

TRANSMITTAL RECORD <small>For use of this form, see AR 25-50; the proponent agency is DCSPER</small>		1. SECURITY CLASSIFICATION	2. SHIPMENT NO.
3. TITLE/FILE IDENTIFICATION Legal Actions		4. AS OF DATE (YYYYMMDD) 20030921	5. SHIPMENT DATE (YYYYMMDD)
6. AUTHORITY FOR SHIPMENT		7. NUMBER OF RECORDS TRANSMITTED	
8. PERSON TO CONTACT (Name and telephone)		8. REQUIREMENT CONTROL SYMBOL (AR 335-15)	
10. SHIPPED FROM DMAIN SJA Office		11. SHIPPED TO 3BCT Legal Office	
		<input type="checkbox"/> RETURN RECEIPT REQUESTED (When box is checked, sign below and return copy to sender.)	
10a. TYPED NAME AND TITLE OF SENDER 		11a. TYPED NAME AND TITLE OF RECEIVER 	
10b. SIGNATURE OF SENDER 		11b. SIGNATURE OF RECEIVER 	
12. TYPE OF MEDIA TRANSMITTED		14. NUMBER OF ITEMS	
<input checked="" type="checkbox"/> HARD COPY	<input type="checkbox"/> PUNCHED CARDS	<input type="checkbox"/> CASSETTES	
<input type="checkbox"/> MICROFILM	<input type="checkbox"/> PHOTO	<input type="checkbox"/> FICHE	
13. NUMBER OF BOXES (Packages)			
15. METHOD OF SHIPMENT			
<input checked="" type="checkbox"/> COURIER	<input type="checkbox"/> FIRST CLASS	<input type="checkbox"/> PARCEL POST	
<input type="checkbox"/> EXPRESS MAIL	<input type="checkbox"/> REGISTERED		
18. SPECIAL INSTRUCTIONS			
17. TYPE COMPONENT USED (For magnetically recorded data)			
18. REMARKS <ul style="list-style-type: none"> ① 15-6 Inv on SPC b6-5/b7c-5 ② 15-6 Inv on detainees death in confined detention facility ③ 15-6 Inv on death of an Iraqi woman - 4th MEBN ④ Chp to Approval packet ⑤ " " " " " " ⑥ GeMOR - SAM 			