

Enclosure 52

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	
389th MI BN (SO) (A), HHC		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

The purpose of this counseling is to ensure that you are aware of the regulations as they pertain to the possession, documentation, location and disposition of any Privately Owned Weapons. For more definitions, regulations and guidance refer to XVIII Airborne Corps and Fort Bragg Regulation 190-11-1, Privately Owned Weapons, Ammunition Control and Prohibited Weapons, 1 June 2015.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Possessing personally owned firearms (POWs) on post is a privilege, not a right. This counseling will make you aware of the rules and policies that you must follow in order to transport and store your POWs on post.

Transportation of POW:

- o Open carry is prohibited except during authorized shooting or hunting
- o Concealed carry is prohibited regardless of valid state or county permits
- o Only registered firearms may be transported
- o Weapons can be registered at the Visitor Center, located at the All American ACP.
- o Take the following information on each firearm to be registered: caliber, type, serial number, make, model, action and finish. Do not take the firearm into the Registration Center
- o Firearms must be unloaded and transported in a closed case, in a compartment inaccessible to passengers
- o If no inaccessible area exist, the unloaded firearm must be transported such that it is in plain sight to a person outside the vehicle
- o Firearms must be separate from ammunition

Storage of POW:

- o All weapons and ammunition must be stored in a manner that prevents access by a child
- o Weapons may be stored in family housing on post
- o Firearms must be secured in a locked container or with a trigger lock
- o Ammunition must be stored secured locked container
- o Weapons may not be stored in barracks
- o POW may be stored in the unit arms room with the approval of the Commander

Prohibited Weapons on Fort Bragg:

- o Any plain view or concealed, two sided knife having a switchblade, automatic opener, or spring loaded blade
- o Martial arts weapons (nunchaku, nightsticks, blackjacks, etc.) outside of martial arts training, practice, and exhibition
- o Brass knuckles or any other device fitting over or inside of the hand which may be used for the purpose of striking another person
- o Shotguns having a barrel less than 18 inches in length, or rifle having a barrel less than 16 inches in length
- o A full list of prohibited weapons can be seen in XVIII Airborne Corps and Fort Bragg Regulation 190-11-1
- o At their discretion, CDRs can further restrict and/or remove any device intended to function as a weapon but designed or modified in such a way to conceal its purpose as such

Penalties:

- o Military personnel may be apprehended, processed, and titled under Article 92, UCMJ and released to their Commander or First Sergeant
- o Family members who live on post may be apprehended, processed, and titled for violations and released to their sponsor
- o Civilians and family members who live off post may be apprehended, processed, and titled for violations and escorted off the installation
- o Civilians in violation are subject to exclusion from the installation

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

I affirm or attest that I have been briefed on the requirements for reporting the possession of a Privately Owned Weapon while assigned/attached to this unit. At this time I want to confirm that:

I AM NOT in possession of a Privately Owned Weapon as defined by XVIII Airborne Corps and Fort Bragg Regulation 190-11-1, Privately Owned Weapons, Ammunition Control and Prohibited Weapons, 1 June 2015, at this time nor do I intend to purchase or otherwise acquire a Privately Owned Weapon during my stay here. Should I acquire a Privately Owned Weapon while at Fort Bragg I will inform my Chain of Command immediately.

I AM in possession of a Privately Owned Weapon as defined by XVIII Airborne Corps and Fort Bragg Regulation 190-11-1, Privately Owned Weapons, Ammunition Control and Prohibited Weapons, 1 June 2015. I will comply with the regulations and policies stipulated above and complete all required paperwork for the Provost Marshal's office.

Signature: _____ Date: _____

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____

Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: _____

Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____

Individual Counseled: _____

Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.