SELECTIVE SERVICE SYSTEM

CLAIM DOCUMENTATION FORM CONSCIENTIOUS OBJECTOR (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: The purpose of this form is to help you provide the information needed by your Local Board to determine if you qualify for reclassification as a Conscientious Objector. Your objection may be based on religious, moral or ethical beliefs, or a combination of these beliefs.

Before you prepare the information requested on this form, we recommend that you read the Conscientious Objector section of the Information for Registrants Booklet, which is available at your U.S. Post Office or Selective Service System Area Office. You must complete this form, attach your statement (Part II) to the form, and mail or deliver it to your Area Office no later than the return date shown above or your claim will not be considered. You may also attach letters from persons who have personal knowledge of your conscientious objection.

You will be required to appear before your Local Board at the time it considers your claim.

PART I

Check the box in this part that pertains to your claim.

1. ☐ I claim exemption only from training and service as a combatant member of the Armed Forces (Class 1-A-O).

   (To qualify, you must establish to the satisfaction of the Board that you are conscientiously opposed to participation in combatant military training and service in any war, based on deeply held moral, ethical or religious beliefs.)

2. ☐ I claim exemption from all training and service as a member of the Armed Forces (Class 1-O).

   (To qualify, you must establish to the satisfaction of the Board that you are conscientiously opposed to participation in combatant and noncombatant military training and service in any war, based on deeply held moral, ethical or religious beliefs.)

(Continued on reverse)

PART II

Prepare and attach written responses to the information requested below. If you wish, you may attach letters from persons who know you and are familiar with your beliefs. You may also attach any other pertinent information you would like the Local Board to consider.

1. Describe your beliefs which are the reasons for you claiming conscientious objection to combatant military training and service or to all military training and service.

2. Describe how and when you acquired these beliefs. Your answer may include such information as the influence of family members or other persons; training, if applicable; your personal experiences; membership in organizations; books and readings which influenced you.

3. Explain what most clearly shows that your beliefs are deeply held. You may wish to include a description of how your beliefs affect the way you live.

PART III

List below, the names of individuals and organizations whose letters or documents (papers) you are submitting with this form to insure that all letters or documents have been received.

PART IV REGISTRANT CERTIFICATE

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

(SIGNATURE OF REGISTRANT) (DATE)

We estimate the public reporting burden for this collection will vary from 30 to 60 minutes with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0028), Arlington, VA 22209-2425. The OMB number 3240-0028, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

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

PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize 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.

Citizenship and Immigration Services - 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.

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