements in this case, imposition of correctional custody is deferred until 31 October 2001.

COMMANDING OFFICER'S NAME

Encl (1)

EXAMPLE

5812
Ser 00/123
30 OCT 01

From: Commanding Officer, Awardee's Command
To: Commanding Officer, Naval Brig Norfolk

Subj: LETTER OF REMITTANCE ICO AN JOHN DOE, USN, 123-45-6789

1. The unexecuted portion of the awarded correctional custody (1 day) in the case of AN Doe is hereby remitted.

COMMANDING OFFICER'S NAME

Copy to:
An Doe

Encl (2)

REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES
(DD FORM 504)

REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES				
<i>(Read Privacy Act Statement on back before completing form.)</i>				
1. TO:		2. INSTALLATION		3. DATE (YYYYMMDD)
4. REQUESTED BY <i>(Last Name - First Name - Middle Initial, Printed or Typed)</i>				5. GRADE OR RATE
6. SSN	7. ORGANIZATION			8. DEPT. OF MIL. SERVICE
9. I authorize the Confinement/Correctional Facility Commanding Officer to withdraw sufficient funds from my personal deposit fund account to pay for the health and comfort supplies described below. I understand that the cost of these supplies will be charged against my military pay account if the balance of my personal deposit fund account is insufficient to cover the total cost of these supplies. No charge will be made against my military pay account if I am in a nonpay and allowance status.				
a. QUANTITY		b. ARTICLE	c. UNIT COST	d. COST
(1) Requested	(2) Issued			
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
10. REQUESTED BY <i>(Signature)</i>			e. TOTAL COST	0
11. APPROVAL AND AUTHENTICATION				
a. NAME, GRADE OR RANK & TITLE OF APPROVING OFFICER <i>(Printed or Typed)</i>			b. SIGNATURE OF APPROVING OFFICER	
12. RECEIPT				
a. I acknowledge receipt of the issued health and comfort articles costing Dollars Cents.		b. DATE (YYYYMMDD)	c. SIGNATURE	