

Office of Military Commissions Witness Travel Request

*THE PRIVACY ACT OF 1974 5 U.S.C. § 552a Principle Purpose:
To Obtain Information for purpose of OMC operations. Routine Use: Information may be disclosed to Federal, State and local agencies solely for OMC related business Disclosure: Voluntary. However, failure to provide information may impact your ability to effectively accomplish your mission with OMC.*

[Submit by Email](#)

[Print Form](#)

Case: _____ Travel Start Date: _____ Travel Return Date: _____

Last Name _____ First Name _____ Middle Initial _____

Grade _____ Gender _____ Blood Type _____ Date of Birth _____

Social Security Number _____ Local Physical Address _____

Home Phone _____ Cell Phone _____ Email Address _____

Next of Kin _____ Next of Kin Phone Number _____

Next of Kin Address _____

Security Clearance Type _____ Security Clearance Date _____

Passport Number _____ Passport Exp date _____

Witness will Testify by _____ Military Status _____

Does Witness Require Military Orders _____

POC for coordinate issuance of active duty or Title 10 orders _____

If Reserve will witness be activate status for testimony? _____

Remarks _____