



# SELECTIVE SERVICE SYSTEM

## CLAIM DOCUMENTATION FORM - HARDSHIP TO DEPENDENTS (RIPS/RIMS)

Date Issued

Complete And Return Not Later Than

Registrant's Selective Service No. Full Name Complete Address

Local Board No. Area Office Address


**INSTRUCTIONS TO REGISTRANT:** This form is provided to help you furnish the proof to support your claim for classification on the basis of hardship to your dependents. If more space is needed, use additional sheets of paper. Return this form, with the documents attached, to the Area Office shown above. If your address is different from that shown above, line out the incorrect information and print or type the correct information.

**WILLFUL SUBMISSION OF FALSE INFORMATION IS A VIOLATION OF THE LAW AND, UPON CONVICTION, IS PUNISHABLE BY IMPRISONMENT FOR UP TO FIVE YEARS OR A FINE OF NOT MORE THAN \$250,000, OR BOTH.**

**PART I. COMPLETE ITEMS 1, 2 AND 5. CHECK THE BOX AND FURNISH THE INFORMATION REQUIRED FOR ITEMS 3 AND/OR 4 THAT APPLIES TO YOUR CLAIM. FURNISH PROOF FOR ALL HARDSHIP CONDITIONS YOU CLAIM.**

1. My marital status is (check one):  Married  Legally separated  Divorced  Widowed  Never married

2. My induction into the Armed Forces would result in hardship to my dependent(s) listed below:

<u>Name and address of dependent(s)</u>	<u>Date of birth</u>	<u>Date became my dependent</u>
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Wife: \_\_\_\_\_

Child(ren): \_\_\_\_\_

Parent(s): \_\_\_\_\_

Other (specify): \_\_\_\_\_

(If you have listed your wife only, explain why the hardship to her would be extreme.)

3.  My claim is based upon hardship to my dependent(s) because of the absence of my personal care or companionship which would result from my service in the Armed Forces, and to my knowledge there is no one who can and will assume my responsibility toward my dependent(s) if I were inducted.

(If you check the above statement, explain below. If age, handicap or physical condition is a consideration, furnish written proof from a doctor.)

(continued on reverse)

4.  My claim is based upon a financial hardship to my dependent(s) which would result from my service in the Armed Forces, and to my knowledge there is no one who can and will assume my responsibility toward my dependent(s) if I were inducted.

(If you check this statement, furnish the information below.)

Employer's name and address: \_\_\_\_\_

My personal average monthly income before taxes is: \$ \_\_\_\_\_

Source of income: \_\_\_\_\_

My average monthly expenses (not including expenses of dependent(s) living outside my household) are:

Rent/house payments	\$ _____	Clothing	\$ _____	Auto payments	\$ _____
Utilities	\$ _____	Medical	\$ _____	Gasoline	\$ _____
Food	\$ _____	Insurance	\$ _____	Other	\$ _____
Taxes	\$ _____				

(Explain any unusual expenses which are not on a monthly basis below.)

5. I expect the circumstances upon which this claim is based to terminate on or about \_\_\_\_\_ (Date)

**PART II. LIST BELOW ALL LETTERS AND DOCUMENTS YOU ARE SUBMITTING WITH THIS FORM.**

**PART III. REQUEST FOR PERSONAL APPEARANCE**

You are entitled to request a personal appearance before the Local Board and present information about your claim for a hardship deferment. If you wish to appear in person, check the box below.

- I wish to appear in person and present my claim to the Local Board.

**PART IV. CERTIFICATION**

I certify that the information I have provided on this form and upon other documents that I am submitting to support this claim is true, accurate, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(SIGNATURE OF REGISTRANT)

\_\_\_\_\_  
(DATE)

**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. However, you are not required to provide that information.

The principal use of the requested information is to assist the Selective Service 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 and for United States citizenship.

**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 (42 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**  
**CLAIM DOCUMENTATION FORM - HARDSHIP TO DEPENDENTS**  
**SSS FORM 24**  
**(RIPS/RIMS)**

**1. PURPOSE**

This form is provided to a registrant to assist in documenting a claim for reclassification on the basis of hardship to dependents (Class 3-A) that would be caused by registrant's induction, and in requesting a personal appearance in connection with the claim.

**2. PREPARATION**

The form is prepared in original only following the timely submission by a registrant of a claim for Class 3-A. The Area Office fills in the information in the heading of the form. The registrant completes Part I through IV, following instructions on the form.

**3. DISTRIBUTION**

The form is provided to the registrant as indicated. The registrant returns the completed form to the Area Office for action. The completed form will be filed in the Registrant File Folder (SSS Form 101).

**4. DISPOSAL**

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