

MILITARY PROTECTIVE ORDER**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; and National Defense Authorization Act for Fiscal Year 1995, Sec. 534.

PRINCIPAL PURPOSE(S): To inform the service member and the protected person that the commanding officer is issuing an order to the member prohibiting contact or communication with the protected person or members of the protected person's family or household and directing that the member take specified actions that support, or are in furtherance of, the prohibition.

ROUTINE USE(S): Any release of information outside of the Department of Defense shall be compatible with the purposes for which the information is being collected and shall be in accordance with an established routine use for the record system where the information is maintained.

DISCLOSURE: Voluntary. Failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

1. SERVICE MEMBER				2. PROTECTED PERSON (<i>Important: see NOTE</i>)			
a. RANK	b. LAST NAME	FIRST NAME	MI	a. RANK	b. LAST NAME	FIRST NAME	MI
SPC	SALEH	GARY	W	SSG	JAKANE	ZAHRA	
c. UNIT				c. UNIT			
SUPPLY & TRANSPORTATION TROOP, RSS, 11TH ACR				51ST TRANSLATOR/INTERPRETER COMPANY			
d. INSTALLATION				d. INSTALLATION			
FT IRWIN, CA 92310				FT IRWIN, CA 92310			

NOTE: Omit information in Item 2 that, if known to the service member in Item 1, could endanger the protected person.

3. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER

SPOUSE ALLEGED SM PHYSICALLY ASSAULTED HER; DOMESTIC ISSUE ESCALATE TO PHYSICAL VIOLENCE BY (ACCORDING TO MP PRELIMINARY REPORT) BY SPC SALEH, GARY; CASE REPORTED TO FAMILY ADVOCACY; SPC SALEH IS GIVEN A NO-CONTACT ORDER UNTIL INVESTIGATION IS COMPLETED, AND BOTH PARTIES GET THE MEDICAL ASSISTANCE AS REQUIRED. ADDITIONALLY, SM WILL NOT GET CLOSE TO ANY COMMON FRIEND OR NEIGHBOR IN AN ATTEMPT TO ESTABLISH SOME FORM OF COMMUNICATION WITH SPOUSE (SSG JADAM ~~JAKANE~~)

SPECIAL NOTES: ADDITION TO SECTION 5 A; RESTRAINING ORDER ALSO INCLUDES NO CELLULAR PHONE TEXTING, FACEBOOK, MY SPACE, YAHOO MESSNEGER, AKO MESSENGER, TWITTER OR ANY FORM OF COMMUNICATION AVAILABLE IN TODAY'S MARKET.

4. THE PROTECTED PERSON HAS ALSO BEEN ISSUED THE FOLLOWING COURT ORDERS:

a. Civil protection order issued (<i>Date - YYYYMMDD</i>) _____, in _____ Court, _____ County, State of _____	
b. Order issued (<i>Date - YYYYMMDD</i>) _____, in _____ Court, _____ County, State of _____	Property Settlement Custody and/or Visitation


5. As a Commanding Officer with jurisdiction over the above-named service member, I find that there is sufficient reason to conclude that the issuance of an order is warranted in the best interest of good order and discipline. It is hereby ordered that (Initial applicable portions):

JVR	a. The above-named service member is restrained from initiating any contact or communication with the above-named protected person either directly or through a third party. For purposes of this order, the term "communication" includes, but is not limited to, communication in person, or through a third party, via face-to-face contact, telephone, or in writing by letter, data fax, or electronic mail. If the protected person initiates any contact with the service member, the service member must immediately notify me regarding the facts and circumstances surrounding such contact.
JVR	b. The above-named service member shall remain at all times and places at least <u>1,600</u> feet away from the above-named protected person and members of the protected person's family or household including, but not limited to, residences and workplaces. Members of the protected person's family or household include:
JVR	c. The above-named service member will vacate the military residence shared by the parties located at: 5315 B COTTONTAIL LANE
N/A	d. Until further notified, the above-named service member will be provided temporary military quarters at:
JVR	e. The above-named service member will attend the following counseling: SM WILL ATTENDING BEHAVIORAL HEALTH COUNSELING, AND SQUADRON CHAPLAIN; RECOMMENDATIONS WILL DETERMINE FURTHER EDUCATIONAL NEEDS FOR SM.
N/A	f. The above-named service member will surrender his/her government weapons custody card at the time of issuance of this order.
N/A	g. The above-named service member will dispose of his/her personal firearm(s) that are located or stored on the installation at the time of issuance of this order.
JVR	h. Exceptions to this order will be granted only after an advance request is made to me and approved by me.
JVR	i. Other specific provisions of this order: SM WILL AVOID UNTIL FURTHER NOTICE ANY TYPE OF ENCOUNTER, GATHERING, CONTACT AND OR COMMUNICATIONS WITH WIFE AND/OR NEIGHBORS. CONTACT IS NOT NECESSARY FOR DAILY WORK PERFORMANCE. FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN UCMJ TO SM.

6. DURATION: The terms of this order shall be effective until 15 SEPTEMBER 2010, unless sooner rescinded, modified, or extended in writing by me.
ENFORCEABILITY: Violation of this order or an applicable civilian protection order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.

a. COMMANDING OFFICER'S SIGNATURE 	JORGE VELEZ CPT, LG Commanding S&T, RSS, 11TH ACR	b. DATE (YYYYMMDD) 20100820
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7. I hereby acknowledge receipt of a copy of this order and attest that I understand the terms and conditions it imposes on me.

a. SERVICE MEMBER'S SIGNATURE 	b. DATE (YYYYMMDD) 20100820
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DISTRIBUTION: Service member Protected person (Custodial parent of protected child)
Service member's local personnel file



DEPARTMENT OF THE ARMY
S&T TROOP, RSS, 11TH ACR
FORT IRWIN, CA 92310



REQUEST FOR LEAVE/PASS – Section 301, Title 5 USC
PURPOSE: To obtain written authority from the commander for absence from duty.
USES: To obtain approval for absence from duty, leave address and telephone for emergency use, and authority of payment of leave rations allowance for service member.
DISCLOSURE: Voluntary, however if service member does not provide information required on this form, the commander will deny leave.

NAME: SALEM GARY RANK: SPC
Last First MI

SSN: XXX-XX-3730 **PLATOON:** POL **DATE:** 28 April 2010

TYPE OF LEAVE:

<input type="checkbox"/>	Ordinary	<input type="checkbox"/>	Emergency	<input checked="" type="checkbox"/>	Mileage Pass
<input type="checkbox"/>	Terminal	<input type="checkbox"/>	PCS	<input type="checkbox"/>	Max LV
<input type="checkbox"/>	PTDY	<input type="checkbox"/>	Pass	<input type="checkbox"/>	Other

180
10 MAY 2010 - 09 MAY 2010

DURING ROTATION: YES/NO **LEAVE DATES:** 05 MAY 2010 - 09 MAY 2010

DAYS REQUESTED 5 **DAYS ACCRUED** 49 **DAYS ADVANCED**

REASON FOR LEAVE:

4 DAY PASS / FUNERAL

LEAVE ADDRESS:

820 W. RIDGE WAY
Street Address
HONEA PATH SC 291654
City State Zip Code

LEAVE PHONE #: (864) 386-4149

DUTY ROSTER: YES/NO (Circle one) **MEAL CARD:** YES/NO (Circle one)

SIGNATURE OF REQUESTOR:

Squad Leader: Approved/Disapproved SIGN DATE 28 April 2010

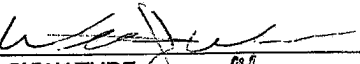
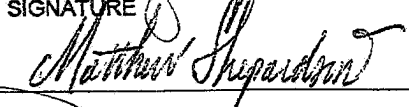
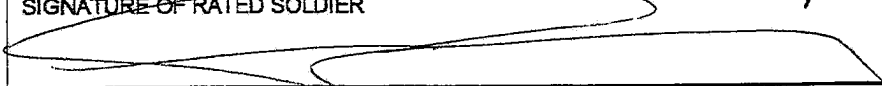
Platoon Sergeant: Approved/Disapproved SIGN DATE 4 MAY 2010

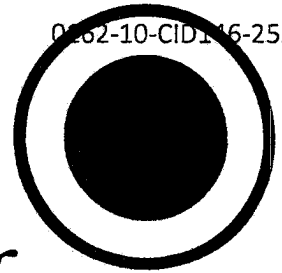
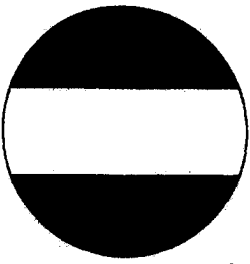
Platoon Leader: Approved/Disapproved SIGN DATE 4 MAY 2010

Training: Approved/Disapproved SIGN DATE 4 MAY 2010

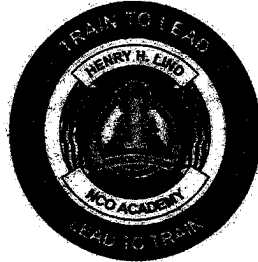
First Sergeant: Approved/Disapproved SIGN DATE 4 MAY 2010

Commander: Approved/Disapproved SIGN DATE 4 MAY 10

SERVICE SCHOOL ACADEMIC EVALUATION REPORT For use of this form, see AR 623-3; the proponent agency is DCS, G-1.			DATE (YYYYMMDD) 20100623	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL SALEH, GARY W.	2. SSN 247633730	3. GRADE E4	4. BR	5. SPECIALTY/MOSC 21B 1
6. COURSE TITLE Warrior Leader Course Class 009-10 (600-WLC)		7. NAME OF SCHOOL Henry H. Lind NCOA, JBLM, WA 98433 W3ZBAA		8. COMP RA
9. THIS IS A REFERRED REPORT, DO YOU WISH TO MAKE COMMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. DURATION OF COURSE (YYYYMMDD) From: 20100602 Thru: 20100623		
11. PERFORMANCE SUMMARY *a. <input checked="" type="checkbox"/> EXCEEDED COURSE STANDARDS (Limited to 20% of class enrollment) b. <input type="checkbox"/> ACHIEVED COURSE STANDARDS *c. <input type="checkbox"/> MARGINALLY ACHIEVED COURSE STANDARDS *d. <input type="checkbox"/> FAILED TO ACHIEVE COURSE STANDARDS <i>*Rating must be supported by comments in ITEM 14.</i>		12. DEMONSTRATED ABILITIES a. WRITTEN COMMUNICATION <input checked="" type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR b. ORAL COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input checked="" type="checkbox"/> SUPERIOR c. LEADERSHIP SKILLS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input checked="" type="checkbox"/> SUPERIOR d. CONTRIBUTION TO GROUP WORK <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input checked="" type="checkbox"/> SUPERIOR e. EVALUATION OF STUDENT'S RESEARCH ABILITY <input checked="" type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR <i>(SUPERIOR/UNSAT rating must be supported by comments in ITEM 14)</i>		
13. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (A "NO" response must be supported by comments in ITEM 14)				
14. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs.) He was selected above his peers for placement on the Commandant's List. He developed strong research abilities that led to a well planned and informative training management class. An outstanding communicator, he consistently disseminated information to his peers and subordinates. He displayed exceptional leadership traits to his peers and seniors. He put forth 100% effort with every challenge faced with during the course. His attention to detail and experience played a vital role in his entire squad's ability to successful complete the course. Always the first to pitch in, he helped ensure squad missions were accomplished in a superior manner. <p style="text-align: right;">68/163 YES</p>				
15. AUTHENTICATION				
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF RATER WILLIAM J. WASSON, SSG, USA, SGL		DATE (YYYYMMDD) 20100623	SIGNATURE 	
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER MATTHEW S. SHEPARDSON, CSM, USA, Commandant		DATE (YYYYMMDD) 20100623	SIGNATURE 	
c. DATE (YYYYMMDD) 20100623	SIGNATURE OF RATED SOLDIER 			



Henry H. Lind Noncommissioned Officer Academy

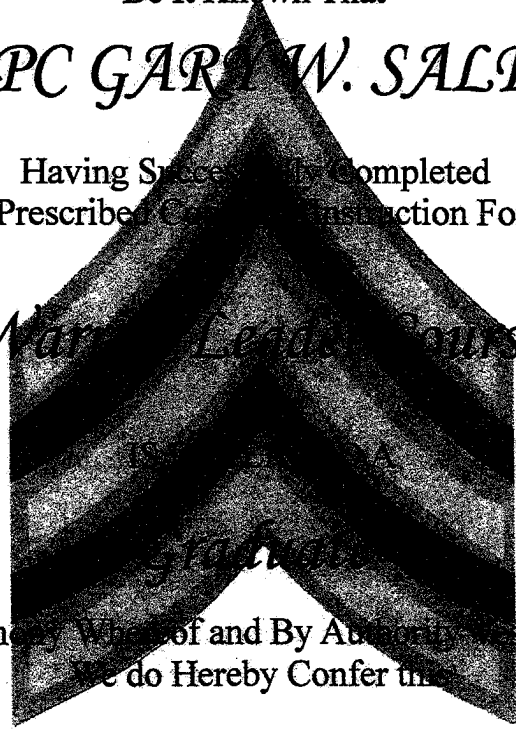


To All Who Shall See These Presents, Greeting:
Be It Known That

SPC GARY W. SALEH

Having Successfully Completed
The Prescribed Course of Instruction For the

Warrior Leader Course



In Testimony Whereof and By Authority vested in us
We do Hereby Confer the

Diploma

Matthew Shepardson

MATTHEW S. SHEPARDSON
Command Sergeant Major, USA
Commandant



Family Readiness Data Sheet

Date 17-Dec-04

Soldiers Name Gary Saleh Last 4 SSN 3730

Unit 556 Rank E-3 E-Mail Gary.Saleh@USIArmy.mil

Address 53156 Cotton Tail Ln Fort Irwin CA 92310

Work Phone 760386 5570 Home Phone 808-736-6997

Spouses name 556 Tahira Zahra

Home Address _____
(if different from above)

E-mail Zahra.Zahra@USIArmy.mil

Home Phone 808-253-9891 Cell Phone _____

Birthdate 3-18-1980 Anniversary 04-24-02

Children:

Name _____ Age _____ Birthday _____

Name _____ Age _____ Birthday _____

Name _____ Age _____ Birthday _____

Name _____ Age _____ Birthday _____

*Please list any allergies/food allergies your children have:

S&T Troop, Regimental Support Squadron, 11th ACR Family/Single Soldier Readiness Group Info Sheet

Privacy Act Statement

Authority: 10 USC Section 310

Principal Purpose: Information will be used to provide support, outreach, and information to all members.

Routine Use: Distribute data to all members so they can contact each other as necessary. A copy will also be provided to the Family Readiness Group leaders, Unit Commander, and First Sergeant.

Soldier's Name: Saleh Gasy *Please Print* Grade/ Rank: E-3/PFC
 Mailing Address: 5315B Cottontail Ln Home Phone: 208 936 6997
Fort Irwin CA 92310 GEO Bachelor: Yes/ No
 Home email address: Gasy, Saleh @ US Army. mil
 Work email address (if applicable): _____

Emergency Contact (other than spouse)

Name: Lynn Little Relationship: Mother
 Street Address: N/A Phone Number: 336 686 6856

Marital Status (circle one): SINGLE MARRIED If married complete the following below.

For the Spouse: What is the primary language spoken in your home? Arabic / english
 Do you have transportation if you spouse is away? YES / NO
 Are you dual military? YES / NO If so, spouse's unit 51st TICD

No. of Children: _____

Child (ren) Name: _____ Birthdate _____

Please check one and sign below:

YES, I (we) would like to be included on the S&T FRG phone roster and notified by phone, mail, and email of all upcoming Troop and Family Readiness Group Meetings and events.

NO, I (we) do not wish to be involved with the Family Readiness Group at this time.

Soldier's Signature _____

Spouse Signature _____

Please direct all questions and concerns to the 1SG at 380-2444 or the Commander at 380-5806.

Thank you for taking the time to complete this form. Comments or suggestions can be written below or on the back of this form.

Please list below two people for your next of kin. These are the people we will contact if anything arises. The two people must be from a different household with different address and phone numbers.

1st Next of Kin

Name Bruce Phillips
Address 4896 States Drive RD
City, State, Zip Liberty NC
Phone Number 336-622-1314

2nd Next of Kin

Name Romana Little
Address —
City, State, Zip Randolph County NC
Phone Number 336-686-6856

FAMILY ASSISTANCE INFORMATION SHEET

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 3012. PRINCIPLE PURPOSE(S): To assist Army Agencies and Commands in their mission of providing assistance to families of Service members who are required to be away from their home station. ROUTINE USES: (1) To identify specific problems and needs of soldiers and their families. (2) To gather data that will assist in the development of appropriate programs and services. (3) To serve as a services provided. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: information is required to assist the individual and his/her family members. Failure to provide the required information could result in a delay in assistance to the individual and/or family members.

1. SPONSOR INFORMATION:

NAME: Zahra Salah Gacy RANK/GRADE: E-3/PFC SSN: 242-633730
 ADDRESS: 5315B cottontail Ln Fort Irwin Ca 92310
Street City State Country Zip
 HOME PHONE NUMBER W/ AREA CODE: 908 936-6997

2. MILITARY STATUS: ACTIVE NATIONAL GUARD USAR (TPU) USAR(IMA) USAR (IRR) CIV
 UNIT: 5BTRSS 11HACR UNIT ADDRESS: _____

3. MARITAL STATUS: SINGLE MARRIED DIVORCED (Name of Ex-Spouse) _____

4. SPOUSE'S NAME: 556 Jakane Zahra

5. CHILDREN: YES NO

NAME(S)	AGE	ADDRESS

6. PRIMARY NEXT OF KIN (PNOK)

NAME: Jakane Zahra RELATIONSHIP: wife
 ADDRESS: 5315B cottontail Ln Fort Irwin Ca 92310
Street City State Country Zip
 HOME PHONE NUMBER W/ AREA CODE: 707 285-9891
 E-MAIL ADDRESS: Zahra.Jakane@US.Army.mil
 NATIVE LANGUAGE SPOKEN BY SPOUSE/PNOK: Arabic / english
 NEAREST MILITARY INSTALLATION TO YOUR SPOUSE/PNOK: Fort Irwin

7. SECONDARY NEXT OF KIN (SNOK)

NAME: _____ RELATIONSHIP: _____
 ADDRESS _____
Street City State Country Zip

HOME PHONE NUMBER W/ AREA CODE: _____

6. EVALUATE POTENTIAL FAMILY PROBLEMS/CONCERNS DURING YOUR ABSENCE:

A. SPECIAL NEEDS. ARE THERE SPECIAL NEEDS IN YOUR FAMILY? YES NO

IF YES, STATE PROBLEM AND ASSISTANCE NEEDED _____

B. FINANCIAL. WHAT ARRANGEMENTS HAVE BEEN MAKE TO PROVIDE FINANCIAL SUPPORT TO SPOUSE/CHILDREN? _____

S&T TRP TRAINING DATA SHEETInformation is subject to the Privacy Act of 1974
FOR OFFICIAL USE ONLYPERSONAL INFORMATION

NAME: Gary Saleh RANK: E3 DOR: Aug-05-09
 SSN: 24263-3730 DOB: 11-05-1985 POB: Greenville SC
 BASD: 05-21-05 BPED: 11-11-04 ETS: 09-22-2012 TIS: 5/1m
 PLATOON: 402
 HEIGHT: 67" WEIGHT: 155 TAPE FAILURE: YES/NO
 ARE YOU FLAGGED: YES/NO IF YES, WHAT FOR: _____

HOME ADDRESS: 5315 B Cottontail Ln Fort Irwin Ca 92310
 HOME PHONE: 708.936-6997 WORK PHONE: 760-380-5570
 HOME OF RECORD/PHONE: _____

SCHOOL AND TRAINING INFORMATION

COMBAT LIFESAVER: YES/NO DATE EXPIRE: already expire
 HAZMAT: YES/NO DATE OF COURSE: _____
 FIELD SANITATION COURSE: YES/NO DATE OF COURSE: _____
 NBC SCHOOL: YES/NO DATE OF COURSE: _____
 GT SCORE: 117 PMOS: 12B SPMOS: _____
 HIGH SCHOOL GRADUATE: YES/NO DATE GRADUATED: _____
 GED: YES/NO DATE GRADUATED: _____
 CIVILIAN EDUCATION: Some collage
 MILITARY TRAINING/EDUCATION: EOCA, RZCZ Op, CPOF,
BFT
 SECURITY CLEARANCE: YES/NO CTT: YES/NO CTT DATE: _____

APFT SCORE

LAST APFT DATE: 04-28-09 APFT FAILURE: YES/NO
 PUSH UP: 81 SIT UP: 81 2M RUN: 13:20 TOTAL: 292
 ALTERNATE EVENT: YES/NO WALK SWIM BICYCLE
 PROFILE: YES/NO PERMANENT: YES/NO
 DIAGNOSIS: _____

WEAPON QUALIFICATION

WEAPON TYPE: _____ DATE QUALIFIED: _____
 WEAPON SCORE: _____
 WEAPON #: _____ WEAPON SERIAL#: _____



S&T TRP PERSONAL DATA SHEET

Information is subject to the Privacy Act of 1974
FOR OFFICIAL USE ONLY



PERSONAL INFORMATION

NAME: Saleh Gary RANK: E-3
 DATE OF RANK: Aug. 05-09
 DATE ASSIGN TO UNIT: 15 Dec-09
 SSN: 247-63-3730 DATE OF BIRTH: 11-08-1975
 PLACE OF BIRTH: Greenville SC
 BASD: 05-21-05 BPED: 11-11-04 ETS: 09-22-2012 TIS: Special
 PMOS: 17B SMOS: _____
 PLATOON: HQ
 HEIGHT: 6'7" WEIGHT: 155 TAPE FAILURE: YES/NO
 HAIR COLOR: Brown EYE COLOR: Brown
 RELIGION: Islam RACE: Arab Palestine
 DO YOU HAVE A MY PAY ACCOUNT: YES/NO
 PROMOTABLE: YES/NO
 DUAL MILITARY: YES/NO
 SINGLE PARENT: YES/NO
 BLOOD TYPE: O+
 ALLERGIES: YES/NO
 ID TAGS: YES/NO
 COLD/HOT WEATHER INJURY: YES/NO
 PROFILE: YES/NO circle one: PERMANENT/TEMPORARY
 PRIVATELY OWNED WEAPONS: YES/NO (If yes state the weapon/ location/
 registered?/ have you filled our troop POW info sheet?
 AKO ADDRESS: Gary Saleh@US.Army.mil
 HOME ADDRESS (here on Fort Irwin):
5315 B Cottontail Ln Fort Irwin CA 92310
 HOME PHONE: 808 936 6997 WORK PHONE: 760-380-5570
 HOME OF RECORD/PHONE: _____
 MARRIED: YES/NO Anniversary date (DD/MM/YYYY): 10-24-2009
 SPOUSE NAME/ BIRTH DATE:
SSG Jakana Zahra 03-18-1950
 NO. OF CHILDREN: _____
 CHILD/CHILDREN NAMES, BIRTH DATES AND AGES: _____

NEXT OF KIN

(Name): Zahra Jakana Relationship: Wife

For Official Use Only/Law Enforcement Sensitive