

SELECTIVE SERVICE SYSTEM

REGISTRANT CLAIM FORM

(RIMS)

	YOUR FULL LEGAL NAME			
1				4. Local Board No.
Last	First	Middle	Jr., Sr., II, etc	State (See page 1 of your Induction Order)
2. CURRE	ENT MAILING ADDRESS			5. SELECTIVE SERVICE NUMBER
J				
Number and S	treet or RFD		Apt. 1	No.
City	State		ZIP C	6. Date of Birth (Month, Day, Year)
3. Is the add	dress in Item 2 above the same as	the address on you	ar Induction Order	7. Davime telephone marks (L.)
	Yes 🗆	No 🗆		7. Daytime telephone number. (Include area code)
If you checked 'new address, ch	"No" and wish to have your claim seck here.	n considered by the	office nearest thi	is
READ THE	INSTRUCTIONS FOR CO	NAME OF THE OWNER OF THE		
DO NOT send and will provide	er) before the date you are so any supporting documents v de instructions on where and	theduled to report with this form to when they shoul	rt for induction.	
8. CLAIM F	OR POSTPONEMENT OF	INDUCTION		9. CLAIM FOR RECLASSIFICATION
☐ Colleg	ge Student (Full Time)			
☐ High S	School Student (Full Time)			CO Discharge
☐ Cadet/	/Midshipman (Accepted App	licant in Next Se	cheduled Class)	
☐ Observ	vance of Religious Holiday			☐ Minister of Religion
	ame of Holiday:ate Holiday Begins:			☐ Alien or Dual National ☐ State or Federal Elected Public Official or Judge of
2.	TIORGAY EIRIS:			1 a Court of Record
	iled for State or National Bos	urd Licensing/Ce	rtification	Active Military or Uniformed Service Prior Military or Uniformed Service
Examin Tempor				Reserve or National Guard Member Disabling Physical or Mental Condition
	rary Disabling Illness (Self) ncy Condition(s) in Immedia			Surviving Son
) Contrition(2) III Initibedia	te ramily		1
. CONFINEM	ENT OR DISABILITY			
If you are un		ecause you are c	onfined in a con	prectional facility, hospital or similar institution, or because you
WILLFUL S	UBMISSION OF FALCE	WEODALLERO		ATION OF THE LAW AND, UPON CONVICTION, IS R A FINE OF NOT MORE THAN \$250,000, OR BOTH.
				and complete to the best of my knowledge and belief.
recently that t				

INSTRUCTIONS AND NOTICE TO REGISTRANT

Questions you may have regarding your eligibility for a delay in your induction reporting date (a postponement) or for a deferment or exemption from military service (a reclassification) are answered in Selective Service information materials which are available at any U.S. Post Office, Selective Service Office, U.S. Consulate or U.S. Embassy. Additional questions may be answered by your Selective Service Area Office, which is identified in your Order

If, after reading this form and the informational materials, you believe you qualify for a postponement and/or reclassification, complete this form and submit it to your Area Office before the date you are scheduled for induction.

HOW TO COMPLETE THIS FORM

- Item 1: Print your full name as it appears on your Selective Service records.
- Print the address where mail will reach you. Be sure to include your ZIP code. Item 2:
- Be sure to indicate whether your current address is the same as the address printed on your Order to Report for Induction. Item 3:

If your current address is not the same as the address printed on your Induction Order, and you want to have your claim transferred to the Selective Service office nearest your current address, check the block provided. If you do not check this block, the Selective Service office shown on your

- Your Local Board number and the state in which it is located are shown on the first page of your Induction Order. Item 4:
- Your Selective Service Number is shown on your registration acknowledgment letter and on your Induction Order. It is not the same as your Social Item 5:
- Print your date of birth in this block. Spell out or abbreviate the month, and use numerals for the day and year. (Example: APR 29, 1998) Item 6:
- Provide a telephone number where you can be reached during the day and/or where you receive your telephone messages. Be sure to include the area Item 7:
- If you believe you may qualify for a delay of your induction (a postponement) for any of the reasons listed in this item, check the appropriate block for Item 8:

If you are scheduled to report for induction on a religious holiday which you normally observe, enter the name of the holiday and the date it begins and

- If you believe you may qualify for a deferment or exemption from military service (a reclassification) for any of the reasons listed in this item, check Item 9:
- ltem 10: Self-explanatory
- Check the form carefully to make sure the information is correct and that you have made all claims for postponement and/or reclassification which Item 11: apply to you. Read the Privacy Act statement below before you sign and date the form.

Privacy Act Statement

The Military Selective Service Act and Selective Service Regulations authorizes the Selective Service System to receive the information requested on this form.

The principal purpose of the required information is to assist the Selective Service System to adjudicate your claim for postponement and/or reclassification promptly and equitably. This information may be furnished to the following agencies for the purposes indicated:

Department of Justice - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

Federal Bureau of Investigation - to locate an individual suspected of violation of the Military Selective Service Act.

Immigration and Naturalization Service - to provide information for use in determining an individual's eligibility for reentry into the United States

Department of State - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

Department of Health and Human Services - to locate parents pursuant to the Child Support Enforcement Act (41 U.S.C. 651 et seq).

Your failure to provide the requested information may result in denial of your claim for postponement and or reclassification because of insufficient information.

PROCEDURAL DIRECTIVE REGISTRANT CLAIM FORM SSS FORM 9 (RIMS)

1. PURPOSE

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This form is designed to provide the registrant a means for filing claims for postponement of induction or reclassification.

2. PREPARATION

Prepared in original by the registrant and submitted to the Area Office. The SSS Form 9 constitutes the principal instrument by which a claim is initially filed and provides information required for ADP input to delay the registrant's induction pending resolution of claim.

3. <u>DISTRIBUTION</u>

The SSS Form 9 is available at Post Offices, overseas at U.S. Embassies and Consulates, and at any Selective Service Office. The completed and signed SSS Form 9 is mailed or presented for review to the Area Office where it is acted upon.

4. <u>DISPOSAL</u>

The form is retained in the Registrant File Folder (SSS Form 101) and destroyed with the Registrant File Folder.