



# SELECTIVE SERVICE SYSTEM

## REGISTRANT CLAIM FORM

(RIMS)

<p>1. PRINT YOUR FULL LEGAL NAME</p> <p style="font-size: small;">Last                      First                      Middle                      Jr., Sr., II, etc.</p>	<p>4. Local Board No. _____</p> <p>State _____</p> <p style="font-size: x-small;">(See page 1 of your Induction Order)</p>
<p>2. CURRENT MAILING ADDRESS</p> <p>Number and Street or RFD _____ Apt. No. _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>5. SELECTIVE SERVICE NUMBER</p> <p style="font-size: x-small;">                               </p>
<p>3. Is the address in Item 2 above the same as the address on your Induction Order?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p style="font-size: x-small;">If you checked "No" and wish to have your claim considered by the office nearest this new address, check here. <input type="checkbox"/></p>	<p>6. Date of Birth (Month, Day, Year)</p> <p>_____</p>
<p>7. Daytime telephone number. (Include area code)</p> <p>_____</p>	

**READ THE INSTRUCTIONS FOR COMPLETION ON THE REVERSE OF THIS FORM.**  
 Complete this form only after you have received your Order to Report for Induction. All claims for postponement of induction and all claims for reclassification must be made at the same time. Make all claims on the same form and submit it to your Area Office (shown on your Induction Order) before the date you are scheduled to report for induction.

DO NOT send any supporting documents with this form to prove your claim. Your Area Office will inform you if any documents are needed and will provide instructions on where and when they should be forwarded.

8. CLAIM FOR POSTPONEMENT OF INDUCTION

- College Student (Full Time)
- High School Student (Full Time)
- Cadet/Midshipman (Accepted Applicant in Next Scheduled Class)
- Observance of Religious Holiday:  
     Name of Holiday: \_\_\_\_\_  
     Date Holiday Begins: \_\_\_\_\_  
     Date Holiday Ends: \_\_\_\_\_
- Scheduled for State or National Board Licensing/Certification Examination
- Temporary Disabling Illness (Self)
- Emergency Condition(s) in Immediate Family

9. CLAIM FOR RECLASSIFICATION

- Conscientious Objector (CO)
- CO Discharge
- Hardship to Dependents
- Ministerial Student
- Minister of Religion
- Alien or Dual National
- State or Federal Elected Public Official or Judge of a Court of Record
- Active Military or Uniformed Service
- Prior Military or Uniformed Service
- Reserve or National Guard Member
- Disabling Physical or Mental Condition
- Surviving Son

10. CONFINEMENT OR DISABILITY

If you are unable to report to the MEPS because you are confined in a correctional facility, hospital or similar institution, or because you have a disabling physical or mental disorder, check here.

**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.**

11. I certify that the information I have provided on this form is true, accurate and complete to the best of my knowledge and belief.

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

## 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 to Report for Induction.

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.
- Item 2: Print the address where mail will reach you. Be sure to include your ZIP code.
- Item 3: Be sure to indicate whether your current address is the same as the address printed on your Order to Report for Induction.  
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 Induction Order will consider your claim.
- Item 4: Your Local Board number and the state in which it is located are shown on the first page of your Induction Order.
- Item 5: Your Selective Service Number is shown on your registration acknowledgment letter and on your Induction Order. It is not the same as your Social Security Number.
- Item 6: 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 7: 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 code.
- Item 8: 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 each category which applies to you.  
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 ends.
- Item 9: 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 the appropriate block for each category which applies to you.
- Item 10: Self-explanatory
- Item 11: Check the form carefully to make sure the information is correct and that you have made all claims for postponement and/or reclassification which 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. However, you are not required to provide that information.

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 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 (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**

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. DISTRIBUTION**

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. DISPOSAL**

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