



## UNITED STATES MARINE CORPS

MARINE CORPS BASE  
PSC BOX 20004  
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

BO 1752.3A  
MCCS  
FEB 01 2007

### BASE ORDER 1752.3A

From: Commanding Officer  
To: Distribution List

Subj: TRANSITIONAL COMPENSATION FOR ABUSED FAMILY MEMBERS

Ref: (a) ALMAR 145/96  
(b) Federal Law 38 U.S.C. 1311

Encl: (1) Application for Transitional Compensation (Sample Form)

1. Situation. Transitional Compensation for Abused Family Members (TCAFM) is a congressionally authorized program that provides 12 to 36 months of support payments to family members of service members who are being separated from active duty because of domestic violence and/or child maltreatment. "Family member abuse offense(s) committed by service members involves abuse of the spouse or a dependent child of the service member and is a criminal offense defined by the Uniform Code of Military Justice (UCMJ) or the other criminal codes applicable to the jurisdiction where the act of abuse is committed. Crimes that may qualify as family member abuse offenses are: sexual assault, rape, sodomy, assault, battery, murder, and manslaughter. This is not all inclusive, but is provided for illustration only".

"Dependent child" defined: status as a "dependent child" is determined as of the date on which the service member is convicted of the offense or administratively separated, whichever is applicable. A dependent child is an unmarried child, including an adopted or stepchild, who is residing with the member at the time of the dependent-abuse offense resulting in the separation of the former service member and who is:

- a. Under 18 years of age;
- b. 18 years of age or older and is incapable of self-support because of mental or physical incapacity that existed before the age of 18 and who is (or at the time a punitive or other adverse

FEB 01 2007

action was executed in the case of the former service member, was) dependent on the former service member for over one-half of the child's support; or,

c. 18 years of age or older but less than 23 year of age, is enrolled in a full time course of study in an institution of higher learning approved by the Secretary of Defense and who is (or at the time a punitive or other adverse action was executed in the case of the former service member, was) dependent on the former service member for over one-half of the child's support".

d. These support payments are designed to assist family member(s) in establishing a life apart from the abusive service member. Monthly payments are based on dependency and indemnity rates as described in reference (b). Commissary and Exchange privileges are allowed for the duration of the payments. Health care benefits, medical or dental, are available for one year, upon request, for an injury or illness resulting from the abuse.

2. Cancellation. BO 1752.3.

3. Mission

a. To set forth guidance and amplifying instructions regarding references (a) and (b) in implementing the TCAFM program aboard Camp Lejeune.

b. Summary of Revision. This Order has been completely revised and should be reviewed in its entirety.

4. Execution

a. Eligibility. TCAFM applies in cases of service members who have been on active duty for more than 30 days and who, on or after 30 November 1993, have been:

(1) Convicted of a family member abuse offense resulting in a punitive separation from active duty pursuant to a court-martial sentence.

(2) Administratively separated from active duty if the basis for separation includes a family member abuse offense.

(3) Sentenced to forfeiture of all pay and allowances by a court-martial that convicted the service member of a family member abuse offense.

FEB 01 2007

(4) Payments are made to abused family members to include spouse and dependent child(ren).

b. Forfeiture

(1) Remarriage. If a spouse receiving payments remarries, payments terminate as of the date of remarriage. Payments may not be renewed if the remarriage is terminated. Dependent children not living in the same household as the remarried spouse or former service member, may receive payments.

(2) Cohabitation. If the former service member resides in the same household as the spouse or dependent child(ren) to whom compensation is otherwise payable, payment will terminate as of the date the former service member begins residing in such household. Once terminated for this reason, payment will not resume.

(3) Active Participant. The spouse, and dependent child(ren) living with the spouse, will not be paid if the victim was a dependent child, and the spouse has been found by competent authority designated by Secretary of the Navy to have been an active participant in the conduct constituting the criminal offense or have actively aided or abetted the member in such conduct.

c. Payments

(1) Commencement

(a) For members convicted by a court-martial for a family member abuse offense, payment will commence as of the date of approval of a court-martial sentence by the convening authority if the sentence includes dismissal, dishonorable discharge, or bad conduct discharge.

(b) For service members separated by administrative discharge from active duty for a family member abuse offense, payment may commence the date on which the letter of notification is served to the service member.

(2) Duration of payments will be at least 12 months but not more than 36 months.

FEB 0 1 2007

(a) If, as of the commencement date of payments, the unserved portion of the service member's end of active service (EAS) is less than 36 months, the duration will be the greater of the unserved portion or 12 months.

(b) For enlisted service members, the "obligated active duty service" is the time remaining on their term of enlistment.

(c) For officers, the "obligated active duty service" is indefinite unless the officer has a date of separation established, in which case it is the time remaining until the date of separation.

(3) Monthly payments are modified annually and are established per reference (b).

d. Commissary and Exchange Benefits

(1) Recipients are also entitled to use Commissary and Exchange stores while receiving their payments.

(2) Recipients requesting commissary benefits should request DD Form 2, ID Card(s), in Section III of the enclosure.

e. Health Care Benefits

(1) Abused family members of discharged or dismissed former service members, pursuant to a sentence at court-martial, may request, from the Secretary of the Navy, medical or dental care for an injury or illness resulting from the abuse.

(2) The Secretary of the Navy may, upon request of the abused family member, furnish medical or dental care to the family member at a Military Treatment Facility (MTF) nearest to where the family is living.

(3) Medical or dental care furnished to a family member in a MTF, shall terminate one year after the date on which the service member is discharged or administratively separated from active duty.

(4) The request for medical or dental care should be made in Section III of the enclosure. The request for medical or

FEB 01 2007

dental care should be made to the nearest MTF to where the family member is living. The MTF will endorse the request and forward it to the Bureau of Medicine and Surgery for approval.

f. Annual Certification

(1) The spouse or a court appointed guardian will certify annually to the Defense Finance Service-Denver (DFAS-Denver) that he/she has not remarried and has not been cohabiting with the offender by completing the Certificate of Eligibility (COE).

(2) Dependent children will also certify annually that they are not living with the offender or ineligible spouse by completing the COE.

(3) DFAS-Denver will mail the blank COEs to the last known address of recipients.

(4) In the event of remarriage or cohabitation, the spouse or court appointed guardian must notify DFAS-Denver within 30 days.

g. Responsibilities and Application Procedures

(1) The Community Counseling Center (MCCS, Marine and Family Services) will coordinate with Public Affairs, Staff Judge Advocate, Naval Criminal Investigative Service, Provost Marshal Office, MTF, Chaplain Office, Legal Services Support Group and commands to ensure widest dissemination of information about TCAFM.

(2) Commanding Officers/Legal Services will provide family members eligible for transitional compensation DD Form 2698, Application for Transitional Compensation, and assist with the following:

(a) Completing Section I-Payee Information and Block 23 in the presence of the applicant and witnessing the applicant's signature.

(b) Completing Section II-Member identification.

FEB 01 2007

(c) Faxing a copy of the completed DD Form 2698 and a "Letter of Certification" such as a Convening Authority Action, or, in the case of administrative separation, a copy of the Letter of Notification to Commandant of the Marine Corps (MR), DSN 426-2066, commercial (703) 696-2066, fax (703) 696-1143.

(d) Mailing DD Form 2698 and the applicable letter of certification within 5 days to: Commandant of the Marine Corps, Headquarters, U.S. Marine Corps, Manpower and Reserve Affairs (M&RA), MR Division (MRO), Attn: Transitional Compensation Program Manager, 3280 Russell Road, Quantico, VA 22134-5103.

(e) Retaining a copy of the completed DD Form 2698 and applicable letter of certification for three years.

(f) Providing a copy of the completed DD Form 2698 to the Family Counseling Center/Family Advocacy Program Manager.

5. Administrative and Logistics. Not applicable.

6. Command and Signal

a. Command. This Order is applicable to Marine Corps Base, Camp Lejeune.

b. Signal. This Order is effective the date signed.

  
W. A. MEIER  
By direction

DISTRIBUTION: A

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

APPLICATION FOR TRANSITIONAL COMPENSATION								
All information except Item 12 is to be entered by Service representative from Service records.								
<b>SECTION I - PAYEE INFORMATION</b> <i>(If more than one eligible dependent, use the Remarks section on back to enter applicable information for each payee.)</i>								
1. PAYEE NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH (YYYYMMDD)		4. SEX (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
5. ADDRESS								
a. STREET (Include apartment number)			b. CITY		c. STATE		d. ZIP CODE	
6. RELATIONSHIP TO MEMBER (X one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> ADOPTED CHILD <input type="checkbox"/> STEPCHILD								
7. CUSTODY (If payee is spouse or former spouse, enter names of dependent children from Item 23 who are in payee's custody) (If all, enter "ALL")		8. INCAPACITATION YES NO (X Yes or No for each item)		9. IS INCAPACITY: (X one) (If applicable) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY				
				a. IS PAYEE INCAPACITATED? (If Yes, complete items 8.b. and c., and Item 9.)				
				b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)				
				c. IS PAYEE INCAPABLE OF SELF SUPPORT?				
10. LEGAL REPRESENTATIVE (Complete only if legal representative is not the payee.)								
a. NAME (Last, First, Middle Initial)		b. STREET ADDRESS (Include apartment/suite no.)			c. CITY		d. STATE	e. ZIP CODE
11. IF PAYEE IS A CHILD: (X Yes or No for each item.) (NOTE: Age of majority for a child is 18 in all states except the following: Alabama, Nebraska and Wyoming: age of majority is 19; Mississippi, West Virginia and Puerto Rico: age of majority is 21.)								
YES NO		a. WAS INCAPACITY INCURRED BEFORE AGE 18?						
		b. IF INCAPACITY WAS INCURRED BETWEEN AGES 18 AND 24, WAS THE CHILD A FULL-TIME STUDENT?						
		c. IS CHILD UNDER THE AGE OF MAJORITY? (See NOTE. If Yes, complete Item 10.)						
		d. WAS CHILD DEPENDENT ON FORMER MEMBER FOR OVER ONE-HALF OF SUPPORT?						
12. PAYEE CERTIFICATION (Payee must sign and date to certify that the statements below are correct. Lines (2)-(4) apply only to spouse or former spouse.)								
(1) I am not cohabiting with the former member. If status changes, I will notify DFAS within 30 days.								
(2) I have not remarried. If status changes, I will notify DFAS within 30 days.								
(3) I have custody of the dependent children listed in Item 7.								
(4) I was married to the member in Item 14 at the time of the dependent abuse offense resulting in his conviction/administrative separation.								
(5) I claim payment of transitional compensation under Section 1059, Title 10, U.S.C.								
(6) I understand that I may not receive payments under both Section 1059 and Section 1408(h) of Title 10, U.S.C., and that, if eligible for both, I must elect which to receive. I elect payment of transitional compensation under Section 1059.								
a. SIGNATURE (Applicant acknowledges that acceptance of payments if the offender rejoins household is punishable under the law.)						b. DATE SIGNED (YYYYMMDD)		
<b>SECTION II - MEMBER IDENTIFICATION</b>								
13. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		14. MEMBER NAME (Last, First, Middle Initial)			15. PAY GRADE (Prior to conviction or separation)			
16. SOCIAL SECURITY NUMBER			17. DATE OF BIRTH (YYYYMMDD)		18. SEX (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
19. OBLIGATED SERVICE DATES (YYYYMMDD)								
a. ACTIVE DUTY SERVICE ENTRY DATE			b. EXPIRATION OF ACTIVE OBLIGATED SERVICE (Enlisted only)		c. ESTABLISHED DATE OF SEPARATION AT TIME OF CONVICTION/ADMINISTRATIVE SEPARATION (Officer only) (If none, so state)			
20. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ ADMINISTRATIVE SEPARATION (YYYYMMDD) (If court-martial, verify date with approving official. If administrative separation, use date of initiation of separation.)				21. PAYMENT DATES (YYYYMMDD) (Start date is date in Item 20. Length of payment is 36 months except as follows: Subtract date in Item 19.b. or 19.c. from the date in Item 20. If less than 36 months, length of payment is that period or 12 months, whichever is greater.)				
				a. START		b. STOP		
22. APPROVING OFFICIAL CERTIFICATION. I certify that the offense resulting in court-martial conviction or involved in administrative separation is a dependent-abuse offense in accordance with DoD regulations. If married, the spouse was not a participant in the abuse offense.								
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)		c. TITLE		d. TELEPHONE (include area code)	
e. STREET ADDRESS (include apartment or suite number)				f. CITY		g. STATE	h. ZIP CODE	

FEB 01 2007

23. DEPENDENT CHILDREN AT THE TIME OF THE ABUSE (Continue in Remarks if necessary)			
NAME (Last, First, Middle Initial) a.	SOCIAL SECURITY NUMBER b.	DATE OF BIRTH (YYYYMMDD) c.	
SECTION III - REMARKS (Use this area to continue items as necessary. Reference each entry by item number.)			
SECTION IV - APPROPRIATION DATA			
24. DFAS-DE IS AUTHORIZED TO CITE THE FOLLOWING APPROPRIATIONS FOR PAYMENT:			
25. FUND CITE APPROVING OFFICIAL			
a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. TITLE	d. TELEPHONE (Include area code)
e. STREET ADDRESS (Include apartment or suite number)	f. CITY	g. STATE	h. ZIP CODE

DD FORM 2698 (BACK), JAN 95

ENCLOSURE (1)