

Questionnaire for National Security Positions

OMB No. 3206-0005

Form: SF 86

Interactive/Branching
Electronic Questionnaire

March 10, 2010

Based on Accepted 30-Day Notice Comments Received

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OFFICE OF PERSONNEL MANAGEMENT

Submission for Review: Questionnaire for National Security Positions, SF 86

General Electronic Form Notes/Notices (All Sections):

The questions/content captured in this document are intended to display what data will be captured from the subject and the questions to be presented based on the subject's responses during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in. Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation. Systems that are used for the collection of the "Questionnaire for National Security Positions (SF86)" data for investigative purposes are subject to OMB review and approval.

Dropdown lists throughout this form (such as listings of countries, document types, etc.) are subject to change based on changes or requirements of federal information processing standards and other updates/changes to pertinent information collection, consistent with approved content.

Questionnaire for National Security Positions

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for

physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted immediately after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form (Electronic)

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
5. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
7. For telephone numbers in the U.S., ensure that the area code is included.
8. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e., 1978 or 2001.), or selected from a dropdown list. If you are unable to report an

exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box.

*******Instructions for Completing this Form (Paper Form Only)*******

1. Follow the instructions, provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**

2. Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.

4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with your consent.

5. You must use the Location codes (abbreviations), listed on the back of this page, when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. Whenever "City (Country)" is indicated in an address block, also provide the name of the country in that same block when the address is outside the U.S.

7. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.

8. For telephone numbers in the U.S., ensure that the area code is included.

9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

10. If additional space is required for an explanation or to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet, SF 86A.

If additional space is required to answer other items, use the Continuation Space on page 17, or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s) used.

**** END INSTRUCTIONS FOR COMPLETING THIS FORM (PAPER FORM ONLY)****

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of race, color, religion, sex, national origin, disability, or sexual orientation when granting access to classified information.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

Privacy Act Routine Uses

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the

agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Sections 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

****LOCATION CODES (PAPER FORM ONLY, Electronic forms to use dropdown lists)****

Alabama AL, Alaska AK, Arizona AZ, Arkansas AR, California CA, Colorado CO, Connecticut CT, Delaware DE, District of Columbia DC, Florida FL, Georgia GA, Hawaii HI, Idaho ID, Illinois IL, Indiana IN, Iowa IA, Kansas KS, Kentucky KY, Louisiana LA, Maine ME, Maryland MD, Massachusetts MA, Michigan MI, Minnesota MN, Mississippi MS, Missouri MO, Montana MT, Nebraska NE, Nevada NV, New Hampshire NH, New Jersey NJ, New Mexico NM, New York NY, North Carolina NC, North Dakota ND, Ohio OH, Oklahoma OK, Oregon OR, Pennsylvania PA, Rhode Island RI, South Carolina SC, South Dakota SD, Tennessee TN, Texas TX, Utah UT, Vermont VT, Virginia VA, Washington WA, West Virginia WV, Wisconsin WI, Wyoming WY American Samoa AS, Guam GU, Northern Mariana Islands MP, Puerto Rico PR, Virgin Islands of the U.S. VI

*****END OF LOCATION CODES (PAPER FORM ONLY)*****

Public Burden Information (Electronic)

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

*****PUBLIC BURDEN INFORMATION (PAPER FORM ONLY)*****

Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

*****END OF PUBLIC BURDEN INFORMATION (PAPER FORM ONLY)*****

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. Yes No

<input type="button" value="Save"/>	<input type="button" value="Reset this Screen"/>
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Electronic Form Navigation Note - If "No" At Save, fatal error stating that subject must read instructions. If repeated subject to be taken from form entry to main menu. If "Yes", Proceed to Section 1.0.0.0

***** AFFIRMATION OF INSTRUCTIONS READ (PAPER FORM)*****

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE SECTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. Yes No

Agency Use Block: "AUB"

FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.

FIPC Codes

Codes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A) Type of Investigation

Case Type	<input type="text"/>
Service	<input type="text"/>

B) Extra Coverage/Advance Results

(List) Codes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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C) Sensitivity Level

Code	<input type="text"/>
------	----------------------

C) Computer/ADP

ADP	<input checked="" type="checkbox"/>
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D) Access/Eligibility

Code	<input type="text"/>
Comment	<input type="text"/>

E) Nature of Action

Code	<input type="text"/>
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F) Date of Action

Month/Day/Year	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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G) Geographic Location

Code	<input type="text"/>
------	----------------------

H) Position Code

Code	<input type="text"/>
------	----------------------

I) Position title

Title	<input type="text"/>
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J) Submitting Office Number

SON

K) Location of Official Personnel Folder

Location

Other location (If "Other" selected)

Name

Address

Street Address

City

State

Zip Code

Web address
of e-OPF
(if "e-OPF"
selected)**L) Security Office Identifier**

SOI

M) Location of Security Folder

Location

Other location (If "Other" selected)

Name

Address

Street Address

City

State

Zip Code

N) IPAC

Number

O) Treasury Account Symbol

TAS

P) Obligating document

	State: <input type="text"/>	Zip Code: <input type="text"/>
	Country: <input type="text"/>	
Agency Special Instructions for the Investigative Service Provider		
Instructions	<input type="text"/>	

***** AGENCY USE BLOCK "AUB" (PAPER FORM) *****

Investigating agency use only		Codes	Case number
AGENCY USE ONLY			
FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.			
A Type of investigation	B Extra coverage/ Advance results	C Sensitivity level	D Access/Eligibility
		E Nature of action code	F Date of action
G Geographic location	H Position code	I Position title	J SON
K Location of Official Personnel Folder __None __NPRC __At SON __e-OPF __Other		Other address/Web address of e-OPF	ZIP Code
L SOI	M Location of security folder __None __At SOI __NPI __Other	Other Address	ZIP Code
N IPAC	O TAS	P Obligating document number	Q BETC
R Accounting data and/or Agency case number		S Investigative requirement __Initial __Reinvestigation	
T Requesting official - Name		Title	Signature
Email address		Telephone number	Date
U Secondary requesting official - Name		Title	
Email address	Telephone number	V Applicant affiliation __FED CIV __CON __MIL __Other	
W Deployment/PCS location (if imminent)			

Section 1-7 SF86 “Your Identifying Information and Contact Information”

Note to Users – The old Section 6, mother’s maiden name, has been moved to be part of section 18. The new section schema for sections 6-9 is as follows:

- Section 6 = Identifying Information*
- 7 = Contact Information*
- 8 = Passport*
- 9 = Citizenship*

Section 1.0.0.0 - Full Name

Section 1: Full Name

1.0.0.1

Provide your full name. If you have only initials in your name, provide them and indicate “Initial only”. If you do not have a middle name, indicate “No Middle Name” . If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last name:	<input type="text"/>	
First name:	<input type="text"/>	<input type="text"/>
Middle name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

Add Optional Comment

Additional Comments

Provide additional comments about this information below.

*Electronic Form Navigation Note *Entire Form* – Subject requires the opportunity to add an Optional Comments. The “Add Optional Comment” button in this form is placed on each screen to indicate by clicking the subject can provide “Additional Comments” text box.*

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 2.0.0.0

Section 2.0.0.0 - Date of Birth

Section 2: Date of Birth

Provide your date of birth.

2.0.0.1

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 3.0.0.0

Section 3.0.0.0 - Place of Birth

Section 3: Place of Birth

3.0.0.1

Provide your place of birth.

City:	<input type="text"/>	County:	<input type="text"/>
State:	<input type="text"/>		
Country:	<input type="text"/>		

Add Optional Comment

Electronic Form Navigation Note – At “Save” proceed to Section 4.0.0.0

Section 4.0.0.0 – Social Security Number

Section 4: Social Security Number

Provide your U.S. Social Security Number.

4.0.0.1

Not Applicable

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 5.0.0.0

Section 5.0.0.0 - Other Names Used - (Initial Question, no Entries provided)

Section 5: Other Names Used

Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage (s), former name(s), alias(es), or nickname(s)).

5.0.0.1

Have you used any other names? Yes No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 5.1.0.0, If “No” proceed to Section 6.0.0.0

Section 5.0.0.0 - Other Names Used – Summary – (Upon Completion of an Entry)

Section 5: Other Names Used

Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage (s), former name(s), alias(es), or nickname(s)).

#	Time period	Name	Actions	
1	From 03/2001 To Present	Danger	Edit	Delete
2	From 02/1979 To 12/1999	Jim	Edit	Delete

5.0.0.1

Do you have additional names to enter?

Yes No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 5.1.0.0, If “No” proceed to Section 6.0.0.0

Section 5.1.0.0 - Other Names Used Detail

Section 5: Other Names Used Detail

Provide your other name used and the period of time you used it [for example: your maiden name, name by a former marriage, former name, alias, or nickname].

If you have only initials in your name, provide them and indicate "Initial only." If you do not have a middle name, indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

5.1.0.1

Provide other name used.

Last name:	<input type="text"/>	
First name:	<input type="text"/>	<input type="text"/>
Middle name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

5.1.0.2

Maiden name?

- Yes
 No

5.1.0.3

Provide dates used.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

5.1.0.4

Provide the reason(s) why the name changed.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 5.0.0.0
Summary

Section 6.0.0.0 - Your Identifying Information

Section 6: Your Identifying Information

Provide your identifying information.

6.0.0.1

Height: (feet) (inches)

6.0.0.2

Weight:(in pounds)

6.0.0.3

Hair color:

6.0.0.4

Eye color:

6.0.0.5

Sex: Female
 Male

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 7.0.0.0

Section 7.0.0.0 - Your Contact Information

Section 7: Your Contact Information

Provide your contact information.

7.0.0.1

Home e-mail address:

7.0.0.2

Work e-mail address:

7.0.0.3

Home telephone number:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="button" value="v"/>

7.0.0.4

Work telephone number

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Evening <input type="button" value="v"/>

7.0.0.5

Mobile/Cell telephone number

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Both <input type="button" value="v"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 8.0.0.0

Section 8: SF86 “U.S. Passport Information”

Section 8.0.0.0 – U.S. Passport Information

Section 8: U.S. Passport Information

8.0.0.1

Do you possess a U.S. passport (current or expired)?

- Yes
- No

Click [HERE](#) for U.S. State Department passport help.

<http://travel.state.gov/passport>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – Yes Response proceed to Section 8.1.0.0, No response proceed to Section 9.0.0.0.

Section 8.1.0.0 – U.S. Passport Data

Section 8: U.S. Passport Information Detail

Provide the following information for the most recent U.S. passport you currently possess:

8.1.0.1

Provide your U.S. passport number.

Click [HERE](#) for U.S. State Department passport help.

<http://travel.state.gov/passport>

8.1.0.2

Provide the issue date of passport.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

8.1.0.3

Provide the expiration date of passport.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

8.1.0.4

Provide the name in which passport was first issued.

Last Name:	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	<input type="text"/>

Electronic Form Navigation Note – At Save proceed Section 9.0.0.0 “Citizenship Information”

Section 9 SF86 “Citizenship”

Section 9.0.0.0 – Citizenship

Section 9: Citizenship

Select the box that reflects your current citizenship status and click Save.

9.0.0.1

Provide your current citizenship status:

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
- I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.
- I am a naturalized U.S. citizen.
- I am not a U.S. citizen.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – Subject will answer one of the above selections and click Save.

If the applicant answers “U.S. Citizen by Birth in U.S.,” they will be directed to Section 10.0.0.0

If the applicant answers “U.S. Citizen by birth in a foreign country” they will be directed to Section 9.1.0.0.

If the applicant answers “Naturalized U.S. citizen” they will be directed to Section 9.2.0.0.

If the applicant answers “Not a U.S. Citizen” they will be directed to Section 9.3.0.0.

Section 9.1.0.0 – U.S. Citizen, Foreign Born to U.S. Parents

**Section 9: Citizenship
Foreign Born to U.S. Parents**

You answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

9.1.0.1

Provide type of documentation of U.S. citizen born abroad.

Electronic Form Navigation Note – Contents of drop-down:

(FS) 240

DS 1350

FS545

Other (Provide explanation)

Explanation:

9.1.0.2

Provide document number for U.S. citizen born abroad:

9.1.0.3

Provide the date the document was issued.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

9.1.0.4

Provide the place of issuance.

City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.	
State:	<input type="text"/>
Country:	<input type="text"/>

9.1.0.5

Provide the name in which document was issued.

Last Name:	<input type="text" value="Speller"/>	
First Name:	<input type="text" value="Jennifer- Jo"/>	<input type="text"/>
MiddleName:	<input type="text"/>	<input type="text" value="No Middle Name"/>
Suffix:	<input type="text"/>	

9.1.0.6

Provide your citizenship certificate number.

9.1.0.7

Provide the place of issuance.

City:	<input type="text"/>
State:	<input type="text"/>
Court:	<input type="text"/>

9.1.0.8

Provide the date the certificate was issued.

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

9.1.0.9

Provide the name in which the certificate was issued.

Last Name:	<input type="text" value="Speller"/>	
First Name:	<input type="text" value="Jennifer- Jo"/>	<input type="text"/>
Middle Name:	<input type="text"/>	No Middle Name <input type="text"/>
Suffix:	<input type="text"/>	

Electronic Form Navigation Note – At “Save” proceed to Section 9.1.1.0

Section 9.1.1.0 – U.S. Citizen, Foreign Born to U.S. Parents

Section 9: Citizenship

Foreign Born to U.S. Parents – U.S. Military Installation

9.1.1.1

Were you born on a U.S. military installation?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 9.1.2.0, if “No” proceed to Section 10.0.0.0

Section 9.1.2.0 – U.S. Citizen, Foreign Born to U.S. Parents, Base Location

Section 9: Citizenship

Foreign Born to U.S. Parents – U.S. Military Installation Detail

You answered that you were born on a U.S. military installation.

9.1.2.1

Provide the name of the base.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 10.0.0.0.

Section 9.2.0.0 – U.S. Citizen, Naturalization

**Section 9: Citizenship
Naturalized U.S. Citizen**

You answered that you are a naturalized U.S. citizen.

9.2.0.1

Provide the date of entry into the U.S.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

9.2.0.2

Provide the location of entry into the U.S.

City:	<input type="text"/>
State:	<input type="text"/>

9.2.0.3

Provide country(ies) of prior citizenship.

#	Country	Actions
1.	<input type="text"/>	<input type="button" value="Delete"/>

Electronic Form Navigation Note – At “Save” proceed to section 9.2.1.0

Section 9.2.1.0 – U.S. Citizen, Naturalization

Section 9: Citizenship

Naturalized U.S. Citizen – Alien Registration Number

9.2.1.1

Do/did you have a U.S. alien registration number?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to section 9.2.2.0, if “No” proceed to section 9.2.3.0

Section 9.2.2.0 – U.S. Citizen, Naturalization

Section 9: Citizenship

Naturalized U.S. Citizen – Alien Registration Number Detail

9.2.2.1

Provide your U.S. alien registration number.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 9.2.3.0

Section 9.2.3.0 – U.S. Citizen, Naturalization

Section 9: Citizenship Naturalized U.S. Citizen

9.2.3.1

Provide your citizenship certificate number.

9.2.3.2

Will be updated to validated drop-down list of courts

Provide the location of the court where the citizenship certificate was issued.

Court:	<input type="text"/>
--------	----------------------

9.2.3.3

Provide the date the citizenship certificate was issued.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

9.2.3.4

Provide the name in which the citizenship certificate was issued.

Last Name:	<input type="text" value="Speller"/>	
First Name:	<input type="text" value="Jennifer- Jo"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text" value="No Middle Name"/>
Suffix:	<input type="text"/>	

9.2.3.5

Provide your naturalization certificate number.

9.2.3.6

Will be updated to validated drop-down list of courts

Provide the location of the court where naturalization certificate was issued.

Court:	<input type="text"/>
--------	----------------------

9.2.3.7

Provide the date the naturalization certificate was issued.

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

9.2.3.8

Provide the name in which the naturalization certificate was issued.

Last Name:	<input type="text" value="Speller"/>	
First Name:	<input type="text" value="Jennifer- Jo"/>	<input type="text"/>
Middle Name:	<input type="text"/>	No Middle Name <input type="text"/>
Suffix:	<input type="text"/>	

9.2.3.9

Provide the basis of naturalization.

Electronic Form Navigation Note – Contents of Drop-Down:

- Based on my own individual naturalization application.
- By operation of law through my U.S. citizen parent.
- Other (Provide explanation)

Explanation:

Electronic Form Navigation Note – At “Save” proceed to Section 10.0.0.0

Section 9.3.0.0 - Not a U.S. Citizen

Section 9: Citizenship
Not a U.S. citizen

9.3.0.1

Provide your residence status.

9.3.0.2

Provide your date of entry in the U.S.

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

9.3.0.3

Provide your place of entry in the U.S.

City:	<input type="text"/>
State:	<input type="text"/>

9.3.0.4

Provide your alien registration number.

9.3.0.5

Provide type of document issued. (I-94, etc.)

Electronic Form Navigation Note – Dropdown contains:

- I-94
- U.S. Visa
- Other (Provide explanation)

Explanation:

9.3.0.6

Provide document number:

9.3.0.7

Provide the name in which the document was issued.

Last Name:	<input type="text" value="Speller"/>	
First Name:	<input type="text" value="Jennifer- Jo"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text" value="No Middle Name"/>
Suffix:	<input type="text"/>	

9.3.0.8

Provide the date document was issued.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

9.3.0.9

Provide the expiration date of visa.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Electronic Form Navigation Note –At “Save” proceed to Section 10.0.0.0

Section 10 SF86 “Citizenship & Foreign Passport Information”

Section 10.0.0.0 Citizenship Information – Initial Screen

Section 10: Dual/Multiple Citizenship & Foreign Passport Information

10.0.0.1

Do you now or have you **EVER** held dual/multiple citizenships?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes proceed to section 10.1.0.0. If no proceed to section 10.2.0.0.

Section 10.0.0.0 Citizenship Information – Summary Screen

Section 10: Dual/Multiple Citizenship & Foreign Passport Information

Summary of dual/multiple citizenships you have listed:

#	Country	From	To	Actions
1.	Mexico	10/2/1977	Present	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2.	Italy	9/22/1987	1/1/2002	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

10.0.0.2

Do you have an additional citizenship to provide?

- Yes
 No

Electronic Form Navigation Note – Loop through branching questions until 10.0.0.2 is answered “No”, then proceed to section 10.2.0.0 Foreign Passport.

Section 10.1.0.0 - Country of Citizenship – EVER

Section 10: Dual/Multiple Citizenship & Foreign Passport Information Detail

You answered “Yes” to having **EVER** held dual/multiple citizenship.

10.1.0.1

Provide country of citizenship

Country:

During what period of time did you hold citizenship with this country?

10.1.0.2

Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or “Present,” whichever is appropriate.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

10.1.0.3

How did you acquire this non-U.S. citizenship you now have or previously had?

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At save proceed to 10.1.0.0.

Section 10.1.1.0 - Country of Citizenship – Renounce Entry

Section 10: Dual/Multiple Citizenship & Foreign Passport Information Detail

10.1.1.1

Have you taken any action to renounce your foreign citizenship?

- Yes
- No

Provide explanation:

(Electronic Form Note: Required Field for both Yes and No response.)

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If end date of is not present in question 10.1.0.2, proceed to 10.1.2.0, if present at “Save” return to 10.0.0.0 Summary Screen

Section 10.1.2.0 - Country of Citizenship – Not to Present Detailed Entry

Section 10: Dual/Multiple Citizenship & Foreign Passport Information Detail

10.1.2.1

Do you currently hold citizenship with this country?

Yes

No

Provide explanation:

(Electronic Form Note: Required Field for both Yes and No response.)

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” return to 10.0.0.0 Summary Screen

Section 10.2.0.0 - Foreign Passport – Initial Screen

Section 10: Foreign Passport (or Identity Card)

10.2.0.1

Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” At Save/Continue Proceed to Section 11.0.0.0. If “Yes” At Save/Continue Section proceed to 10.2.1.0 Foreign Passport Information.

Section 10.2.0.0 - Foreign Passport – Summary
Section 10: Foreign Passport (or Identity Card)

Summary of Foreign Passports you have listed:

#	Country	Actions
1.	Mexico	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2.	Syria	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

10.2.0.2

Do you have an additional foreign passport (or identity card) to report?

- Yes
 No

*Electronic Form Navigation Note – If “No” At Save Proceed to Section 11.0.0.0.
If “Yes” At Save proceed to 10.2.1.0 Foreign Passport Information. Applicant
must answer no to move to section 11.*

Section 10.2.1.0 - Foreign Passport Information
Section 10: Foreign Passport (or Identity Card)
Detail

You responded “Yes” to having been issued a passport (or identity card for travel) by a country other than the U.S.

10.2.1.1

Provide the country in which the passport (or identity card) was issued.

Country:	<input type="text"/>
----------	----------------------

10.2.1.2

Provide the date the passport (or identity card) was issued.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

10.2.1.3

Provide the place the passport (or identity card) was issued.

City

Country

10.2.1.4

Provide the name in which passport (or identity card) was issued:

Last name:	<input type="text"/>	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>
Middle name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

10.2.1.5

Provide the passport (or identity card) number.

10.2.1.6

Provide the passport (or identity card) expiration date.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At Save Proceed to Section 10.2.2.0 Foreign Passports - Travel.

10.2.2.0 - Foreign Passport Information – Travel (Detailed Entry Branch from 10.2.1.0)

Section 10: Foreign Passport (or Identity Card) Travel

10.2.2.1

Have you **EVER** used this passport (or identity card) for foreign travel?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” At Save Proceed to Section 10.2.0.0 Summary. If “Yes” Proceed to Section 10.2.3.0 Foreign Countries Traveled with Passport.

Section 10.2.3.0 - Foreign Countries Traveled with Passport

Section 10: Foreign Passport (or Identity Card)

Travel Detail

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

10.2.3.1

#	Country	From	To	Actions
1.	Italy	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	Delete
2.	Italy	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	Delete
3.	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At Save Proceed to Section 10.2.0.0 Summary.

Section 11 SF86 “Where you have lived”

Section 11.0.0.0 – Where you have lived – Initial/Instruction screen

Section 11: Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Continue

Electronic Form Navigation Note – On continue proceed to Section 11.1.0.0 (first residential entry). Unless data already exists from a previously completed form in a system such as e-QIP, proceed to 11.0.0.0 summary.

Section 11.0.0.0 – Where you have lived – Summary

Section 11: Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Summary of where you have lived

#	Time period	Street	City	Actions
1	From 06/2004 To Present	3rd Medical Battalion	FPO/AP	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	From 01/1998 To 05/2004	Unit 1222 Box 1234	APO	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

11.0.0.1

Do you have an additional residence to report? Yes No

Electronic Form Navigation Note – If “Yes” proceed to Section 11.1.0.0, if no proceed to section 12.0.0.0.

Section 11.1.0.0 – Where you have lived – Detail

Section 11: Where You Have Lived (Entry Detail)

Enter residence information.

11.1.0.1

Provide dates of residence.

Date	Month/Year	Est./Pres.
From:	Jun(06) /	
To:	/	Present

11.1.0.2

Is/was this residence:

- Owned by you
- Rented or leased by you
- Military housing
- Other (Provide explanation)

Explanation:

11.1.0.3

Provide the street address.

Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
If outside of the United States provide City and Country.			
Country:	<input type="text"/>		

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to Residence Screen (11.1.2.0) if residence “to date” is within the past 3 years, otherwise proceed to 11.0.0.0 summary.

If the subject provides an APO/FPO Address, go to Physical Address Screen (11.1.1.0).

If the subject provides address with city and country go to APO/FPO Screen (11.1.3.0).

Section 11.1.1.0 – Where you have lived - APO/FPO Provided, Physical Location

**Section 11: Where You Have Lived
Physical Location**

You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

11.1.1.1

Provide physical location data:

Street Address/Unit/ Duty Location:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>
Country:	<input type="text"/>		

Electronic Form Navigation Note – At “Save” proceed to Section 11.2.0.0 if residence “to date” is within the past 3 years, otherwise proceed to 11.0.0.0 summary.

Section 11.1.2.0 – Where you have lived - Country Provided, Provide APO/FPO

**Section 11: Where You Have Lived
APO/FPO**

11.1.2.1

You have indicated an address outside of the United States.

Do/did you have an APO/FPO address while at this location?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes proceed to Section 11.1.3.0. If no proceed to Section 11.2.0.0 if residence “to date” is within the past 3 years, otherwise proceed to 11.0.0.0 summary.

Section 11.1.3.0 – Where you have lived - Country Provided, Provide APO/FPO

**Section 11: Where You Have Lived
APO/FPO - Detail**

You have indicated that you have or had an APO/FPO while at this location.

11.1.3.1

Provide APO/FPO address:

Address:	3rd Medical Battalion, 3rd FSSG		
APO or FPO:			
APO/FPO State Code:	APO/FPO Pacific (AP) ▼	Zip Code:	91001

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – Proceed to Section 11.2.0.0 if residence “to date” is within the past 3 years, otherwise proceed to 11.0.0.0 summary.

Section 11.2.0.0 – Where you have lived - Person who knew you

Section 11: Where You Have Lived Person Who Knew You

Provide the name of a neighbor or other person who knows you at this address.

11.2.0.1

Provide the full name.

Name	
Last name:	<input type="text"/>
First name:	<input type="text"/> <input type="text"/>
Middle name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

11.2.0.2

Provide date of last contact.

Date Month / Year Est.

From: /

11.2.0.3

Provide your relationship to this person (check all that apply).

- Neighbor
- Friend
- Landlord
- Business associate
- Other (Provide explanation)

Explanation:

11.2.0.4

Provide the following contact information for this person:

Provide evening phone number for this person:

- I don't know

(Check box if International)

Number	Extension
<input type="text"/>	<input type="text"/>

11.2.0.5

Provide daytime phone number for this person:

I don't know

(Check box if International)

Number	Extension
<input type="text"/>	<input type="text"/>

11.2.0.6

Provide cell/mobile phone number for this person:

I don't know

(Check box if International)

Number	Extension
<input type="text"/>	<input type="text"/>

11.2.0.7

Provide e-mail address for this person:

I don't know

11.2.0.8

Provide street address for this person (including apartment number).

Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
If outside of the United States provide City and Country.			
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to (11.0.0.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (11.2.2.0)

If the subject provides address with city and country go to APO/FPO Screen (11.2.3.0)

Section 11.2.2.0 – APO/FPO Provided, Person Who Knew You

Section 11: Where You Have Lived Person Who Knew You – Physical Location

You have indicated an APO/FPO address, provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

11.2.2.1

Provide physical location data:

Street Address/Unit/ Duty Location:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

[Electronic Form Navigation Note](#) – At “Save” go to Section 11.0.0.0

Section 11.2.3.0 - Country Provided, Provide APO/FPO Person Who Knew You

**Section 11: Where You Have Lived
Person Who Knew You – APO/FPO Address**

11.2.3.0

You have indicated an address outside of the United States. Does the person who knew you have an APO/FPO address? Yes No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If yes proceed to Section 11.2.4.0, if no proceed to Section 11.0.0.0

Section 11.2.4.0 – Country Provided, Provide APO/FPO

**Section 11: Where You Have Lived
Person Who Knew You – APO/FPO Address Detail**

You have indicated that the person who knew you well has or had an APO/FPO address.

11.2.4.1

Provide APO/FPO address:

Address:	3rd Medical Battalion, 3rd FSSG		
APO or FPO:			
APO/FPO State Code:	APO/FPO Pacific (AP)	Zip Code:	91001

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At save proceed to Section 11.0.0.0

Section 12 SF86 “Where You Went to School”

Section 12.0.0.0 – Where you went to school

Section 12: Where You Went to School

Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

12.0.0.1

Have you attended any schools in the last 10 years?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes proceed to Section 12.2.0.0, if no proceed to Section 12.1.0.0

Section 12.1.0.0 – Where you went to school

Section 12: Where You Went to School

12.1.0.0

Have you received a degree or diploma more than 10 years ago?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes proceed to Section 12.2.0.0, if no proceed to Section 13.0.0.0

Section 12.0.0.0 – Where you went to school: Summary Screen

Section 12: Where You Went to School

Summary of where you went to school.

#	Time Period	Name of School	
1.	5/2002 – 5/2004	Wilber State	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Do you have additional education to enter within the last 10 years? Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

- Yes
- No

**Electronic Form Navigation Note – If yes is selected proceed to Section 12.2.0.0
If no go to Section 13.0.0.0**

Section 12.2.0.0 - Where You Went to School Detail

Section 12: Where You Went to School Detail

12.2.0.1

Provide the dates of attendance.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

12.2.0.2

Select the most appropriate code to describe your school.

- High School
- College/University/Military College
- Vocational/Technical/Trade School
- Correspondence/Distance/Extension/Online School

12.2.0.3

Provide the name of the school:

12.2.0.4

Provide the street address of the school.

For correspondence/distance/extension/online schools, provide the address where the records are maintained.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago.

12.2.0.5

Provide the name of person who knows/knew you at school (for correspondence/distance/extension/online schools, list someone who knew you while you received this education):

- I don't know



12.2.0.6

Provide current address for this person (including apartment number).

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

12.2.0.7

Provide telephone number for this person.

(*Check box if International*)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

12.2.0.8

I don't know

Provide email address for this person:

Add Optional Comment

Save

Reset this Screen

[Electronic Form Navigation Note – Proceed to Section 12.2.1.0](#)

Section 12.2.1.0 - Where You Went to School Detail

Section 12: Where You Went to School Degree/Diploma Received

12.2.1.1

Did you receive a degree/diploma?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes proceed to Section 12.2.2.0, if no proceed to 12.0.0.0 section summary

Section 12.2.2.0 - Where You Went to School Detail

**Section 12: Where You Went to School
Degrees/Diplomas**

12.2.2.1

Provide type of degrees(s)/diploma(s) received and date(s) awarded:

#	Degree/diploma	Other degree/diploma	Month / Year	Est.	Actions
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>

Electronic Form Navigation Note – Types of degrees for dropdown:

- High School Diploma
- Associate's
- Bachelor's
- Master's
- Doctorate
- Professional Degree (e.g. MD, DVM, JD)
- Other

Electronic Form Navigation Note – Proceed to 12.0.0.0 section summary

Section 13a SF86 “Employment Activities – Employment & Unemployment Record”

Section 13.0.0.0 - Employment Instructions

Section 13: Employment Instructions

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station.

Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Continue

Electronic Form Navigation Note – At “Save” proceed to Section 13a.1.0.0

Section 13a.0.0.0 - Employment Activities - Summary

Section 13a: Employment Activities – Employment & Unemployment Record Summary

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station.

Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Summary of Your Employment Activities:

#	Time period	Type of employment	Actions
1	From 01/2000 To Present	Other Federal employment	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Do you have an additional employment activity to enter?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.1.0.0, if “No” proceed to Section 13b.0.0.0

Section 13a.1.0.0 Employment Code and Activity Range

Section 13a: Employment Activities – Employment & Unemployment Record Detail

13a.1.0.1

Select your employment activity:

- Active military duty station
- National Guard/Reserve
- USPHS Commissioned Corps
- Other Federal employment
- State Government (Non-Federal employment)
- Self-employment
- Unemployment
- Federal Contractor
- Non-government employment (excluding self-employment)
- Other (Provide explanation)

Explanation

13a.1.0.1

Provide dates of employment.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Electronic Form Navigation Note –

Based on the activity code they will be taken to the following screens:

Codes 1, 2, or 3 will proceed to Section 13a.1.1.0.

Codes 4, 5, 8, 9, or 10 will proceed to Section 13a.2.0.0

Code 6 will proceed to Section 13a.3.0.0.

Code 7 will proceed to Section 13a.4.0.0

Section 13a.1.1.0 Employment Code 1-3

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment**

13a.1.1.1

Select the employment status for this position:

- Full-time
- Part-time

13a.1.1.2

Provide your assigned duty station during this period.

13a.1.1.3

Provide your most recent rank/position title.

13a.1.1.4

Provide address of duty station.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

13a.1.1.5

Telephone number:

(*Check box if International*)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

13a.1.1.6

Additional Periods of Activity with this Employer

Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning

the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Not Applicable

#	Dates of employment			Position title	Supervisor	Actions
	Date	Month/Year	Est.			
1.	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Electronic Form Navigation Note –
If the subject provides a U.S. address, go to Supervisor Screen. (13a.1.5.0)
If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.1.2.0)
If the subject provides address with city and country go to APO/FPO Screen (13a.1.3.0)

Section 13a.1.2.0 Employment Code 1-3 APO/FPO Provided, Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – Physical Location**

You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.1.2.1

Provide physical location data:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.1.5.0.

**Section 13a.1.3.0 Employment Code 1-3 Physical Location Country
Provided, Provide APO/FPO**

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – APO/FPO**

13a.1.3.1

You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes, proceed to section 13a.1.4.0, else proceed to 13a.1.5.0

**Section 13a.1.4.0 Employment Code 1-3 Physical Location Country
Provided, Provide APO/FPO Detail**

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – APO/FPO Detail**

13a.1.4.1

Provide APO/FPO address:

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to 13a.1.5.0

Section 13a.1.5.0 Supervisor Screen for Military entries

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – Supervisor**

13a.1.5.1

Provide the name of your supervisor.

13a.1.5.2

Provide the rank/position title of your supervisor.

13a.1.5.3

Provide the email address of your supervisor.

I don't know

13a.1.5.4

Provide the physical work location of your supervisor.

Street:	<input type="text"/>
City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.	
State:	<input type="text"/> ▼
Zip Code:	<input type="text"/>
Country:	<input type="text"/> ▼

13a.1.5.5 Provide supervisor telephone number:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day ▼

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to Additional Entries. (13a.5.0.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.1.6.0)

*If the subject provides address with city and country go to APO/FPO Screen
(13a.1.7.0)*

Section 13a.1.6.0 Employment Code 1-3 APO/FPO Provided, Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – Supervisor Physical Location**

You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.1.6.1

Provide physical location data of your supervisor:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

[Electronic Form Navigation Note](#) – At “Save” proceed to 13a.5.0.0

**Section 13a.1.7.0 Employment Code 1-3 Supervisor Physical Location
Country Provided, APO/FPO**

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – Supervisor APO/FPO**

13a.1.7.1

You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to section 13a.1.8.0, if “No” proceed to section 13a.5.0.0

**Section 13a.1.8.0 Employment Code 1-3 Supervisor Physical Location
Country Provided, APO/FPO Detail**

**Section 13a: Employment Activities – Employment & Unemployment Record
Military Employment – Supervisor APO/FPO Detail**

13a.1.8.1

Provide APO/FPO address:

Address:	<input type="text" value="3rd Medical Battalian, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to 13A.5.0.0

Section 13a.2.0.0 Non-Military Employment - Codes 4, 5, 8, 9, 10

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment**

13a.2.0.1

Provide most recent position title.

13a.2.0.2

Select the employment status for this position:

- Full-time
- Part-time

13a.2.0.3

Provide the name of your employer.

13a.2.0.4

Provide the address of employer.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

13a.2.0.5

Provide telephone number

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

13a.2.0.6

Additional Periods of Activity with this Employer

Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning

the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Not Applicable

#	Dates of employment			Position title	Supervisor	Actions
1.	Date	Month/Year	Est.			
	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>			

Electronic Form Navigation Note – At “Save” proceed to 13a.2.1.0

Section 13a.2.1.0 Non-Military Employment - Codes 4, 5, 8, 9, 10 – Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Physical Location**

13a.2.1.1

Is/was your physical work address different than your employer's address?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.2.2.0, if “No” proceed to Section 13a.2.6.0

Section 13a.2.2.0 Non-Military Employment - Codes 4, 5, 8, 9, 10 – Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Physical Location Detail**

13a.2.2.1

Provide the work address where you are/were physically located.

Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
If outside of the United States provide City and Country.			
Country:	<input type="text"/>		

13a.2.3.2

Provide telephone number:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to Supervisor Screen. (13a.2.6.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.2.3.0)

If the subject provides address with city and country go to APO/FPO Screen (13a.2.4.0)

Section 13a.2.3.0 Non-Military APO/FPO Provided, Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Physical Location**

You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.2.3.1

Provide physical location data:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to 13a.2.6.0

**Section 13a.2.4.0 Non-Military - Physical Location Country Provided,
Provide APO/FPO**

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – APO/FPO**

13a.2.4.1

You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.2.5.0, if “No” proceed to 13a.2.6.0

**Section 13a.2.5.0 Non-Military - Physical Location Country Provided,
Provide APO/FPO Detail**

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – APO/FPO Detail**

13a.2.5.1

Provide APO/FPO address:

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.2.6.0

Section 13a.2.6.0 Non-Military – Supervisor

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Supervisor**

13a.2.6.1

Provide the name of your supervisor.

13a.2.6.2

Provide the position title of your supervisor.

13a.2.6.3

Provide the email address of your supervisor.

I don't know

13a.2.6.4

Provide the physical work location of your supervisor.

Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
If outside of the United States provide City and Country.			
Country:	<input type="text"/>		

13a.2.6.0

Provide the telephone number for this supervisor:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to Add Entry Screen (13a.5.0.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.2.7.0)

*If the subject provides address with city and country go to APO/FPO Screen
(13a.2.8.0)*

Section 13a.2.7.0 - Non-Military Supervisor APO/FPO Provided

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Supervisor Physical Address**

You have indicated an APO/FPO address for your supervisor; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.2.7.1

Provide physical location data of your supervisor:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.0.0

**Section 13a.2.8.0 Non-Military - Supervisor Location Country Provided,
Provide APO/FPO**

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Supervisor APO/FPO**

13a.2.8.1

You have indicated an address outside of the United States. Did/does your supervisor have an APO/FPO address while at this location?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to 13a.2.9.0, if “No” proceed to 13a.5.0.0

Section 13a.2.9.0 Non-Military - Supervisor Location Country Provided, Provide APO/FPO

**Section 13a: Employment Activities – Employment & Unemployment Record
Non-Military Employment – Supervisor APO/FPO**

13a.2.9.1

Provide APO/FPO address of your supervisor:

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.0.0

Section 13a.3.0.0 Self Employment

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment**

13a.3.0.1

Provide most recent position title:

13a.3.0.2

Select the employment status for this position:

- Full-time
- Part-time

13a.3.0.3

Provide the name of your employment.

13a.3.0.4

Provide address of this employment:

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country :	<input type="text"/>		

13a.3.0.5

Provide telephone number:

(*Check box if International*)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.3.1.0

Section 13a.3.1.0 Self Employment

Section 13a: Employment Activities – Employment & Unemployment Record Self Employment – Physical Address

13a.3.1.1

Is your physical work address different than your employment address?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to 13a.3.2.0, if “No” proceed to 13a.3.6.0

Section 13a.3.2.0 Self Employment Physical Location

Section 13a: Employment Activities – Employment & Unemployment Record Self Employment – Physical Address Detail

13a.3.2.1

Provide the work address where you are/were physically located.

Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
If outside of the United States provide City and Country.			
Country:	<input type="text"/>		

13a.3.2.2

Provide the telephone number for this address:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to Verifier Screen. (13a.3.6.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.3.3.0)

If the subject provides address with city and country go to APO/FPO Screen (13a.3.4.0)

Section 13a.3.3.0 Self Employment APO/FPO Provided, Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment – Physical Address Detail**

You have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.3.3.1

Provide physical location data:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.3.6.0

***Section 13a.3.4.0 Self Employment - Physical Location Country Provided,
Provide APO/FPO***

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment – APO/FPO**

13a.3.4.1

You have indicated an address outside of the United States. Do you or did you have an APO/FPO address while at this location?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.3.5.0, if “No” proceed to Section 13a.3.6.0

**Section 13a.3.5.0 Self Employment - Physical Location Country Provided,
Provide APO/FPO**

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment – APO/FPO Detail**

13a.3.5.1

Provide APO/FPO address:

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.3.6.0

Section 13a.3.6.0 Self Employment Verifier

Section 13a: Employment Activities – Employment & Unemployment Record Self Employment – Verifier

13a.3.6.1

Provide the name of someone that can verify your self-employment.

Last name:	<input type="text"/>	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>

13a.3.6.2

Provide the address of this verifier:

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

13a.3.6.3

Provide the telephone number for this person:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Day <input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to Fired, Quit after told you would be fired, allegations of misconduct, unsatisfactory performance, written warning screen. (13a.5.0.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.3.7.0)

If the subject provides address with city and country go to APO/FPO Screen (13a.3.8.0)

Section 13a.3.7.0 Self Employment-Verifier APO/FPO Provided, Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment – Verifier Physical Address**

You have indicated an APO/FPO address for your self employment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.3.7.1

Provide physical location data of this person:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.0.0

Section 13a.3.8.0 Self Employment-Verifier - Physical Location Country Provided, Provide APO/FPO

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment – Verifier APO/FPO**

13a.3.8.1

You have indicated an address outside of the United States. Does your self employment verifier have an APO/FPO address?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.3.9.0, if “No” proceed to Section 13a.5.0.0

Section 13a.3.9.0 Self Employment-Verifier - Physical Location Country Provided, Provide APO/FPO

**Section 13a: Employment Activities – Employment & Unemployment Record
Self Employment – Verifier APO/FPO Detail**

13a.3.9.1

Provide APO/FPO address of this person:

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.0.0

Section 13a.4.0.0 - Unemployment

Section 13a: Employment Activities – Employment & Unemployment Record Unemployment

13a.4.0.1

Provide the name of someone who can verify your unemployment activities and means of support.

Last name:	<input type="text"/>	<input type="text"/>
First name:	<input type="text"/>	<input type="text"/>

Provide the address of this verifier:

13a.4.0.2

Street:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
If outside of the United States provide City and Country.			
Country:	<input type="text"/>		

13a.4.0.3

Provide the telephone number for this person:

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

If the subject provides a U.S. address, go to (13a.5.0.0)

If the subject provides an APO/FPO Address, go to Physical Address Screen (13a.4.1.0)

If the subject provides address with city and country go to APO/FPO Screen (13a.4.2.0)

Section 13a.4.1.0 - Unemployment Verifier APO/FPO Provided, Physical Location

**Section 13a: Employment Activities – Employment & Unemployment Record
Unemployment – Verifier Physical Address**

You have indicated an APO/FPO address for your unemployment verifier; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

13a.4.1.1

Provide physical location data of this person:

Street Address/Unit/ Duty Location:	<input type="text"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.0.0

**Section 13a.4.2.0 Unemployment-Verifier Physical Location Country
Provided, Provide APO/FPO**

**Section 13a: Employment Activities – Employment & Unemployment Record
Unemployment – Verifier APO/FPO**

13a.4.2.1

You have indicated an address outside of the United States. Does your unemployment verifier have an APO/FPO address?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.4.3.0, if “No” proceed to Section 13a.5.0.0

Section 13a.4.3.0 Unemployment-Verifier Physical Location Country Provided, Provide APO/FPO

**Section 13a: Employment Activities – Employment & Unemployment Record
Unemployment – Verifier APO/FPO Detail**

13a.4.3.1

Provide APO/FPO address of this person:

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.0.0.0, Summary

Section 13a.5.0.0 Fired, Quit after told you would be fired, allegations of misconduct, unsatisfactory performance, written warning.

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving**

13a.5.0.1

Provide the reason for leaving the employment activity.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

Conditional based on date(s) selected, if employment record is to present, section is to be bypassed. At “Save” proceed to Section 13a.5.1.0.

Section 13a.5.1.0 Fired, Quit after told you would be fired, allegations of misconduct, unsatisfactory performance, written warning.

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving**

Electronic Form Navigation Note – Question only presented if “To” date for employment is in the last seven years.

13a.5.1.1

For this employment have any of the following happened to you in the last **seven (7) years?**

- Fired
 - Quit after being told you would be fired
 - Left by mutual agreement following charges or allegations of misconduct
 - Left by mutual agreement following notice of unsatisfactory performance
- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.5.2.0, if “No” proceed to Section 13a.6.0.0

Section 13a.5.1.0 Fired, Quit after told you would be fired, allegations of misconduct, unsatisfactory performance, written warning. Summary

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving**

Summary of reasons for leaving

	Date of Incident	Type of Incident	Actions	
1	02/03/2001	Fired	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
2	11/21/2007	Left by mutual agreement after allegations	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

13a.5.0.1

In the last **seven (7) years** do you have another reason for leaving to report for this employment?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.5.2.0, if No, proceed to Section 13a.6.0.0

Section 13a.5.2.0 Fired, Quit after told you would be fired, allegations of misconduct, unsatisfactory performance, written warning.

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving**

13a.5.2.1

Select the type of incident:

Electronic Form Navigation Note – Dropdown contains:

- *Fired*
- *Quit after being told you would be fired*
- *Left by mutual agreement following charges or allegations of misconduct*
- *Left by mutual agreement following notice of unsatisfactory performance*

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If subjects selects:

- *Fired*
 - *Proceed to Section 13a.5.3.0*
- *Quit after being told you would be fired*
 - *Proceed to Section 13a.5.4.0*
- *Left by mutual agreement following charges or allegations of misconduct*
 - *Proceed to Section 13a.5.5.0*
- *Left by mutual agreement following notice of unsatisfactory performance*
 - *Proceed to Section 13a.5.6.0*

Section 13a.5.3.0 – Fired

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving - Fired**

13a.5.3.1

Provide the reason for being fired.

13a.5.3.2

Provide the date you were fired.

Month/Year **Est.**
 /

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.1.0, Summary

Section 13a.5.4.0 - Quit after being told you would be fired

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving – Quit after Being Told You Would be Fired**

13a.5.4.1

Provide the reason for quitting.

13a.5.4.2

Provide the date you quit after being told you would be fired.

Month/Year Est.

<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
----------------------	---	----------------------	--------------------------

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.1.0, Summary

Section 13a.5.5.0 – Quit Following Charges or Allegations of Misconduct

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving - Left by mutual agreement following charges or allegations of misconduct**

13a.5.5.1

Provide the charges or allegations of misconduct.

13a.5.5.2

Provide the date you left following charges or allegations of misconduct.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.1.0

Section 13a.5.6.0 – Left after notice of Unsatisfactory Performance

**Section 13a: Employment Activities – Employment & Unemployment Record
Reason for Leaving - Left by mutual agreement following notice of unsatisfactory
performance**

13a.5.6.1

Provide the reason(s) for unsatisfactory performance.

13a.5.6.2

Provide the date you left by mutual agreement following a notice of unsatisfactory performance.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.5.1.0, Summary

Section 13a.6.0.0 – Received Discipline or Warning

**Section 13a: Employment Activities – Employment & Unemployment Record
Received Discipline or Warning**

Electronic Form Navigation Note – Question only presented if “To” date for employment is in the last seven years.

13a.6.0.1

For this employment, in the last **seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.6.1.0, if “No” proceed to Section 13a.0.0.0, Summary

Section 13a.6.0.0 – Received Discipline or Warning Summary

**Section 13a: Employment Activities – Employment & Unemployment Record
Received Discipline or Warning**

Summary of discipline and warnings

	Date of Incident	Type of Discipline/Warning	Actions
1	02/03/2001	Written up for extended breaks	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	11/21/2007	Warned for leaving computer logged on	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Do you have another instance of discipline or a warning to provide?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 13a.6.1.0, if “No” proceed to Section 13a.0.0.0, Summary.

Section 13a.6.1.0 – Received Discipline or Warning

**Section 13a: Employment Activities – Employment & Unemployment Record
Received Discipline or Warning Detail**

13a.6.1.1

Provide the month and year you were warned, reprimanded, suspended or disciplined.

Month/Year		Est.
<input type="text"/>	/	<input type="checkbox"/>

13a.6.1.2

Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 13a.6.0.0, Summary

Section 13b SF86 “Employment Activities – Former Federal Service”

Section 13b.0.0.0 Former Federal Civilian Employment

Section 13b: Former Federal Service, Excluding Military Service, Not Indicated Previously

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to 13b.1.0.0, if “No” proceed to Section 13c.0.0.0

Section 13b.0.0.0 Former Federal Civilian Employment - SUMMARY

Section 13b: Former Federal Service, Excluding Military Service, Not Indicated Previously

#	Dates of Federal Service	Agency	Position title	Actions
1	From 01/1992 To 02/1994	OPM	Analyst	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

13b.0.0.1

Do you have additional former federal civilian employment, excluding military service, NOT indicated previously, to report?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to 13b.1.0.0, if “No” proceed to Section 13c.0.0.0

Section 13b.1.0.0 Former Federal Civilian Employment - Detail

Section 13b: Former Federal Service, Excluding Military Service, Not Indicated Previously Detail

13b.1.0.1

Provide dates of federal civilian employment.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

13b.1.0.2

Provide the name of the federal agency for which you are/were employed.

Electronic Form Navigation Note – Drop down to contain list of Federal Government agencies.

13b.1.0.3

Provide your position title.

13b.1.0.4

Provide the location of the agency.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At Save proceed to Section 13b.0.0.0, summary

Section 13c SF86 “Employment Record”

Section 13c.0.0.0 Employment Record

Section 13c: Employment Record

Have any of the following happened to you in the last **seven (7) years** at employment activities that you have not previously listed? (If Yes, you will be required to add an additional employment in Section 13a)

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

13c.0.0.1

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to section 13a.1.0.0, if “No” proceed to section 14.0.0.0.

Section 14 SF86 “Selective Service Record”

Section 14.0.0.0 – Selective Service Record

Section 14: Selective Service Record

14.0.0.1

Were you born a male after December 31, 1959?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 14.1.0.0, if “No” proceed to Section 15.0.0.0.

Section 14.1.0.0 – Selective Service Record Detail

Section 14: Selective Service Record Detail

14.1.0.1

Have you registered with the Selective Service System (SSS)?

Yes

Provide registration number. (The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered). Note: Selective Service Number is not your Social Security Number.

No

Provide explanation.

I don't know

Provide explanation.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 15.0.0.0

Section 15 SF86 “Military History”

Section 15.1.0.0 – Military History - (Initial Question, no Entries provided)

Section 15: Military History

15.1.0.1

Have you **EVER** served in the U.S. Military?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 15.1.1.0, if “No” proceed to 15.3.0.0.

Section 15.1.0.0 – Military History Summary Page – (Upon Completion of an Entry)

Section 15: Military History

#	Time period	Branch	Status	Actions
1	From 06/2004 To Present	Army	Inactive Reserve	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	From 01/1998 To 05/2004	Army	Active Duty	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

15.1.0.1

Do you have additional military service to report? Yes No

Electronic Form Navigation Note – If “Yes” proceed to Section 15.1.1.0, if “No” proceed to 15.2.0.0.

Section 15.1.1.0 – Military History Detail

**Section 15: Military History
Detail**

You responded ‘Yes’ to having served in the U.S. Military:

15.1.1.1

Provide the branch of service you served in:

Electronic Form Navigation Note – Dropdown above to include:

- Army
- Army National Guard
- Navy
- Air Force
- Air National Guard
- Marine Corps
- Coast Guard

15.1.1.3

Provide your status.

Electronic Form Navigation Note – Dropdown above to include:

- Active Duty
- Active Reserve
- Inactive Reserve

15.1.1.3

Officer or enlisted:

Not Applicable

<input type="checkbox"/> Officer
<input type="checkbox"/> Enlisted

15.1.1.4

Provide your service number.

15.1.1.5

Provide your dates of service.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Electronic Form Navigation Note – At “Save” proceed to Section 15.1.2.0 Military History Discharged

Section 15.1.2.0 – Military History: Discharged

Section 15: Military History Discharge

15.1.2.1

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 15.1.3.0, if “No” proceed to Section 15.0.0.0.

Section 15.1.3.0 – Military History: Discharged Detail

Section 15: Military History Discharge Detail

You responded ‘Yes’ to being discharged from U.S. military service, to include Reserves, or National Guard; answer the following:

15.1.3.1

Provide the type of discharge you received:

- Honorable
- Dishonorable
- Under Other than Honorable Conditions
- General
- Bad Conduct
- Other (provide type)

Provide other discharge type:

15.1.3.2

Provide the date of discharge listed above.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Electronic Form Navigation Note – At “Save,” and if type of discharge is not “Honorable,” proceed to section 15.1.4.0, if “Honorable” proceed to section 15.0.0.0 summary.

Section 15.1.4.0 – Military History: Discharged Detail

Section 15: Military History

Discharge Detail (all discharge types except “Honorable”)

15.1.4.1

Provide the reason(s) for the discharge.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 15.0.0.0.

Section 15.2.0.0 – Military History: Discipline

Section 15: Military History Discipline

15.2.0.1

In the last 7 years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's mast, Article 135 Court of Inquiry, etc?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If the applicant answers “Yes”, they will go to Section 15.2.1.0. If they check “No” they will proceed to 15.3.0.0.

Section 15.2.0.0 – Military History: Discipline Summary

Section 15: Military History Discipline Summary

Summary of Military Discipline

#	Date of Action	Offense	Actions	
1	06/2004	Captain's Mast	Edit	Delete
2	01/1998	Article 15	Edit	Delete

15.2.0.1

In the last 7 years do you have an additional instance of military discipline to report?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If the applicant answers “Yes”, they will go to Section 15.2.1.0. If they check “No” they will proceed to 15.3.0.0.

Section 15.2.1.0 – Military History: Discipline Detail

**Section 15: Military History
Discipline Detail**

You responded ‘Yes’ to having been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain’s mast, Article 135 Court of Inquiry, etc in the last 7 years.

15.2.1.1

Provide the date of the court martial or other disciplinary procedure.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

15.2.1.2

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

15.2.1.3

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain’s mast, Article 135 Court of Inquiry, etc.

15.2.1.4

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

15.2.1.5

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Electronic Form Navigation Note – Applicant will “Save” and proceed to Section 15.2.0.0

Section 15.3.0.0 – Foreign Military Service

Section 15: Military History Foreign Service

Have you **EVER** served, as a civilian or military member in a foreign country’s military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If the applicant answers “Yes”, they will proceed to Section 15.3.1.0. If they check “No” they will proceed to Section 16.0.0.0.

Section 15.3.0.0 – Foreign Military Service Summary

Section 15: Military History Foreign Military Service Summary

Summary of foreign military service

#	Time period	Branch	Country	Actions	
1	From 06/2004 To Present	Army	Iraq	Edit	Delete
2	From 01/1998 To 05/2004	Army	N. Korea	Edit	Delete

15.3.0.0

Do you have an additional foreign military service to report? Yes No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If the applicant answers “Yes”, they will proceed to Section 15.3.1.0. If they check “No” they will proceed to Section 16.0.0.0.

Section 15.3.1.0 – Foreign Military Service Detail

Section 15: Military History Foreign Military Service Detail

You responded ‘Yes’ to having **EVER** served as a civilian or military member in a foreign country’s military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

15.3.1.1

During your foreign service, which organization were you serving under:

Electronic Form Navigation Note – Applicant may select only one.

- Military (Specify Army, Navy, Air Force, Marines, etc), Specify
- Intelligence Service
- Diplomatic Service
- Security Forces
- Militia
- Other Defense Forces, Specify
- Other Government Agency, Specify

15.3.1.2

Provide the name of the foreign organization.

15.3.1.3

Provide your period of service.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

15.3.1.4

Provide the name of the country.

15.3.1.5

Provide your highest position/rank held.

15.3.1.6

Provide the division/department/office in which you served.

15.3.1.7

Provide a description of the circumstances of your association with this organization.

15.3.1.8

Provide a description of the reason for leaving this service.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At Save proceed to Section 15.3.2.0

Section 15.3.2.0 – Foreign Military Service Contact

Section 15: Military History Foreign Military Service Contact

15.3.2.1

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If the applicant answers “Yes”, they will go to Section 15.3.3.0. If they check “No” they will proceed to Section 15.3.0.0.

Section 15.3.2.0 – Foreign Military Service Contact Summary

Section 15: Military History Foreign Military Service Contact Summary

Summary of foreign military service contacts

#	Time period	Name	Country	Actions
1	From 06/2004 To Present	Lin Deshi	China	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	From 01/1998 To 05/2004	Hans Melchior	Germany	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

15.3.2.1

Do you have an additional foreign military service contacts to report?

Yes

No

Electronic Form Navigation Note – If the applicant answers “Yes”, they will go to Section 15.3.3.0. If they check “No” they will proceed to Section 15.3.0.0.

Section 15.3.3.0 – Foreign Military Service Contact Detail

Section 15: Military History Foreign Military Service Contact Detail

You responded ‘Yes’ to maintaining contact with current or former associates, colleagues, acquaintances from your service in this organization; provide full name, address (if known), official title, length of association, and frequency of contact for each former associate, colleague or acquaintance with whom you maintain contact.

15.3.3.1

Provide the contact’s full name.

Last name:	<input type="text"/>	
First name:	<input type="text"/>	<input type="text"/>
Middle name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

15.3.3.2

Provide the contact’s address.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

15.3.3.3

Provide the contact’s official title.

15.3.3.4

Provide the length of your association with the contact.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

15.3.3.5

Provide the frequency of contact.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – Applicant will click “Save” and proceed to Section 15.3.2.0.

Section 16 SF86 “People Who Know You Well”

Section 16.0.0.0 - People who know you well

Section 16: People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last **seven (7) years**. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form**.

Continue

Save

Reset this Screen

Electronic Form Navigation Note – Applicant will select “Continue” and proceed to Section 16.1.0.0.

Section 16.0.0.0 People who know you well, summary

Section 16: People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood and whose combined association with you covers at least the last **seven (7)** years. Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form.**

Summary of People Who Know You Well

#	Dates known	Reference name	Actions
1	From 06/2000 To Present	Doe, John	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	From 03/1980 To Present	Doe, Jane	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

16.0.0.1

Do you have an additional person who knows you well to list?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 16.1.0.0, if “No” and they have entered at least 3 people proceed to Section 17.0.0.0.

Section 16.1.0.0 - People who know you well detail.

**Section 16: People Who Know You Well
Detail**

16.1.0.1

Provide dates known.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

16.1.0.2

Provide full name.

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

16.1.0.3

Provide rank/title

Not applicable

16.1.0.4

Provide relationship to you: (Check all that apply)

- Neighbor
- Friend
- Work associate
- Schoolmate
- Other (Provide explanation)

Explanation:

16.1.0.5

Provide phone number for this person.

I don't know

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Evening <input type="text"/>

16.1.0.6

Provide mobile/cell phone number for this person.

I don't know

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Evening <input type="button" value="v"/>

16.1.0.7

Provide e-mail address for this person.

I don't know

16.1.0.8

Provide home or work address for this person.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Electronic Form Navigation Note – At “Save” proceed to Section 16.0.0.0 Summary

Section 17 SF86 “Marital Status”

Section 17.0.0.0 – Marital Status

Section 17: Marital Status

17.0.0.1

Provide your current marital status:

Electronic Form Navigation Note – Dropdown contains:

- Never married
- Married (including Common Law)
- Separated
- Annulled
- Divorced
- Widowed

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – Applicant will select one of the above statuses from the drop-down and click “Save”

- If applicant selects “Never married” they will proceed to Section 17.3.0.0, Cohabitant.
- If applicant selects “Married” or “Separated”, they will proceed to Section 17.1.0.0 Current Spouse Detail.
- If the applicant selects “Widowed”, “Divorced”, or “Annulled” they will proceed to Section 17.2.1.0, Widowed, Divorced, or Annulled Detail.

Section 17a.1.0.0 – Current Spouse

Section 17: Marital Status

Current Spouse

You selected “Married” or “Separated.”

17.1.0.1

Complete the following about your current spouse only.

Provide spouse’s full name.

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

17.1.0.2

Provide spouse’s date of birth.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

17.1.0.3

Provide spouse’s place of birth.

City:

County:

State:

Country:

Electronic Form Navigation Note – At “Save” if a country is selected indicating foreign birth proceed to section 17.1.1.0, if not proceed to section 17.1.3.0

Section 17.1.1.0 – Foreign born spouse detail

Section 17: Marital Status Foreign Born Spouse Detail

17.1.1.1

For your foreign born spouse, provide one type of documentation that he or she possesses and the document number.

- FS 240 or 545
- DS 1350
- U.S. Citizenship certificate
- U.S. Passport (current or most recent)
- Alien registration
- U.S. Naturalization certificate
- None (Provide explanation)
- Other (Provide explanation)

Explanation:

17.1.1.2

Provide document number.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 17.1.3.0

Section 17a.1.3.0 – Spouse detail continued

**Section 17: Marital Status
Spouse Detail Continued**

Provide your spouse’s U.S. Social Security Number.

17.1.3.1

Not Applicable

	-		-	
--	---	--	---	--

17.1.3.2

Provide other names used by your spouse (such as maiden names, names by other marriages, nicknames, etc. and provide dates used for each name).

Not applicable

#	Name		Maiden	Dates used			
1.		Name	Maiden name? <input type="checkbox"/>				
	Last Name:	<input type="text"/>			Date	Month/Year	Est./Pres.
	First Name:	<input type="text"/>		<input type="text"/>	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
	Middle Name:	<input type="text"/>		<input type="text"/>	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>
	Suffix:	<input type="text"/>					

17.1.3.3

Provide your spouse’s country(ies) of citizenship.

#	Country
1.	<input type="text"/>

17.1.3.4

Provide date married.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

17.1.3.5

Provide place married.

City:

County:

(Provide Country, if outside the United States; otherwise, provide State).

State:

Country:

17.1.3.6

Provide your spouse’s current address, if different than your current address.

Use my current address.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

17.1.3.7

Provide telephone number.

Use my current telephone number

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Day <input type="text"/>

17.1.3.8

Provide email address.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If 17.1.3.6 “Use my current address” is not checked and a foreign country is provided at “Save” proceed to section 17.1.4.0, if an APO/FPO address is provided proceed to section 17.1.5.0, else proceed to section 17.1.6.0

Section 17.1.4.0 – Spouse APO/FPO

Section 17: Marital Status

Spouse

17.1.4.1

Does your spouse have an APO/FPO address?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to section 17.1.4.2, if “No” proceed to 17.1.6.0

Section 17.1.4.2 – Spouse APO/FPO Detail

Section 17: Marital Status

Spouse APO/FPO Detail

17.1.4.2

Provide your spouse's APO/FPO address.

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 17.1.6.0

Section 17.1.5.0 – Spouse APO/FPO Detail

Section 17: Marital Status

Spouse Physical Location Detail

You have indicated an APO/FPO address for your spouse; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter.

17.1.5.1

Provide physical location data for your spouse:

Street Address/Unit/ Duty Location:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
City or Post Name:	<input type="text"/>		
Provide State for ports in United States, or Country location.			
State:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 17.1.6.0

Section 17.1.6.0 – Spouse Separation

Section 17: Marital Status Separation Status

Are you separated from your spouse?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 17.1.7.0, if “No” proceed to 17.0.0.0

Section 17.1.7.0 – Spouse Detail

Section 17: Marital Status Separation Detail

17.1.7.1

Provide date of separation.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

17.1.7.2

If legally separated, provide the location of the record.

Not Applicable

City:	<input type="text"/>		
(Provide Country, if outside the United States; otherwise, provide State and Zip Code.)			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to screen 17.2.0.0.

Section 17.2.0.0 – Former Spouse

Section 17: Marital Status

Former Spouse

Do you have a former spouse (such as divorced, annulled, widowed, or other former spouses) to report?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” at “Save” proceed to section 17.2.1.0, if no proceed to section 17.3.0.0.

Section 17.2.0.0 – Former Spouse Summary

Section 17: Marital Status

Former Spouse Summary

17.2.0.1

Former spouse(s)

#	Full name	Date married	Actions	
1	Matthews, Jenny P(IO)	03/02/1980	Edit	Delete

17.2.0.2

Do you have any additional former spouse (such as divorced, annulled, widowed, or other former spouses) to report? Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to section 17.2.1.0, if “No” proceed to section 17.3.0.0

Section 17.2.1.0 – Former Spouse Detail

Section 17: Marital Status

Former Spouse Detail

Provide information about your former spouse (such as divorced, annulled, widowed, or other former spouses).

17.2.1.1

Provide the full name of your former spouse.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

17.2.1.2

Provide the date of birth of your former spouse.

Month/Day/Year	Est.
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

17.2.1.3

Provide the place of birth for your former spouse.

City:

State:

Country:

17.2.1.4

Provide the country(ies) of citizenship for your former spouse.

#	Country
1.	<input type="text"/>

17.2.1.5

Provide the date you married your former spouse.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

17.2.1.6

Provide the place married.

City:

(Provide Country, if outside the United States; otherwise, provide State)

State:

Country:

17.2.1.7

Provide the status of this marriage.

<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Annulled

17.2.1.8

Provide the date divorced, annulled or widowed.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – After “Save” if “Divorced” or “Annulled” proceed to Section 17.2.2.0, Divorced/Annulled Detail, if “Widowed” or deceased proceed to section 17.2.0.0. Summary

Section 17.2.2.0 – Divorced/Annulled Detail

**Section 17: Marital Status
Divorced or Annulled Detail**

17.2.2.1

For your divorced or annulled marriage, provide where the record is located.

City:	<input type="text"/>		
(Provide Country, if outside the United States; otherwise, provide State and Zip Code.)			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

17.2.2.3

Is this former spouse deceased?

- Yes
- No
- I don't know

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” if former spouse not deceased or the subject does not know, proceed to Section 17.2.3.0, Divorced/Annulled Detail, if former spouse is deceased proceed to section 17.2.0.0. Summary

Section 17.2.3.0 – Divorced/Annulled Detail

**Section 17: Marital Status
Divorced or Annulled Detail**

17.2.3.1

For divorced or annulled marriage provide last known address of the former spouse.

I don't know

Street:	<input type="text"/>		
City:	<input type="text"/>		
(Provide Country, if outside the United States; otherwise, provide State and Zip Code.)			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to 17.2.0.0 Former Spouse Summary.

Section 17.3.0.0 – Cohabitant(s)

Section 17: Marital Status

Cohabitant

A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

17.3.0.1

Do you presently reside with a cohabitant?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If the applicant answers “Yes”, they will go to Section 17.3.1.0, Cohabitant Detail. If they check “No” they will proceed to Section 18.0.0.0.

Section 17.3.0.0 – Cohabitant(s)

Section 17: Marital Status

Cohabitant Summary

A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

Cohabitant(s)

#	Full name	Actions	
1	Harris, Nancy P(IO)	Edit	Delete

17.3.0.2

Do you have an additional cohabitant to report?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – Applicant will check Yes or No to 17.3.0.2 and click “Save” If the applicant answers “Yes”, they will go to Section 17.3.1.0, Cohabitant Detail. If they check “No” they will proceed to Section 18.0.0.0.

Section 17.3.1.0 – Cohabitant Detail

Section 17: Marital Status Cohabitant Detail

You have indicated that you currently have a cohabitant

17.3.1.1

Provide the cohabitant full name.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

17.3.1.2

Provide the cohabitant date of birth.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

17.3.1.3

Provide the cohabitant place of birth.

City:

State:

Country:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If a country is selected indicating foreign birth proceed to section 17.3.2.0, if not proceed to section 17.3.3.0

Section 17.3.2.0 – Foreign born cohabitant detail

Section 17: Marital Status

Foreign Born Cohabitant Detail

17.3.2.1

For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the document number.

- FS 240 or 545
- DS 1350
- U.S. Citizenship certificate
- U.S. Passport (current or most recent)
- Alien registration
- U.S. Naturalization certificate
- None (Provide explanation)
- Other (Provide explanation)

Explanation:

17.3.2.2

Provide document number.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 17.3.3.0

Section 17.3.3.0 – Cohabitant Detail Continued
Section 17: Marital Status
Cohabitant Detail Continued

17.3.3.1

Provide your cohabitant’s U.S. Social Security Number.

Not applicable

	-		-	
--	---	--	---	--

17.3.3.2

Provide other names used by your cohabitant (such as maiden names, names by other marriage, etc., and provide dates each name was used).

Not applicable

#	Name			Maiden	Dates used		
1.	Name			Maiden name? <input type="checkbox"/>			
	Last Name:				Date	Month/Year	Est./Pres.
	First Name:		▼		From:		
	Middle Name:		▼		To:		
	Suffix:		▼				

17.3.3.3

Provide your cohabitant’s country(ies) of citizenship.

#	Country
1.	

17.3.3.4

Provide date cohabitation began.

Month/Day/Year	Est.
	<input type="checkbox"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At save proceed to Section 17.3.0.0
Cohabitant Summary

Section 18 SF86 “Relatives”

Section 18.0.0.0 - Relatives Initial Screen

Section 18: Relatives

Select each type of relative applicable to you, regardless if they are living or deceased.
(An opportunity will be provided to list multiple relatives for each type.)

18.0.0.1

Check **all** that apply.

- Mother
- Father
- Stepmother
- Stepfather
- Foster parent
- Child (including adopted/foster)
- Stepchild
- Brother
- Sister
- Stepbrother
- Stepsister
- Half-brother
- Half-sister
- Father-in-law
- Mother-in-law
- Guardian

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – Applicant will select checkboxes for all pertinent relative types and select “Save”, and proceed to Screen 18.2.0.0, Relative Detail.

Section 18.1.0.0 - Relatives Summary Screen

Section 18: Relatives Summary

Summary of Relatives

#	Relationship type	Full name	Actions	
1	Mother	Miller, Mary S(IO)	Edit	Delete
2	Father	Miller, Gary Paul	Edit	Delete

18.1.0.1

Do you have an additional relative to enter?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 18.2.0.0, if no proceed to Section 19.0.0.0.

Section 18.2.0.0 - Relatives Details

Section 18: Relatives

Relative Type

18.2.0.1

Provide relative type.

Electronic Form Navigation Note – Drop-down contains the following:

- Mother
- Father
- Stepmother
- Stepfather
- Foster parent
- Child (including adopted/foster)
- Stepchild
- Brother
- Sister
- Stepbrother
- Stepsister
- Half-brother
- Half-sister
- Father-in-law
- Mother-in-law
- Guardian

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” continue to 18.2.1.0.

If relative type equal to “Mother”, capture “Mothers Maiden Name” if applicable moved from section 6 of the 2008 SF86.

Section 18.2.1.0 - Relative Details

Section 18: Relatives Relative Details

18.2.1.1

Provide your relative's full name.

	Name	
Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

18.2.1.2

Provide your relative's date of birth.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

18.2.1.3

Provide your relative's place of birth.

City:	<input type="text"/>
State:	<input type="text"/>
Country:	<input type="text"/>

18.2.1.4

Provide your relative's country(ies) of citizenship.

#	Country
1.	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

**Electronic Form Navigation Note – At “Save”
If applicant relative type is “Mother” proceed to Section 18.3.0.0 “Mothers Maiden Name”**

If immediate family members (defined as spouse, parents, siblings, half-siblings, step-siblings, children, step-children proceed to Section 18.4.0.0 “other names used”.

If not an immediate family member proceed to Section 18.5.0.0.

Section 18.3.0.0 – Mother’s Maiden Name

Section 18: Relatives

Relative Details

18.3.0.1

Provide your mother’s maiden name. (same as listed)

	Name	
Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 18.4.0.0, relatives “other names used”.

Section 18.4.0.0 - Relative Details

Section 18: Relatives

Immediate Family member Other Names Used

18.4.0.1

Has this relative used any other names? Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 18.4.1.0, if “No” proceed to Section 18.5.0.0

Section 18.4.0.0 - Relative Other Names Used Summary

Section 18: Relatives Relative Other Names Used

#	Time period	Name	Actions	
1	From 03/2001 To Present	Danger	Edit	Delete
2	From 02/1979 To 12/1999	Jim	Edit	Delete

18.4.0.2

Has this relative used any additional names?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 18.4.1.0, if “No” proceed to Section 18.5.0.0

Section 18.4.1.0 - Relative Other Names Used Detail

Section 18: Relatives

Relative Other Names Used Detail

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

18.4.1.1

Last name:	<input type="text"/>	
First name:	<input type="text"/>	<input type="text"/>
Middle name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

18.4.1.2

Maiden name?

- Yes
 No

18.4.1.3

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

18.4.1.4

Provide the reason(s) why the name changed.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 18.4.0.0, summary.

Section 18.5.0.0 - Relative Deceased

Section 18: Relatives

Relative Details

18.5.0.1

Is your relative deceased?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note –

If “Yes” for deceased

AND the relative was born in the U.S.

AND the relative is a U.S. citizen proceed to Section 18.1.0.0.

If “Yes” for deceased,

AND the relative is type mother, father, brother, sister, child, stepmother, stepfather, stepchild, half-brother, half-sister

AND the relative was born outside the U.S.

AND the relative is U.S. citizen proceed to Section 18.9.0.0.

If “Yes” for deceased,

AND the relative was born outside the U.S.

AND the relative is a NOT a U.S. citizen proceed to Section 18.1.0.0.

If “No” proceed to Section 18.6.0.0.

Section 18.6.0.0 – Relative Current Address Details

Section 18: Relatives Relative Current Address

18.6.0.1

Provide your relative's current address.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 18.7.0.0. if foreign country is provided, else proceed to 18.9.0.0.

18.7.0.0 Foreign Relative APO/FPO

Section 18: Relatives APO/FPO

18.7.0.1

Does this relative have an APO/FPO address?

- Yes
- No
- I don't know

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 18.8.0.0,

If “No” or “I don't know” proceed to:

18.1.0.0. - If relative indicated U.S. Citizen and Place of birth in the U.S.

18.9.0.0 - If they indicate U.S. Citizenship and place of birth outside the U.S.

18.10.0.0 - If relative indicates U.S. is not their country of citizenship and their relative has a U.S. address (No country entered in country field).

18.11.0.0 - If relative indicates U.S. is not their country of citizenship and their relative has a foreign address (Country present in country field).

18.8.0.0 Foreign Relative APO/FPO Details

Section 18: Relatives APO/FPO Details

18.8.0.1

Provide your relative's APO/FPO address.

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	Zip Code:	<input type="text" value="91001"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 18.13.0.0.

If relative indicated U.S. Citizen and Place of birth in the U.S. at “Save” return to 18.1.0.0.

If they indicate U.S. Citizenship and place of birth outside the U.S., proceed to Section 18.9.0.0 Relative U.S. Citizenship Detail.

If relative indicates U.S. is not their country of citizenship and their relative has a U.S. address (No country entered in country field), proceed to Section 18.10.0.0 Relative Foreign Citizenship Detail.

If relative indicates U.S. is not their country of citizenship and their relative has a foreign address (Country present in country field), proceed to Section 18.11.0.0 Foreign Relative Detail.

Section 18.9.0.0 - Relative U.S. Citizenship Documentation

Section 18: Relatives Relative U.S. Citizenship

18.9.0.1

Provide one type of citizenship documentation and document number below:

- FS 240 or 545
- DS 1350
- U.S. Citizenship certificate
- U.S. Naturalization certificate
- U.S. Passport
- None (Provide explanation)
- Other (Provide explanation)

Explanation:

18.9.0.2

Provide the document number.

18.9.0.3

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At Save proceed to Page 18.1.0.0, Relatives Summary.

Section 18.10.0.0 - Relative Foreign Citizenship Documentation

Section 18: Relatives Relative Foreign Citizenship

18.10.0.1

Provide type of documentation he or she possesses to support U.S. residence:

- U.S. Alien Registration
- U.S. Visa
- Other (Provide explanation)

Explanation

18.10.0.2

Provide the document number.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 18.11.0.0,

Section 18.11.0.0 – Foreign Relative

Section 18: Relatives Relative Foreign Citizenship

18.11.0.1

Provide approximate date of first contact.

Date	Month/Year	Est.
From:	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

18.11.0.2

Provide approximate date of last contact.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>

18.11.0.3

Provide methods of contact (check all that apply)

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Explanation:

18.11.0.4

Provide approximate frequency of contact:

- Daily
- Weekly
- Monthly
- Quarterly
- Annually
- Other (Provide explanation)

Explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to 18.12.0.0

18.12.0.0 Foreign Relative Employer

Section 18: Relatives Relative's Employer

18.12.0.1

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

I don't know

18.12.0.2

Provide the address of current employer, or provide the address of their most recent employer if not currently employed.

I don't know

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to section 19.13.0.0

18.13.0.0 Foreign Relative Foreign Military Affiliation

Section 18: Relatives Relative Foreign Military Affiliation

18.13.0.1

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- Yes
- No
- I don't know

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” proceed to Section 18.1.0.0, if “Yes” proceed to Section 18.14.0.0

18.14.0.0 Foreign Contact Foreign Military Affiliation Detail

Section 15: Relatives

Relative Foreign Military Affiliation Detail

18.14.0.1

Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 18.1.0.0

Section 19 SF86 “Foreign Contacts”

Section 19.0.0.0 - Foreign Contacts Initial Screen

Section 19: Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

19.0.0.1

Do you have, or have you had, close and/or continuing contact with a foreign national within the **last seven (7) years** with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” proceed to Section 20a.0.0, if “Yes” proceed to Section 19.2.0.0

Section 19.1.0.0 - Foreign Contact Summary Screen

Section 19: Foreign Contacts Summary

Summary of Foreign Contacts

#	Full Name	Edit	Delete
---	-----------	------	--------

19.1.0.1

Do you have, or have you had, close and/or continuing contact with any additional foreign national within the last **seven (7) years** with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” proceed to Section 20a, if “Yes” proceed to Section 19.2.0.0.

19.2.0.0 Foreign Contact Detail

Section 19: Foreign Contacts Detail

You indicated that you have, or have had, close and/or continuing contact with a foreign national.

19.2.0.1

Provide the full name of the foreign national, if known

I don't know

	Name	
Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

19.2.0.2

Explanation if name is unknown:

19.2.0.3

Provide approximate date of first contact.

Date	Month/Year	Est.
	<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

19.2.0.4

Provide approximate date of last contact.

Date	Month/Year	Est./Pres.
	<input type="text"/> / <input type="text"/>	<input type="text"/>

19.2.0.5

Provide methods of contact (check all that apply)

- In person
- Telephone
- Electronic (Such as e-mail, texting, chat rooms, etc)
- Written correspondence
- Other (Provide explanation)

Explanation:

19.2.0.6

Provide approximate frequency of contact

- Daily
- Weekly
- Monthly
- Quarterly
- Annually
- Other (Provide explanation)

Explanation:

19.2.0.7

Provide the nature of relationship (select all that apply)

- Professional or Business
- Personal (Such as family ties, friendship, affection, common interests, etc)
- Obligation (Provide explanation)
- Other (Provide explanation)

Explanation:

19.2.0.8

Provide other names and/or nicknames, as appropriate:

#	Name		Actions
1.	Name		Delete
	Last Name:	<input type="text"/>	
	First Name:	<input type="text"/> <input type="text"/>	
	Middle Name:	<input type="text"/> <input type="text"/>	
	Suffix:	<input type="text"/> <input type="text"/>	

Add A Blank Entry

19.2.0.9

Provide country(ies) of citizenship

#	Country
1.	<input type="text"/>

19.2.0.10

Provide date of birth.

I don't know

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

19.2.0.11

Provide place of birth.

I don't know

City:	<input type="text"/>
Country:	<input type="text"/>

19.2.0.12

Provide current address.

I don't know

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Electronic Form Navigation Note – At “Save” if address provided is not in the U.S. proceed to section 19.3.0.0, if U.S. address is provided proceed to 19.5.0.0

19.3.0.0 Foreign Contact APO/FPO

Section 19: Foreign Contacts APO/FPO

19.3.0.1

Does this person have an APO/FPO address?

- Yes
- No
- I don't know

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 19.4.0.0, if “No” or “I don't know” proceed to Section 19.5.0.0

19.4.0.0 Foreign Contact APO/FPO Details

Section 19: Foreign Contacts APO/FPO Details

19.4.0.1

Provide the foreign national's APO/FPO address.

Address:	<input type="text" value="3rd Medical Battalion, 3rd FSSG"/>		
APO or FPO:	<input type="text"/>		
APO/FPO State Code:	<input type="text" value="APO/FPO Pacific (AP)"/>	<input type="button" value="▼"/>	Zip Code: <input type="text" value="91001"/>

Electronic Form Navigation Note – At “Save” proceed to section 19.5.0.0.

19.5.0.0 Foreign Contact Employer

Section 19: Foreign Contacts Contact's Employer

19.5.0.1

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

I don't know

19.5.0.2

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed.

I don't know

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to section 19.6.0.0

19.6.0.0 Foreign Contact Foreign Military Affiliation

Section 19: Foreign Contacts Contact Foreign Military Affiliation

19.6.0.1

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

- Yes
- No
- I don't know

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” proceed to Section 19.1.0.0, if “Yes” proceed to Section 19.7.0.0

19.7.0.0 Foreign Contact Foreign Military Affiliation Detail

Section 19: Foreign Contacts Contact Foreign Military Affiliation Detail

19.7.0.1

Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 19.1.0.0

Section 20a SF86 “Foreign Activities”

Section 20a.1.0.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests

20a.1.0.1

Have you, your spouse, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.1.2.0, If “No” proceed to Section 20a.2.0.0

Section 20a.1.1.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests

You responded ‘Yes’ to you, your spouse, cohabitant, or dependent children having **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, ownership of corporate entities, corporate interests or businesses) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange).

20a.1.1.1

Specify: (check all that apply)

- Yourself
- Spouse
- Cohabitant
- Dependent children

20a.1.1.2

Provide the type of financial interest.

20a.1.1.3

Provide the date acquired.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20a.1.1.4

Provide how the financial interest was acquired (such as purchase, gift, etc.)

20a.1.1.5

Provide the cost (in U.S. dollars) at time of acquisition.

Estimated

20a.1.1.6

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of.

Estimated

20a.1.1.7

Provide the date control or ownership was relinquished.

Not applicable:

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20a.1.1.8

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.1.2.0

Section 20a.1.2.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Co-owners

20a.1.2.0

Are there any co-owners of this foreign financial interest?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.1.3.0, if “No” proceed to Section 20a.1.5.0

Section 20a.1.3.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Co-owners Detail

You responded ‘Yes’ to there being co-owners; provide the name, address, citizenship, and relationship of the co-owner(s).

20a.1.3.1

Provide full name of co-owner.

	Name	
Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

20a.1.3.2

Provide co-owner current address.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

20a.1.3.3

Provide co-owner’s country(ies) of citizenship.

#	Country
1.	<input type="text"/>

20a.1.3.4

Provide the nature of your relationship with the co-owner.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.1.4.0

Section 20a.1.4.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Co-owners Summary

Summary of Co-owners

#	Relationship type	Full name	Edit	Delete

20a.1.4.1

Are there any additional co-owners of this foreign financial interest?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.1.3.0, if no proceed to Section 20a.1.5.0

Section 20a.1.5.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Summary

#	Type of financial interest	Amount of funds (in U.S. dollars)	Actions
1.	Stock in ABC International	\$150,000	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20a.1.5.1

Do you, your spouse, cohabitant, or dependent children have any additional foreign financial interests?

Yes

No

Electronic Form Navigation Note – If applicant selects “Yes” proceed to Section 20a.1.1.0. If “No” proceed to Section 20a.2.0.0:

Section 20a.2.0.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Controlled on Your Behalf

20a.2.0.1

Have you, your spouse, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20.2.1.0, if “No” proceed to Section 20a.3.0.0

Section 20a.2.1.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Controlled on Your Behalf Detail

You responded ‘Yes’ to you, your spouse, cohabitant, or dependent children having **EVER** had any foreign financial interests that someone controlled on your behalf.

20a.2.1.1

Specify: (check all that apply)

- Yourself
- Spouse
- Cohabitant
- Dependent children

20a.2.1.2

Provide the type of financial interest.

20a.2.1.3

Provide the name of the individual who controls this financial interest on your behalf.

Last Name:	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>

20a.2.1.4

Provide this individual’s relationship to you.

20a.2.1.5

Provide the date this financial interest was acquired.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20a.2.1.6

Provide details regarding how it was acquired (such as purchase, gift, etc.).

20a.2.1.7

Provide the cost (in U.S. dollars) at time of acquisition.

Estimated

20a.2.1.8

Provide the current value (in U.S. dollars) or value at the time interest was sold, lost or otherwise disposed of.

Estimated

20a.2.1.9

Provide the date interest was sold, lost or otherwise disposed of.

Not applicable:

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20a.2.1.10

Provide explanation if interest was sold, lost or otherwise disposed of

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.2.2.0

Section 20a.2.2.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Controlled on Your Behalf Co-Owners

20a.2.2.1

Are there any co-owners of the foreign financial interest controlled on your behalf?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.2.3.0, If no proceed to Section 20a.2.5.0.

Section 20a.2.3.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Controlled on Your Behalf Co-Owners Detail

You responded 'Yes' to there being any co-owners.

20a.2.3.1

Provide the full name of the co-owner.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

20a.2.3.2

Provide the current address of the co-owner.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

20a.2.3.3

Provide the co-owner's country(ies) of citizenship.

#	Country
1.	<input type="text"/>

20a.2.3.4

Provide your relationship with the co-owner.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.2.4.0.

Section 20a.2.4.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Controlled on Your Behalf Summary

Summary of Co-owners

#	Relationship type	Full name	Edit	Delete

20a.2.4.1

Are there any additional co-owners for this foreign financial interest controlled on your behalf to report?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.2.3.0, if “No” proceed to Section 20a.2.5.0

Section 20a.2.5.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Controlled on Your Behalf Summary

#	Type of financial interest	Amount of funds (in U.S. dollars)	Actions
1.	Stock in ABC International	\$150,000	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20a.2.5.1

Do you, your spouse, cohabitant, or dependent children have any additional foreign financial interests controlled on your behalf?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.2.1.0. If “No” proceed to Section 20a.3.0.0:

Section 20a.3.0.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Real Estate

20a.3.0.1

Have you, your spouse, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If "Yes" proceed to Section 20a.3.1.0, if "No" proceed to Section 20a.4.0.0

Section 20a.3.1.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Real Estate Detail

You responded ‘yes’ to you, your spouse, cohabitant, or dependent children having ever owned, or anticipate owning, or planning to purchase real estate in a foreign country.

20a.3.1.1

Specify: (check all that apply)

- Yourself
- Spouse
- Cohabitant
- Dependent children

20a.3.1.2

Provide the type of real estate property (such as home, business, etc.).

20a.3.1.3

Provide the location/address of property.

Street:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>

20a.3.1.4

Provide the date to be acquired.

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

20a.3.1.5

Provide how the foreign real estate is to be acquired (such as purchase, gift, etc.).

20a.3.1.7

Provide the cost (in U.S. dollars) expected at time of acquisition.

Estimated

Add Optional Comment

Save | Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.3.2.0

Section 20a.3.2.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Real Estate – Co-Owners

20a.3.2.1

Are there any co-owners of this foreign real estate?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “No” proceed to Section 20a.3.6.0, if “Yes” proceed to 20a.3.3.0.

Section 20a.3.3.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Real Estate – Co-Owner Detail

You responded ‘Yes’ to there being any co-owners;

20a.3.3.1

Provide the full name of the co-owner.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

20a.3.3.2

Provide the co-owner’s current address.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

20a.3.3.3

Provide the co-owner’s country(ies) of citizenship.

#	Country
1.	<input type="text"/>

20a.3.3.4

Provide the nature of your relationship with the co-owner.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.3.4.0

Section 20a.3.4.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Real Estate – Co-Owner Summary

Summary of Co-owners

#	Relationship type	Full name	Edit	Delete

20a.3.4.1

Are there any additional co-owners of this foreign real estate?

- Yes
 No

Add Optional Comment

Save Reset this Screen

*Electronic Form Navigation Note – At “Save” proceed to Section 20a.3.3.0, if
“No” proceed to Section 20a.3.5.0*

Section 20a.3.5.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Real Estate – Summary

#	Property City and Country	Amount of funds (in U.S. dollars)	Actions
1.	Kandahar, Afghanistan	\$1,500,000	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20a.3.5.1

Do you have an additional instance of you, your spouse, cohabitant, or dependent children **EVER** having owned, or anticipate owning, or planning to purchase real estate in a foreign country?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.3.1.0, if no proceed to Section 20a.4.0.0

Section 20a.4.0.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit

20a.4.0.1

As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received **in the past seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.4.1.0, if “No” proceed to Section 20a.5.0.0

Section 20a.4.1.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit Detail

You responded ‘Yes’ that as a U.S. citizen, have you, your spouse, cohabitant, or dependent children received **in the past seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country;

20a.4.1.1

Specify: (check all that apply)

- Yourself
- Spouse
- Cohabitant
- Dependent children

20a.4.1.2

Provide the type of benefit.

Electronic Form Navigation Note –

Drop-down contains:

Educational

Medical

Retirement

Social Welfare

Other such benefit (Provide explanation)

Explanation:

20a.4.1.3

Provide the frequency of the benefit.

Electronic Form Navigation Note –

Drop-down contains:

Onetime benefit

Future benefit

Continuing benefit

Other (Provide explanation)

Explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Notes:

If applicant selects "Onetime benefit" proceed to Section 20a.4.2.0

If applicant selects "Future benefit" proceed to Section 20a.4.3.0

If applicant selects "Continuing benefit" or "Other Benefit" proceed to Section 20a.4.4.0

Section 20a.4.2.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit Detail – Onetime Benefit

You have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country

20a.4.2.1

Provide the date the benefit was received.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20a.4.2.2

Provide the name of the country providing the benefit.

20a.4.2.3

Provide the total value (in U.S. dollars) of the benefit received.

Estimated

20a.4.2.4

Provide the reason this benefit was received.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.4.5.0

Section 20a.4.3.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit Detail – Future Benefit

You have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country.

20a.4.3.1

Provide the date the benefit will begin.

Month/Day/Year			Est.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20a.4.3.2

Provide the frequency the benefit will be received.

Frequency:

Electronic Form Navigation Note –

Contents of Drop-Down:

Annually

Quarterly

Monthly

Weekly

Other (Provide explanation)

Explanation:

20a.4.3.3

Provide the name of the country providing this benefit.

20a.4.3.4

Provide the value (in U.S. dollars) of the benefit to be received.

Estimated

20a.4.3.5

Provide the reason this benefit will be received.

Add Optional Comment

Save | Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.4.5.0

Section 20a.4.4.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit Detail – Continuing Benefit

You have indicated that you, your spouse, cohabitant, or dependent children receive a continuing or other benefit from a foreign country.

20a.4.4.1

Provide the date the benefit began.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Provide the date the benefit is expected to end.

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

20a.4.4.2

Provide the frequency that this benefit is received.

Frequency:

Electronic Form Navigation Note –

Contents of Drop-Down:

Annually

Quarterly

Monthly

Weekly

Other (Provide explanation)

Explanation:

20a.4.4.3

Provide the name of the country providing the benefit.

20a.4.4.4

Provide the total value (in U.S. dollars) of benefit.

Estimated

20a.4.4.5

Provide the reason that benefit is being received.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.4.5.0

Section 20a.4.5.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit Detail – Continued

20a.4.5.1

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

- Yes (Provide explanation)
- No

Explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.4.6.0

Section 20a.4.6.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign Benefit Detail – Summary

#	Type of Benefit	Amount of funds (in U.S. dollars)	Actions
1.	ABC International Medical Insurance	\$1,500	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20a.4.6.1

Do you, your spouse, cohabitant, or dependent children receive any additional benefits from a foreign country?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.4.1.0, if “No” proceed to Section 20a.5.0.0

Section 20a.5.0.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign National Support

20a.5.0.1

Have you **EVER** provided financial support for any foreign national?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.5.1.0, if “No” proceed to Section 20b.0.0.0

Section 20a.5.1.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign National Support Detail

You responded ‘Yes’ to providing financial support for any foreign national.

20a.5.1.1

Provide the name of the foreign national you support or have supported financially.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

20a.5.1.2

Provide the address of the foreign national listed above.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

20a.5.1.3

Provide the nature of your relationship with the foreign national listed above.

20a.5.1.4

Provide the amount (in U.S. dollars) of all financial support provided.

Estimated

20a.5.1.5

Provide the frequency of your support.

20a.5.1.6

Provide this foreign national's country(ies) of citizenship.

#	Country
1.	<input type="text"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20a.5.2.0

Section 20a.5.2.0 – Foreign Activities

Section 20a: Foreign Activities: Foreign Financial Interests Foreign National Support Summary

#	Foreign National	Amount of funds (in U.S. dollars)	Actions
1.	John J. Doe	\$150,000	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20a.5.2.1

Have you additionally provided financial support for any foreign national?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 20a.5.1.0, if “No” proceed to Section 20b.0.0.0

Section 20b SF86 “Foreign Business, Professional Activities, and Foreign Government Contacts”

Section 20b.1.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Business/Organization Advice / Support**

20b.1.0.1

Have you **in the past seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer “No” if **all** your advice or support was authorized pursuant to official U.S. Government business.)

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.1.1.0, if “No” proceed to Section 20b.2.0.0

Section 20b.1.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Business/Organization Advice / Support - Detail**

You responded ‘Yes’ to having **in the past seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

20b.1.1.1

Provide a description of advice/support provided.

20b.1.1.2

Provide the name of the individual to whom advice or support was provided.

Name		
Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

20b.1.1.3

Provide the name of the foreign organization or foreign business with whom the individual is associated.

20b.1.1.4

Provide the country of origin for the organization or business.

20b.1.1.5

Provide the date(s) during which this advice or support was provided.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

20b.1.1.6

Describe what compensation, if any, was provided for your service.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20b.1.2.0

Section 20b.1.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Business/Organization Advice/Support - Summary**

Summary of Advice/Support Activities

#	Dates of activity	Organization(s)	Actions	
1	From 03/1978 To 01/1985	ABC International	Edit	Delete

20b.1.2.1

Have you **in the past seven (7) years** provided advice or support to any other individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer “No” if **all** your advice or support was authorized pursuant to official U.S. Government business.)

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.1.1.0, if “No” proceed to Section 20b.2.0.0

Section 20b.2.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts Foreign Consulting

For this question, “Immediate Family” means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

20b.2.0.1

Have you, your spouse, cohabitant, or any member of your immediate family **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer “No” if **all** the advice or support was authorized pursuant to official U.S. Government business.)

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.2.1.0, if “No” proceed to Section 20b.3.0.0

Section 20b.2.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Consulting - Detail**

You responded ‘Yes’ to you, your spouse, cohabitant, or any member of your immediate family having **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency.

20b.2.1.1

Provide the name of the government official.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

20b.2.1.2

Provide the name of the agency.

Provide the country with which the government official or agency is affiliated.

20b.2.1.3

Provide the date of the request.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

20b.2.1.4

Provide the circumstances of request.

Electronic Form Navigation Note – At “Save” proceed to Section 20b.2.2.0

Section 20b.2.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Consulting - Summary**

Summary of Consultations

#	Date of request/consultation	Location	Actions
1	From 01/1990 To 02/1995	Mexico	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.2.2.1

Have you, your spouse, cohabitant, or any member of your immediate family **in the past seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any other foreign government official or agency? (Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.2.1.0, if “No” proceed to Section 20b.3.0.0

Section 20b.3.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign National Job Offer**

20b.3.0.1

Has any foreign national **in the past seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.3.1.0, if “No” proceed to Section 20b.4.0.0

Section 20b.3.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign National Job Offer - Detail**

You responded 'Yes' to any foreign national having **in the past seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them.

20b.3.1.1

Provide the name of the foreign national who made the offer.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="button" value="v"/>
Middle Name:	<input type="text"/> <input type="button" value="v"/>
Suffix:	<input type="text"/> <input type="button" value="v"/>

20b.3.1.2

Provide a description of the position offered.

20b.3.1.3

Provide the date when this offer was extended.

Month/Year	Est.
<input type="text"/> <input type="button" value="v"/> / <input type="text"/> <input type="button" value="v"/>	<input type="checkbox"/>

20b.3.1.4

Provide the location where this occurred.

City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/> <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/> <input type="button" value="v"/>		

20b.3.1.5

Did you accept the offer?

- Yes
- No

Provide explanation.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20b.3.2.0

Section 20b.3.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign National Job Offer – Summary**

Summary of Job Offers

#	Date of offer	Location	Actions
1	01/2009	India	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.3.2.1

Has any additional foreign national, **in the past seven (7) years**, offered you a job, asked you to work as a consultant, or consider employment with them?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.3.1.0, if “No” proceed to Section 20b.4.0.0

Section 20b.4.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Other Foreign Business Ventures**

20b.4.0.1

Have you **in the past seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.4.1.0, if “No” proceed to Section 20b.5.0.0

Section 20b.4.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Other Foreign Business Ventures - Detail**

You responded 'Yes' to having **in the past seven (7) years** been involved in any other type of business venture with a foreign national not described above.

20b.4.1.1

Provide the full name of this foreign national.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="button" value="v"/>
Middle Name:	<input type="text"/> <input type="button" value="v"/>
Suffix:	<input type="text"/> <input type="button" value="v"/>

20b.4.1.2

Provide the full current address of this foreign national.

Street:	<input type="text"/>
City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.	
State:	<input type="text"/> <input type="button" value="v"/>
Zip Code:	<input type="text"/>
Country:	<input type="text"/> <input type="button" value="v"/>

20b.4.1.3

Provide the citizenship(s) of this foreign national.

#	Country
1.	<input type="text"/> <input type="button" value="v"/>

20b.4.1.4

Provide a description of the business venture.

20b.4.1.5

Provide your relationship to this foreign national.

20b.4.1.6

Provide the length of time you have been involved in the business venture.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

20b.4.1.7

Provide the nature of association with this business venture.

20b.4.1.8

Provide the position you held.

20b.4.1.9

Provide the service you provided.

20b.4.1.10

Provide the financial support involved.

20b.4.1.11

Provide a description of what compensation was provided for your service.

Add Optional Comment

Save | Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20b.4.2.0

Section 20b.4.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Other Foreign Business Ventures - Summary**

Summary of Other Business Ventures

#	Date of Business Venture	Location	Actions	
1	From 01/1990 To 02/1995	North Korea	Edit	Delete

20b.4.2.1

Have you, **in the past seven (7) years**, been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.4.1.0, if “No” proceed to Section 20b.5.0.0

Section 20b.5.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Conferences, Trade shows, Seminars, and Meetings**

20b.5.0.1

Have you **in the past seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.5.1.0, if “No” proceed to Section 20b.6.0.0

Section 20b.5.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Conferences, Trade shows, Seminars, and Meetings - Detail**

You responded ‘Yes’ to **in the past seven (7) years having** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.

20b.5.1.1

Provide the name and description of event.

20b.5.1.2

Provide the name of sponsoring organization.

20b.5.1.3

Provide the city where the event was held.

20b.5.1.4

Provide the country where the event was held.

20b.5.1.5

Provide the dates for the event.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

20b.5.1.6

Provide the purpose of the event.

Electronic Form Navigation Note – At “Save” proceed to Section 20b.5.2.0

Section 20b.5.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Conferences, Trade shows, Seminars, and Meetings – Subsequent Contact**

20b.5.2.1

Was there any subsequent contact with any foreign nationals as a result of the event?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.5.3.0, if “No” proceed to Section 20b.5.5.0

Section 20b.5.3.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Conferences, Trade shows, Seminars, and Meetings – Subsequent Contact Details**

20b.5.3.1

You responded 'Yes' to there having been subsequent contact with any foreign nationals as a result of the event.

Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 20b.5.4.0

Section 20b.5.4.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Conferences, Trade shows, Seminars, and Meetings – Subsequent Contact Summary**

Summary of subsequent contacts

#	Contact Name	Actions
1	Doe, John J.	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.5.4.1

Do you have another subsequent contact to report for this event?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.5.3.0, if “No” proceed to Section 20b.5.5.0

Section 20b.5.5.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Conferences, Trade shows, Seminars, and Meetings - Summary**

Summary of events

#	Date of event	Location	Actions	
1	From 06/1996 To 07/1996	Russia	Edit	Delete

20b.5.5.1

Have you **in the past seven (7) years**, attended or participated in any additional conferences, trade show, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government).

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.5.1.0, if “No” proceed to Section 20b.6.0.0

Section 20b.6.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts Foreign Government Contact

For Section 20b, “Immediate Family” means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

20b.6.0.1

Have you or any member of your immediate family **in the past seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer ‘No’ if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.)

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.6.1.0, if “No” proceed to Section 20b.7.0.0

Section 20b.6.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Government Contact - Detail

You responded ‘Yes’ to you or any member of your immediate family having **in the past seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.

20b.6.1.1

Provide the name of the individual involved in the contact.

	Name	
Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

20b.6.1.2

Provide the location of the contact.

City:	<input type="text"/>	
Provide Country if outside the United States; otherwise, provide State and Zip Code.		
State:	<input type="text"/>	Zip Code: <input type="text"/>
Country:	<input type="text"/>	

20b.6.1.3

Provide the date of contact.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

20b.6.1.4

Provide the foreign government(s) involved.

#	Country
1.	<input type="text"/>
<input type="button" value="Add A Blank Entry"/>	

20b.6.1.5

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

20b.6.1.6

Provide the names of the foreign representatives involved in contact.

20b.6.1.7

Provide the purpose/circumstances of contact.

Electronic Form Navigation Note – At “Save” proceed to Section 20b.6.2.0

Section 20b.6.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Government Contact – Subsequent Contact

20b.6.2.1

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.6.3.0, if “No” proceed to Section 20b.6.5.0

Section 20b.6.3.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Government Contact – Subsequent Contact Detail

You responded ‘Yes’ to there having been subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization.

20b.6.3.1

Provide the purpose of the subsequent contact.

20b.6.3.2

Provide the date of most recent contact.

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

20b.6.3.3

Provide plans for future contact.

Electronic Form Navigation Note – At “Save” proceed to Section 20b.6.4.0

Section 20b.6.4.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Government Contact – Subsequent Contact Summary

Summary of subsequent contact

#	Contact Name	Actions
1	Doe, John J.	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.6.4.1

Do you have another subsequent contact to report for this event?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.6.3.0, if “No” proceed to Section 20b.6.5.0

Section 20b.6.5.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Foreign Government Contact – Summary

Summary of Government Contacts

#	Date of contact	Location	Actions
1	From 04/2005 To 03/2006	Tokyo	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.6.5.1

Have you or any member of your immediate family **in the past seven (7) years** had any additional contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer ‘No’ if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport).

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.6.1.0, if “No” proceed to Section 20b.7.0.0

Section 20b.7.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Sponsorship of a Foreign National**

20b.7.0.1

Have you **in the past seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.7.1.0, if “No” proceed to Section 20b.8.0.0

Section 20b.7.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Sponsorship of a Foreign National - Detail

You responded ‘Yes’ to **in the past seven (7) years** having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

20b.7.1.1

Provide the name of the sponsored foreign national.

Name	
Last Name:	<input type="text"/>
First Name:	<input type="text"/> <input type="text"/>
Middle Name:	<input type="text"/> <input type="text"/>
Suffix:	<input type="text"/>

20b.7.1.2

Provide the date of birth for the sponsored foreign national.

I don't know

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

20b.7.1.3

Provide the place of birth for the sponsored foreign national.

City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

20b.7.1.4

Provide the current street address of the sponsored foreign national.

Street:	<input type="text"/>
City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.	

Country:	<input type="text"/>
----------	----------------------

20b.7.1.5

Provide the country(ies) of citizenship for the sponsored foreign national.

#	Country
1.	<input type="text"/>
<input type="button" value="Add A Blank Entry"/>	

20b.7.1.6

Provide the name of the organization through which sponsorship was arranged, if applicable.

Not Applicable

<input type="text"/>

20b.7.1.7

Provide the address of the organization through which sponsorship was arranged, if applicable.

Not Applicable

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

20b.7.1.8

Provide the dates of stay in the U.S. for the sponsored foreign national.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

20b.7.1.9

Provide the address of the sponsored foreign national while residing in the U.S.

Street:	<input type="text"/>
City:	<input type="text"/>

State:	<input type="text"/>	Zip Code:	<input type="text"/>
--------	----------------------	-----------	----------------------

20b.7.1.10

Provide the purpose of stay in the U.S. for the sponsored foreign national.

20b.7.1.11

Provide the purpose of your sponsorship for the sponsored foreign national.

Electronic Form Navigation Note – At “Save” proceed to Section 20b.7.2.0

Section 20b.7.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Sponsorship of a Foreign National - Summary

Summary of sponsored foreign citizen visits

#	Dates of stay	Name of foreign citizen	Actions
1	From 01/2006 To 02/2007	Doe, John J.	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.7.2.1

Have you **in the past seven (7) years** sponsored any additional foreign national to come to the U.S. as a student, for work, or for permanent residence?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.7.1.0, if “No” proceed to Section 20b.8.0.0

Section 20b.8.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Holding Foreign Political Office**

20b.8.0.1

Have you **EVER** held political office in a foreign country?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.8.1.0, if “No” proceed to Section 20b.9.0.0

Section 20b.8.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Holding Foreign Political Office - Detail**

You responded ‘Yes’ to having **EVER** held political office in a foreign country.

20b.8.1.1

Provide the position held.

20b.8.1.2

Provide the dates you held political office.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

20b.8.1.3

Provide the name of the country involved.

20b.8.1.4

Provide the reason(s) for these activities.

20b.8.1.5

Provide your current eligibility to hold political office in a foreign country.

Electronic Form Navigation Note – At “Save” proceed to Section 20b.8.2.0

Section 20b.8.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Holding Foreign Political Office - Summary**

Summary of offices held

#	Date of event	Location	Office Held	Actions
1	From 06/1996 To 07/1996	Russia	Governor	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

20b.8.2.1

Have you **EVER** held any additional political office in a foreign country?

- Yes
- No

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.8.1.0, if “No” proceed to Section 20b.9.0.0

Section 20b.9.0.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Voting in a Foreign Election**

20b.9.0.1

Have you **EVER** voted in the election of a foreign country?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.9.1.0, if “No” proceed to Section 20c.0.0.0

Section 20b.9.1.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

**Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Voting in a Foreign Election - Detail**

You responded 'Yes' to having **EVER** voted in the election of a foreign country.

20b.9.0.1

Provide the date you voted in the foreign election.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

20b.9.0.2

Provide the name of the country involved.

20b.9.0.3

Provide the reason(s) for these activities.

20b.9.0.4

Provide your current eligibility to vote in a foreign election.

Electronic Form Navigation Note – At "Save" proceed to Section 20b.9.2.0

Section 20b.9.2.0 - Foreign Business, Professional Activities, and Foreign Government Contacts.

Section 20b: Foreign Activities: Foreign Business, Professional Activities, and Foreign Government Contacts
Voting in a Foreign Election – Summary

Summary of voting

#	Dates of event	Location	Actions	
1	From 06/1996 To 07/1996	Russia	Edit	Delete

20b.9.2.1

Do you have other instances of voting in the election of a foreign country to report?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20b.9.1.0, if “No” proceed to Section 20c.0.0.0

Section 20c SF86 “Foreign Countries You have Visited”

Section 20c.0.0.0 - Foreign countries you have visited

Section 20c: Foreign Activities: Foreign Countries You Have Visited

20c.0.0.1

Have you traveled outside the U.S. in the last **seven (7) years**?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20c.1.0.0, if no proceed to Section 21.0.0.0.

Section 20c.1.0.0 - Foreign countries you have visited

Section 20c: Foreign Activities: Foreign Countries You Have Visited

20c.1.0.1

Has your travel in the last **seven (7) years** been **solely** for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 21.0.0.0, if no proceed to Section 20c.2.0.0.

Section 20c.2.0.0 - Foreign countries you have visited

Section 20c: Foreign Activities: Foreign Countries You Have Visited Detail

You responded to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

20c.2.0.1

Provide the country visited.

20c.2.0.2

Provide the dates of your travel to this country.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

20c.2.0.3

Provide the total number of days involved in the visit.

- 1-5
- 6-10
- 11-20
- 21-30
- More than 30
- Many short trips

20c.2.0.4

Provide the purpose of the travel to this country (Check all that apply)

- Business/professional
- Volunteer activities
- Education
- Tourism
- Trade shows, conferences, and seminars
- Visit family or friends
- Other

Add Optional Comment

Electronic Form Navigation Note – At “Save” proceed to Section 20c.3.0.0

Section 20c.3.0.0 - Foreign countries you have visited

Section 20c: Foreign Activities: Foreign Countries You Have Visited Detail

20c.3.0.1

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

Yes (Provide explanation)

No

Explanation:

20c.3.0.2

While traveling to or in this country, were you involved in any encounter with the police?

Yes (Provide explanation)

No

Explanation:

20c.3.0.3

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

Yes (Provide explanation)

No

Explanation:

20c.3.0.4

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

Yes (Provide explanation)

No

Explanation:

20c.3.0.5

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

Yes (Provide explanation)

No

Explanation:

20c.3.0.6

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

Yes (Provide explanation)

No

Explanation:

20c.3.0.7

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

Yes (Provide explanation)

No

Explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 20c.10.0.0

Section 20c.4.0.0 - Foreign countries you have visited

Section 20c: Foreign Activities: Foreign Countries You Have Visited Summary

Section 20c. Foreign Activities: Foreign Countries You Have Visited

Respond for the time frame **of the last seven (7) years**, beginning with the most recent and working backwards (Do not list trips that ONLY involved travel on official U.S. Government business, but you must include any personal trips made in conjunction with the official U.S. Government travel).

Summary of foreign countries you have visited.

#	Time period	Country(ies)	Actions	
1	From 04/2007 To 03/2008	China, et al.	Edit	Delete
2	From 06/2005 To 09/2005	Columbia	Edit	Delete

20c.4.0.1

Do you have additional travel outside the U.S. **in the last seven (7) years** for other than solely U.S. Government business?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 20c.1.0.0, if “No” proceed to section 21.0.0.0.

Section 21 SF86 “Psychological and Emotional Health”

Section 21.0.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health

Mental health counseling in and of itself **is not a reason** to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer ‘No’ if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment.

21.0.0.1

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 21.1.0.0, if “No” proceed to Section 22

Section 21.1.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health Detail

You responded ‘Yes’ to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition

21.1.0.1

Provide the dates of counseling or treatment.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

21.1.0.2

Provide the name of the health care professional.

21.1.0.3

Provide the address of the health care professional.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

21.1.0.4

Provide the telephone number of the health care professional.

Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Both <input type="text"/>

21.1.0.5

Provide the name of agency/organization/facility where counseling/treatment was provided.

Same as above.

21.1.0.6

Provide the address of the agency/organization/facility provider.

Address is same as above.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Electronic Form Navigation Note – At “Save” proceed to Section 21.2.0.0

Section 21.2.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health Detail

21.2.0.1

Were you **EVER** admitted as an inpatient to the agency/organization where counseling/treatment was provided?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 21.3.0.0, if “No” proceed to Section 21.4.0.0.

Section 21.3.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health

Detail

21.3.0.1

You responded ‘Yes’ to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

- Voluntary (Provide explanation)
- Involuntary (Provide explanation)

Explanation

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 21.4.0.0

Section 21.4.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health Detail

21.4.0.1

Has a court or administrative agency **EVER** declared you mentally incompetent?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 21.5.0.0, if “No” proceed to Section 21.8.0.0.

Section 21.5.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health Detail

You responded ‘Yes’ to having a court or administrative agency **EVER** declare you mentally incompetent.

21.5.0.1

Provide the date this occurred.

Month/Year	Est.
Jan(01) /	<input type="checkbox"/>

21.5.0.2

Provide the name of the court or administrative agency that declared you mentally incompetent.

21.5.0.3

Provide the address of the court or administrative agency.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Electronic Form Navigation Note – At “Save” proceed to Section 21.6.0.0

Section 21.6.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health Detail

21.6.0.1

Was this matter appealed to a higher court?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to section 21.7.0.0, if “No” Proceed to section 21.8.0.0

Section 21.7.0.0 – Psychological and Emotional Health

Section 21: Psychological and Emotional Health Detail

21.7.0.1

Provide the name of the court.

21.7.0.2

Provide the address of court.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

21.7.0.3

Provide the final disposition.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 21.8.0.0.

Section 21.1.8.0 – Psychological and Emotional Health, Summary Screen

Section 21: Psychological and Emotional Health Summary

Summary of Treatments

#	Dates of treatment and/or counseling	Name of provider	Actions	
1	From 01/2004 To 03/2004	Dr. John Doe	Edit	Delete

21.8.0.1

In the last seven (7) years, have you consulted with another health care professional regarding an emotional or mental health condition or were you hospitalized for another such condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment.

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 21.1.0.0, if “No” proceed to Section 22.0.0.0.

Section 22.0.0.0 – Police Record (Instructions)

Section 22 SF86 “Police Record”

Section 22: Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

Continue

Electronic Form Navigation Note – At “Continue” proceed to 22.1.0.0

Section 22.1.0.0 – Police Record (Last 7 years questions)

Section 22: Police Record

Police Record

22.1.0.1

Have any of the following happened? Yes No

(If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 22.2.0.0, if “No” proceed to 22.8.0.0.

Section 22.1.0.0 – Police Record (Last 7 years Summary)

Section 22: Police Record Police Record Summary

Summary of Offenses

#	Date	Offense	Actions	
1	01/2003	DUI	Edit	Delete

22.1.0.2

Do you have any other offenses where any of the following has happened to you? Yes No

- In the past **seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not include citations involving traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past **seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past **seven (7) years** have you been charged, convicted, or sentenced of a crime in **any court?** (Include all qualifying charges, convictions, or sentences in a Federal, state, local, military, or non-U.S. court even if previously listed on this form.)
- In the past **seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 22.2.0.0, if “No” proceed to EVER line of questions..... 22.8.0.0

Section 22.2.0.0 – Police Record

Section 22: Police Record

Detailed Entry (Offense Location/Description)

22.2.0.1

Provide the date of offense.

Month/Year		Est.
<input type="text"/>	/	<input type="checkbox"/>

22.2.0.2

Provide a description of the specific nature of the offense.

22.2.0.3

Did this offense involve any of the following? (Check all that apply)

Yes No

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

22.2.0.4

Provide the location where the offense occurred.

City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>		

22.2.0.5

Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes to 22.2.0.5 (arrested/cited/summoned), proceed to 22.3.0.0 (Arresting/Citing Agency), if No Proceed to 22.4.0.0 (Charged Question).

Section 22.3.0.0 – Police Record Arrested

Section 22: Police Record

Detailed Entry (Arresting/Citing Agency)

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency.

City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 22.4.0.0

Section 22.4.0.0 – Police Record

Section 22: Police Record Detailed Entry

22.4.0.1

As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If yes proceed 22.5.0.0 (Court Detail), if no proceed to 22.4.1.0 solicit Explanation.

Section 22.4.1.0 – Police Record (Charges)

Section 22: Police Record Police Record Detail

You responded 'No' to “As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?”

22.4.1.1

Provide explanation.

Add Optional Comment

Save

Reset this Screen

[Electronic Form Navigation Note – At save return to 22.1.0.0 Summary](#)

Section 22.5.0.0 – Police Record

Section 22: Police Record

Detailed Entry (Court information)

22.5.0.1

Provide the name of the court.

22.5.0.2

Provide the location of the court.

City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>		

22.5.0.3

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or “nolle pros,” etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

#	Felony / Misdemeanor	Charge	Outcome	Date Month/Year	Actions
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Delete"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="button" value="Delete"/>

Electronic Form Navigation Note – Felony/Misdemeanor dropdown to include:

Felony

Misdemeanor

Other

22.5.0.4

Were you sentenced as a result of this offense?

Yes No

Electronic Form Navigation Note – If yes to 22.5.0.4 (convicted/sentenced), proceed to 22.6.0.0 (Conviction Details), if No Proceed to 22.7.0.0 (Awaiting Trial).

Section 22.6.0.0 – Police Record

Section 22: Police Record Conviction Detail

22.6.0.1

Provide a description of the sentence.

22.6.0.2

Were you sentenced to imprisonment for a term exceeding 1 year?

Yes No

22.6.0.3

Were you incarcerated as a result of that sentence for not less than 1 year?

Yes No

22.6.0.4

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.
(Not Applicable)

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

22.6.0.5

If conviction resulted in probation or parole, provide the dates of probation or parole.
(Not Applicable)

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

[Electronic Form Navigation Note – At “Save” return to 22.1.0.2 \(7yr Summary Screen\)](#)

Section 22.7.0.0 – Police Record

Section 22: Police Record Detailed Entry (Court information Cont)

22.7.0.1

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

Yes

No

Provide Explanation

Add Optional Comment

Save

Reset this Screen

*Electronic Form Navigation Note – Solicitation of Explanation, regardless of Yes or No.
At “Save” return to 22.1.0.2 (7yr Summary Screen)*

Section 22.8.0.0 – Police Record (EVER)

Section 22: Police Record

22.8.0.1

Other than those offenses already listed, have you **EVER** had the following happen to you?

Yes No

- Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.)
- Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses.)
- Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Have you EVER been charged with an offense involving firearms or explosives?
- Have you EVER been charged with an offense involving alcohol or drugs?

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If yes proceed to 22.8.1.0, if “No” proceed to 22.9.0.0

Section 22.8.0.0 – Police Record (Ever Summary)

Section 22: Police Record Police Record Summary

Summary of Offenses

#	Date	Offense	Actions
1	01/2003	Robbery	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

22.8.0.2

Do you have any other offenses to list where the following has **EVER** happened to you?

Yes No

- Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian offenses).
- Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Have you EVER been charged with an offense involving firearms or explosives?
- Have you EVER been charged with an offense involving alcohol or drugs?

Electronic Form Navigation Note – If “Yes” proceed to Section 22.8.1.0, if “No” proceed to Section 22.9.0.0

Section 22.8.1.0 – Police Record (EVER)

Section 22: Police Record Detailed Entry (Court information)

22.8.1.1

Provide the date of the offense.

Month/Year		Est.
<input type="text"/>	/	<input type="checkbox"/>

22.8.1.2

Provide a description of the specific nature of the offense.

22.8.1.3

Did this offense involve any of the following? (Check all that apply)

Yes No

- Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Involve firearms or explosives?
- Involve alcohol or drugs?

22.8.1.4

Provide the name of the court.

22.8.1.5

Provide the location of the court.

City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>		

22.8.1.6

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or “nolle pros,” etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

#	Felony / Misdemeanor	Charge	Outcome	Date Month/Year	Actions
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	Delete
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	Delete

Electronic Form Navigation Note – Felony/Misdemeanor dropdown to include:

Felony

Misdemeanor

Other

22.8.1.6

Were you sentenced as a result of these charges?

Yes No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to 22.8.2.0, if “No” proceed to 22.8.3.0 (awaiting trial or provide explanation)

Section 22.8.2.0 – Police Record (EVER)

Section 22: Police Record

Conviction and Imprisonment Detail (EVER)

22.8.2.1

Provide a description of the sentence.

22.8.2.2

Were you sentenced to imprisonment for a term exceeding 1 year?

Yes No

22.8.2.3

Were you incarcerated as a result of that sentence for not less than 1 year?

Yes No

22.8.2.4

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.
(Not Applicable)

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

22.8.2.5

If the conviction resulted in probation or parole, provide the dates of probation or parole.
(Not Applicable)

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” Return to 22.8.0.0 Summary for EVER Questions.

Section 22.8.3.0 – Police Record

Section 22: Police Record Detailed Entry (Court information Cont)

22.8.3.1

Are you currently on trial or awaiting a trial, or awaiting sentencing on criminal charges for this offense?

Yes

No

Provide Explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” or “No”, solicit response for explanation, at “Save” proceed to 22.8.0.0 Summary for EVER questions.

Section 22.9.0.0 – Police Record Domestic Violence Protective Order

Section 22: Police Record Domestic Violence Protective Order

22.9.0.1

Is there currently a domestic violence protective order or restraining order issued against you?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 22.9.1.0, if “No” proceed to Section 23.0.0.0

Section 22.9.1.0 – Police Record Domestic Violence Protective Order

Section 22: Police Record Domestic Violence Protective Order Detail

You responded ‘Yes’ to currently having a domestic violence protective order or restraining order issued against you.

22.9.1.1

Provide explanation:

22.9.1.2

Provide the date the order was issued.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

22.9.1.3

Provide the name of the court or agency that issued the order.

22.9.1.4

Provide the location of the court or agency that issued the order.

City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 22.9.0.0 Summary for Domestic violence.

Section 22.9.0.0 – Police Record Domestic Violence Protective Order (Summary)

Section 22: Police Record Domestic Violence Protective Order Summary

Summary of domestic violence protective orders.

#	Description	Actions
1	Protective Order A	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

22.9.0.2

Do you have another domestic violence protective order or restraining order currently issued against you to report?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 22.9.1.0, if “No” proceed to Section 23

Section 23 SF86 “Illegal Use of Drugs and Drug Activity”

Section 23.0.0.0: Illegal Use of Drugs or Drug Activity Instructions

Section 23: Illegal Use of Drugs or Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government.

The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

Continue

Electronic Form Navigation Note – At “Continue” proceed to Section 23.1.0.0

Section 23.1.0.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use of Drugs or Controlled Substances

23.1.0.1

In the last **seven (7) years**, have you illegally used any drugs or controlled substances?
Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.1.1.0, if “No” proceed to Section 23.2.0.0

Section 23.1.1.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use of Drugs or Controlled Substances Detail

You answered 'Yes' to in the last **seven (7) years** having illegally used a drug or controlled substance.

23.1.1.1

Provide the type of drug or controlled substance.

Electronic Form Navigation Note – Drop-down to contain the following:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Ketamine (Such as special K, jet, etc.)
- Narcotics (Such as opium, morphine, codeine, heroin, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide explanation):

Explanation

23.1.1.2

Provide an estimate of the month and year of first use.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

23.1.1.3

Provide an estimate of the month and year of most recent use.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

23.1.1.4

Provide nature of use, frequency, and number of times used.

23.1.1.5

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

- Yes
- No

23.1.1.6

Was your use while possessing a security clearance?

- Yes
- No

Electronic Form Navigation Note – At “Save” proceed to Section 23.3.2.0.

Section 23.3.2.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use of Drugs or Controlled Substances – Future Use

23.1.2.1

Do you intend to use this drug or controlled substance in the future?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” or “No” proceed to Screen 23.1.3.1.

Section 23.1.3.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity

Illegal Use of Drugs or Controlled Substances – Future Use Detail

23.1.3.1

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to screen 23.1.4.1.

Section 23.1.4.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use of Drugs or Controlled Substances

Summary of Substance Use

#	Dates of use/activity	Type of drug(s) or controlled substance(s)	Actions	
1	From 06/2005 To 06/2006	Crack Cocaine	Edit	Delete
2	From 04/2005 To 03/2006	Heroin	Edit	Delete

23.1.4.1

Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.1.1.0, if “No” proceed to Section 23.2.0.0.

Section 23.2.0.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Drug Activity

23.2.0.1

In the last **seven (7) years**, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.2.1.0, if “No” proceed to Section 23.3.0.0

Section 23.2.1.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Drug Activity Detail

You answered 'Yes' to in the **last seven (7) years** having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

23.2.1.1

Provide the type of drug or controlled substance.

Electronic Form Navigation Note – Drop-down to contain the following:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Ketamine (Such as special K, jet, etc.)
- Narcotics (Such as opium, morphine, codeine, heroin, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide explanation):

Explanation:

23.2.1.2

Provide an estimate for the month and year of first involvement.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

23.2.1.3

Provide an estimate for the month and year of most recent involvement.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

23.2.1.4

Provide the nature and frequency of activity.

23.2.1.5

Provide the reason(s) why you engaged in the activity.

23.2.1.6

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

- Yes
- No

23.2.1.7

Was your involvement while possessing a security clearance?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.2.2.0.

Section 23.2.2.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Drug Activity Future Activity

23.2.2.1

Do you intend to engage in this activity in the future?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.2.3.0, if “No” proceed to Section 23.2.4.0.

Section 23.2.3.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Drug Activity Future Activity Detail

23.2.3.1

You have indicated that you plan to engage in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance in the future.

Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.2.4.0.

Section 23.2.4.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Drug Activity Summary

Summary of drug and controlled substance activity

#	Dates of use/activity	Type of drug(s) or controlled substance(s)	Actions	
1	From 06/2005 To 06/2006	Speed	Edit	Delete
2	From 04/2005 To 03/2006	Marijuana	Edit	Delete

23.2.4.1

Do you have an additional instance(s) of having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance to enter?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.2.1.0, if “No” proceed to Section 23.3.0.0

Section 23.3.0.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use While Possessing a Security Clearance

23.3.0.1

Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.3.1.0, if “No” proceed to Section 23.4.0.0

Section 23.3.1.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use While Possessing a Security Clearance Detail

You responded ‘Yes’ to having **EVER** illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed.

23.3.1.1

Provide a description of your involvement.

23.3.1.2

Provide the dates of involvement/use.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

23.3.1.3

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

Add Optional Comment

Save

Reset this Screen

[Electronic Form Navigation Note](#) – At “Save” proceed to Section 23.3.2.0

Section 23.3.2.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use While Possessing a Security Clearance Summary

Summary of drug or controlled substance use/activity

#	Dates of use/activity	Type of drug(s) or controlled substance(s)	Actions	
1	From 06/2005 To 06/2006	LSC	Edit	Delete
2	From 04/2005 To 03/2006	Steroids	Edit	Delete

23.3.2.1

Do you have an additional instance(s) of the illegal use or involvement with a drug or controlled substance while possessing a security clearance to enter?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.3.1.0, if “No” proceed to Section 23.4.0.0

Section 23.4.0.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Illegal Use or Possession while Employed as Law Enforcement

23.4.0.1

Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.4.1.0, if “No” proceed to Section 23.5.0.0

Section 23.4.0.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity

Illegal Use or Possession while Employed as Law Enforcement Detail

You responded ‘Yes’ to having **EVER** illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

23.4.1.1

Provide a description of the drugs or controlled substances used and your involvement.

23.4.1.2

Provide the dates of involvement/use.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

23.4.1.3

Provide an estimate the number of times you used and/or were involved this drug or controlled substance while employed in this capacity.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.4.2.0 Summary

Section 23.4.2.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity

Illegal Use or Possession while Employed as Law Enforcement Summary

Summary of substance/drug use/activity

#	Dates of use/activity	Type of drug(s) or controlled substance(s)	Actions	
1	From 06/2005 To 06/2006	Ecstasy	Edit	Delete
2	From 04/2005 To 03/2006	PCP	Edit	Delete

23.4.2.1

Do you have an additional instance(s) of illegal use or involvement with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety to enter?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.4.1.0, if “No” proceed to Section 23.5.0.0

Section 23.5.0.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Misuse of Prescription Drugs

23.5.0.1

In the last **seven (7) years** have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.5.1.0, if “No” proceed to Section 23.6.0.0

Section 23.5.1.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Misuse of Prescription Drugs Detail

You responded ‘Yes’ to in the last **seven (7) years** having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

23.5.1.1

Provide the name of the prescription drug that you misused.

23.5.1.2

Provide the dates of involvement in the above.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

23.5.1.3

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

23.5.1.4

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

- Yes
 No

23.5.1.5

Was your involvement while possessing a security clearance?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.5.2.0

Section 23.5.2.0: Illegal Use of Drugs or Drug Activity

Section 23: Illegal Use of Drugs or Drug Activity Misuse of Prescription Drugs Summary

Summary of prescription drug use/activity

#	Dates of use/activity	Type of drug(s) or controlled substance(s)	Actions	
1	From 06/2005 To 06/2006	Demerol	Edit	Delete
2	From 04/2005 To 03/2006	Rouphenol	Edit	Delete

23.5.2.1

Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs in the last **seven** (7) years to enter?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.5.1.0, if “No” proceed to Section 23.6.0.0.

Section 23.6.0.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs

23.6.0.1

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Screen 23.6.1.0, if “No” proceed to Screen 23.7.0.0.

Section 23.6.2.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs – Voluntary Treatment Detail

You responded 'Yes' to having **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances

23.6.2.1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply)

- An employer, military commander, or employee assistance program
- A medical professional
- A mental health professional
- A court official / judge
- I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.

Provide explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 23.6.3.0.

Section 23.6.3.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs

23.6.3.1

Did you take action to receive counseling or treatment?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Screen 23.6.5.0, if “No” proceed to Screen 23.6.4.0.

Section 23.6.4.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs – Did Not Receive Treatment

23.6.4.1

You have indicated that you did not receive treatment.

Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.6.8.0.

Section 23.6.5.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs - Detail

23.6.5.1

Provide the type of drug or controlled substance for which you were treated.

Electronic Form Navigation Note – Drop-down to contain the following:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Ketamine (Such as special K, jet, etc.)
- Narcotics (Such as opium, morphine, codeine, heroin, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide explanation):

Explanation:

23.6.5.2

Provide the name of the treatment provider.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>

23.6.5.3

Provide the address for this treatment provider.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

23.6.5.4

Provide a phone number for the treatment provider.

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Evening <input type="button" value="v"/>

23.6.5.5

Provide the dates of treatment.

Date	Month/Year	Est./Pres.
From:	<input type="text" value=""/> <input type="button" value="v"/> / <input type="text" value=""/> <input type="button" value="v"/>	<input type="text" value=""/> <input type="button" value="v"/>
To:	<input type="text" value=""/> <input type="button" value="v"/> / <input type="text" value=""/> <input type="button" value="v"/>	<input type="text" value=""/> <input type="button" value="v"/>

Electronic Form Navigation Note – At “Save” proceed to Section 23.6.6.0.

Section 23.6.6.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs – Compliance Treatment Completion

23.6.6.1

Did you successfully complete the treatment?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Screen 23.6.8.0, if “No” proceed to Screen 23.6.7.0.

Section 23.6.7.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity

Treatment for the Use of Drugs - Did Not Successfully Complete Treatment

23.6.7.1

You have indicated that you did not successfully complete the treatment.

Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.6.8.0.

Section 23.6.8.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs – Treatment Summary

Summary of having been ordered, advised, or asked to seek counseling or treatment.

#	Reason	Treatment provider	Actions	
1	Sought Voluntarily	ABC Drug Treatment	Edit	Delete
2	Ordered to Seek	No Treatment	Edit	Delete

23.6.8.1

Do you have another instance of having been ordered, advised, or asked to seek drug or controlled substance counseling or treatment to enter?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.6.2.0, if “No” proceed to Section 23.7.0.0.

Section 23.7.0.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs

23.7.0.1

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Screen 23.7.1.0, if “No” proceed to Screen 23.5.0.0.

Section 23.7.1.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs - Detail

23.7.1.1

Provide the type of drug or controlled substance for which you were treated.

Electronic Form Navigation Note – Drop-down to contain the following:

- Cocaine or crack cocaine (Such as rock, freebase, etc.)
- THC (Such as marijuana, weed, pot, hashish, etc.)
- Ketamine (Such as special K, jet, etc.)
- Narcotics (Such as opium, morphine, codeine, heroin, etc.)
- Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
- Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
- Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
- Steroids (Such as the clear, juice, etc.)
- Inhalants (Such as toluene, amyl nitrate, etc.)
- Other (Provide explanation):

Explanation:

23.7.1.2

Provide the name of the treatment provider.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>

23.7.1.3

Provide the address for this treatment provider.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

23.7.1.4

Provide a phone number for the treatment provider.

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Evening <input type="button" value="v"/>

23.7.1.5

Provide the dates of treatment.

Date	Month/Year	Est./Pres.
From:	<input type="text" value=""/> <input type="button" value="v"/> / <input type="text" value=""/> <input type="button" value="v"/>	<input type="text" value=""/> <input type="button" value="v"/>
To:	<input type="text" value=""/> <input type="button" value="v"/> / <input type="text" value=""/> <input type="button" value="v"/>	<input type="text" value=""/> <input type="button" value="v"/>

Electronic Form Navigation Note – At “Save” proceed to Section 23.7.2.0.

Section 23.7.2.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs – Compliance Treatment Completion

23.7.2.1

Did you successfully complete the treatment?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Screen 23.7.4.0, if “No” proceed to Screen 23.7.3.0.

Section 23.7.3.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs - Unsuccessful Treatment

23.7.3.1

You have indicated that you did not you successfully complete the treatment.
Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 23.7.3.0.

Section 23.7.4.0: Treatment for Illegal Use of Drugs or Controlled Substances

Section 23: Illegal Use of Drugs or Drug Activity Treatment for the Use of Drugs – Treatment Summary

Summary of seeking counseling or treatment.

#	Reason	Treatment provider	Actions	
1	Sought Voluntarily	ABC Drug Treatment	Edit	Delete
2	Ordered to Seek	No Treatment	Edit	Delete

23.7.4.1

Do you have another instance of **EVER** voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 23.7.1.0, if “No” proceed to Section 24.0.0.0.

Section 24 SF86 “Use of Alcohol”

Section 24.1.0.0 - Use of Alcohol

Section 24: Use of Alcohol Negative Impact

In the last **seven (7) years** has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.1.1.0, if “No” proceed to Section 24.2.0.0.

Section 24.1.1.0 - Use of Alcohol

Section 24: Use of Alcohol

Negative Impact Detail

You responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

24.1.1.1

Provide the month/year when this negative impact occurred.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

24.1.1.2

Provide an explanation of the circumstances and the negative impact.

Provide circumstances:

Provide negative impact:

24.1.1.3

Provide the dates of involvement or use.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 24.1.2.0.

Section 24.1.1.0 - Use of Alcohol

Section 24: Use of Alcohol Negative Impact Summary

#	Dates of Negative Impact	Actions	
1	From 02/2004 To 03/2004	Edit	Delete

Has the use of alcohol had other negative impacts on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.1.1.0, if “No” proceed to Section 24.2.0.0.

Section 24.2.0.0 - Use of Alcohol

Section 24: Use of Alcohol Ordered to Seek Counseling

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.2.1.0, if “No” proceed to Section 24.3.0.0.

Section 24.2.1.0 - Use of Alcohol

Section 24: Use of Alcohol Ordered to Seek Counseling Detail

You responded ‘Yes’ to having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol.

24.2.1.1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- An employer, military commander, or employee assistance program
- A medical professional
- A mental health professional
- A court official / judge
- I have not been ordered, advised, or asked to seek counseling or treatment by any of the above.
- Other (Provide Explanation)

24.2.1.2

Explanation:

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 24.2.2.0.

Section 24.2.2.0 - Use of Alcohol

Section 24: Use of Alcohol

Ordered to Seek Counseling, Counseling or Treatment Sought

24.2.2.1

Did you take action to seek counseling or treatment?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.2.4.0, if “No” proceed to Section 24.2.3.0

Section 24.2.3.0 - Use of Alcohol

Section 24: Use of Alcohol

Ordered to Seek Counseling, Counseling or Treatment Sought Detail

24.2.3.1

You responded 'No' to having taken action to seek counseling or treatment.
Explain the reasons for not taking action to seek counseling or treatment.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 24.2.6.0.

Section 24.2.4.0 - Use of Alcohol

Section 24: Use of Alcohol Ordered to Seek Counseling – Counseling Detail

You responded ‘Yes’ to having taken action to seek counseling or treatment.

24.2.4.1

Provide the dates of counseling or treatment.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

24.2.4.2

Provide the name of the individual counselor or treatment provider.

24.2.4.3

Provide the full address of the counseling/treatment provider.

Street:	<input type="text"/>	
City:	<input type="text"/>	
Provide Country if outside the United States; otherwise, provide State and Zip Code.		
State:	<input type="text"/>	Zip Code: <input type="text"/>
Country:	<input type="text"/>	

24.2.4.4

Provide telephone number.

Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Both <input type="text"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 24.2.5.0.

Section 24.2.5.0 - Use of Alcohol

Section 24: Use of Alcohol Ordered to Seek Counseling, Outcome of Treatment

24.2.5.0

Did you successfully complete the treatment program?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.2.7.0, if “No” proceed to Section 24.2.6.0

Section 24.2.6.0 - Use of Alcohol

Section 24: Use of Alcohol

Ordered to Seek Counseling, Outcome of Treatment Detail

24.2.6.1

You responded “No” to having successfully completed the treatment program.

Provide explanation

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 24.2.7.0.

Section 24.2.7.0 - Use of Alcohol

Section 24: Use of Alcohol Summary Ordered to Seek Counseling, Outcome of Treatment

#	Dates of treatment	Counselor or doctor	Actions
1	From 02/2006 To 03/2006	Charles Smith	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

24.2.7.1

Do you have additional instances of having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol to enter?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 24.2.1.0, if “No” proceed to Section 24.3.0.0.

Section 24.3.0.0 - Use of Alcohol

Section 24: Use of Alcohol Sought Counseling or Treatment

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.3.1.0, if “No” proceed to Section 24.4.0.0.

Section 24.3.1.0 - Use of Alcohol

Section 24: Use of Alcohol

Sought Counseling or Treatment – Counseling Detail

You responded ‘Yes’ to voluntarily seeking counseling or treatment.

24.3.1.1

Provide dates of counseling or treatment.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

24.3.1.2

Provide the name of the individual counselor or treatment provider.

24.3.1.3

Provide the full address of the counseling/treatment provider.

Street:	<input type="text"/>	
City:	<input type="text"/>	
Provide Country if outside the United States; otherwise, provide State and Zip Code.		
State:	<input type="text"/>	Zip Code: <input type="text"/>
Country:	<input type="text"/>	

24.3.1.4

Provide telephone number.

Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Both <input type="text"/>

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 24.3.2.0.

Section 24.3.2.0 - Use of Alcohol

Section 24: Use of Alcohol

Sought Counseling or Treatment, Completion of Treatment

24.3.2.0

Did you successfully complete the treatment program?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.3.4.0, if “No” proceed to Section 24.3.3.0.

Section 24.3.3.0 - Use of Alcohol

Section 24: Use of Alcohol

Sought Counseling or Treatment, Completion of Treatment Detail

24.3.3.1

You answered 'No' to having successfully completed the treatment program.

Provide explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 24.3.4.0.

Section 24.3.4.0 - Use of Alcohol

Section 24: Use of Alcohol

Sought Counseling or Treatment, Outcome of Treatment Summary

#	Dates of treatment	Counselor or Treatment Provider	Actions
1	From 02/2006 To 03/2006	Charles Smith	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

24.3.4.1

Do you have additional instances where you have voluntarily sought counseling or treatment as a result of your use of alcohol to enter?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 24.3.1.0, if “No” proceed to Section 24.4.0.0.

Section 24.4.0.0 - Use of Alcohol

Section 24: Use of Alcohol EVER Received Counseling/Treatment

Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 24.4.1.0, if “No” proceed to Section 25.0.0.0.

Section 24.4.1.0 - Use of Alcohol

Section 24: Use of Alcohol EVER Received Counseling/Treatment

You responded 'Yes' to having **EVER** received counseling or treatment as a result of your use of alcohol.

24.4.1.1

Provide the name of individual counselor or treatment provider.

24.4.1.2

Provide the full address of counseling/treatment provider.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

24.4.1.3

Provide the name of agency/organization where counseling/treatment was provided.

24.4.1.4

Provide the address of agency/organization where counseling/treatment was provided:

Same as above

Street:	<input type="text"/>		
City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

24.4.1.5

Provide the date counseling or treatment began.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

24.4.1.6

Provide the date counseling or treatment ended.

Month/Year		Est./Pres
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Optional Comment

Electronic Form Navigation Note – At “Save” proceed to Section 24.4.2.0.

Section 24.4.1.0 - Use of Alcohol

Section 24: Use of Alcohol EVER Received Counseling/Treatment

24.4.2.1

Did you successfully complete your counseling or treatment?

- Yes (Provide explanation)
- No (Provide explanation)

Explanation:

Add Optional Comment

Electronic Form Navigation Note – At “Save” proceed to Section 24.4.3.0.

Section 24.4.3.0 - Use of Alcohol

Section 24: Use of Alcohol

EVER Received Counseling/Treatment Summary

#	Dates of treatment	Counselor or Treatment Provider	Actions
1	From 02/2004 To 03/2004	Dr. Laura	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

24.4.3.1

Did you receive alcohol-related counseling or treatment another time?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 24.4.1.0, if “No” proceed to Section 25.0.0.0.

Section 25 SF86 “Investigations and Clearance Record”

Section 25.1.0.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record

Investigation History

25.1.0.1

Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 25.1.1.0, if “No” proceed to Section 25.2.0.0

Section 25.1.1.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record Investigation History Detail

You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access

25.1.1.1

Provide the investigating agency:

- U.S. Department of Defense
- U.S. Department of State
- U.S. Office of Personnel Management
- Federal Bureau of Investigation
- U.S. Department of Treasury
- U.S. Department of Homeland Security
- Foreign government, (Provide name of government)
- I don't know
- Other (Provide explanation)

Explanation or name of government

25.1.1.2

Date the investigation was completed.

- I don't know

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

25.1.1.3

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

25.1.1.4

Provide the date clearance eligibility/access was granted.

- I don't know

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

25.1.1.5

Provide the level of clearance eligibility/access granted.

- None

- Confidential
- Secret
- Top Secret
- Sensitive Compartmented Information (SCI)
- Q
- L
- I don't know
- Issued by foreign country
- Other (Provide explanation)

Explanation:

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 25.1.2.0

Section 25.1.2.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record Investigation History Summary

Summary of your investigations

#	Month/Year	Agency code	Other agency	Clearance code	Actions
1	04/2005	State Department	(~)	Top Secret	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
2	03/1999	Other (Explain)	Canada	I don't know	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

25.1.2.1

Do you have another investigation to enter?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 25.1.1.0, if “No” proceed to Section 25.2.0.0

Section 25.2.0.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record

Denied Clearance

25.2.0.1

Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 25.2.1.0, if “No” proceed to Section 25.3.0.0

Section 25.2.1.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record

Denied Clearance Detail

You responded 'Yes' to having ever had a security clearance eligibility/access authorization denied, suspended, or revoked.

25.2.1.1

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

25.2.1.2

Provide the name of the agency that took the action.

25.2.1.3

Provide an explanation of the circumstances of the denial, suspension or revocation action.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 25.2.2.0

Section 25.2.2.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record Denied Clearance Summary

Summary of your security clearance eligibility/access actions.

#	Month/Year	Department or agency taking action	Actions	
1	03/2001	DOD	Edit	Delete

25.2.2.0

Do you have another denied, revoked or suspended security clearance eligibility/access authorization to enter?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 25.2.1.0, if “No” proceed to Section 25.3.0.0

Section 25.3.0.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record Government Debarment

Have you **EVER** been debarred from government employment?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 25.3.1.0, if “No” proceed to Section 26.0.0.0

Section 25.3.1.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record Government Debarment Detail

You responded 'Yes' to having **EVER** been debarred from government employment.

25.3.1.1

Provide the name of the government agency taking debarment action.

Electronic Form Navigation Note – Dropdown list of all U.S. Government agencies.

25.3.1.2

Provide the date the debarment occurred.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

25.3.1.3

Provide an explanation of the circumstances of the debarment.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 25.3.2.0.

Section 25.3.2.0 - Investigations and Clearance Record

Section 25: Investigations and Clearance Record Government Debarment Summary

Summary of Your Debarments

#	Month/Year	Department or agency taking action	Actions	
1	11/2006	Treasury Department	Edit	Delete

25.3.2.1

Do you have another Government debarment to enter?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 25.3.1.0, if “No” proceed to Section 26.0.0.0

Section 26: Financial Record

Section 26.1.0.0 – Financial Record

Section 26: Financial Record Bankruptcy

26.1.0.1

In the last **seven (7) years** have you filed a petition under any chapter of the bankruptcy code?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.1.1.0, if “No” proceed to Section 26.2.0.0

Section 26.1.1.0 – Financial Record

Section 26: Financial Record Bankruptcy Detail

You responded ‘Yes’ to having filed a petition under any chapter of the bankruptcy code.

26.1.1.1

Select the applicable bankruptcy petition type:

Electronic Form Navigation Note – Contents of drop-down:

- Chapter 7
- Chapter 11
- Chapter 13

26.1.1.2

Provide the bankruptcy court docket/account number.

26.1.1.3

Provide the date bankruptcy was filed.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

26.1.1.4

Provide date of bankruptcy discharge.

- Not Applicable

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

26.1.1.5

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

- Estimated

26.1.1.6

Provide the name debt is recorded under.

Last Name:	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------

First Name:	<input type="text"/>	<input type="text"/>
Middle Name:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

Electronic Form Navigation Note – When comprehensive list of court names is provided the following two questions (26.1.1.6 and 26.1.1.7) will be replaced with a single drop-down of possible courts.

26.1.1.7

Provide the name of the court involved.

26.1.1.8

Provide the address of the court involved.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At “Save” if “Chapter 13” was selected proceed to Section 26.1.2.0, else proceed to Section 26.1.3.0.

Section 26.1.2.0 – Financial Record

Section 26: Financial Record Bankruptcy Detail – Chapter 13

26.1.2.1

Provide the name of the trustee for this bankruptcy.

26.1.2.2

Provide the address of the trustee for this bankruptcy.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.1.3.0

Section 26.1.3.0 – Financial Record

Section 26: Financial Record Bankruptcy Detail Continued

26.1.3.1

Were you discharged of all debts claimed in the bankruptcy?

- Yes
- No

26.1.3.2

Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.1.4.0

Section 26.1.4.0 – Financial Record

Section 26: Financial Record Bankruptcy Summary

Summary of bankruptcies

#	Date of bankruptcy	Court location	Actions	
1	05/2005	Miami, FL	Edit	Delete

26.1.4.1

In the last **seven (7) years, have** you filed any additional petitions under any chapter of the bankruptcy code?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.1.1.0, if “No” proceed to Section 26.2.0.0

Section 26.2.0.0 – Financial Record

Section 26: Financial Record Financial Problems Due to Gambling

26.2.0.1

Have you **EVER** experienced financial problems due to gambling?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.2.1.0, if “No” proceed to Section 26.3.0.0

Section 26.2.1.0 – Financial Record

Section 26: Financial Record Financial Problems Due to Gambling Details

You responded ‘Yes’ to having **EVER** experienced financial problems due to gambling.

26.2.1.1

Provide the date range of your financial problems due to gambling.

Date	Month/Year	Est./Pres
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

26.2.1.2

Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

26.2.1.3

Provide a description of your financial problems due to gambling.

26.2.1.4

If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s) provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.2.2.0

Section 26.2.2.0 – Financial Record

Section 26: Financial Record Financial Problems Due to Gambling Summary

Summary of financial problems due to gambling:

#	Amount of Losses	Dates of Problem	Actions	
1	\$90,0000	12/02/2003 – 12/12/2004	Edit	Delete

26.2.2.1

Have you **EVER** experienced additional financial problems due to gambling?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.2.1.0, if “No” proceed to Section 26.3.0.0

Section 26.3.0.0 – Financial Record

Section 26: Financial Record Failed to Pay/File Taxes

26.3.0.1

In the past **seven (7) years** have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.3.1.0, if “No” proceed to Section 26.4.0.0

Section 26.3.1.0 – Financial Record

Section 26: Financial Record Failed to File/Pay Taxes Detail

You responded ‘Yes’ to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

26.3.1.1

Did you fail to file, pay as required, or both?

- File
- Pay
- Both

26.3.1.2

Provide the year you failed to file or pay your Federal, state or other taxes.

26.3.1.3

Provide the reason(s) for your failure to file or pay required taxes.

26.3.1.4

Provide the Federal, state or other agency to which you failed to file or pay taxes.

26.3.1.5

Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

26.3.1.6

Provide the amount (in U.S. dollars) of the taxes.

- Estimated

26.3.1.7

Provide date satisfied.

- Not applicable

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

26.3.1.8

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.3.2.0

Section 26.3.2.0 – Financial Record

Section 26: Financial Record Failed to File or Pay Taxes Summary

Summary of failure to file or pay taxes:

#	Year(s) Taxes Not Paid	Agency	Actions	
1	05/2005	IRS	Edit	Delete

26.3.2.1

Are there any other instances in the past **seven (7) years** where you failed to file or pay Federal, state or other taxes when required by law or ordinance?

- Yes
 No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.3.1.0, if “No” proceed to Section 26.4.0.0

Section 26.4.0.0 – Financial Record

Section 26: Financial Record

Employer Travel or Credit Card – Violation of Terms

26.4.0.1

In the past **seven (7) years** have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.4.1.0, if “No” proceed to Section 26.5.0.0

Section 26.4.1.0 – Financial Record

Section 26: Financial Record

Employer Travel or Credit Card – Violation of Terms Detail

You responded ‘Yes’ to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.

26.4.1.1

Provide the name of the agency or company.

26.4.1.2

Provide the address of the agency or company.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

26.4.1.3

Provide the date of your counseling, warning, or disciplinary action.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

26.4.1.4

Provide the reason(s) for the counseling, warning or disciplinary action.

26.4.1.5

Provide the amount (in U.S. dollars) of violation.

Estimated

26.4.1.6

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

Add Optional Comment

<u>S</u> ave	<u>R</u> eset this Screen
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Electronic Form Navigation Note – At “Save” proceed to Section 26.4.2.0

Section 26.4.2.0 – Financial Record

Section 26: Financial Record

Employer Travel or Credit Card – Violation of Terms Summary

Summary of employer travel or credit card violations:

#	Date of Violation	Name of Employer	Actions	
1	02/21/1995	General Motors	Edit	Delete

26.4.2.1

Are there any other instances in the past **seven (7) years where** you have been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.4.1.0, if “No” proceed to Section 26.5.0.0

Section 26.5.0.0 – Financial Record

Section 26: Financial Record Involved or Seeking Assistance for Financial Difficulties

26.5.0.1

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.5.1.0, if “No” proceed to Section 26.6.0.0

Section 26.5.1.0 – Financial Record

Section 26: Financial Record

Involved or Seeking Assistance for Financial Difficulties Detail

You responded ‘Yes’ to currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties.

26.5.1.1

Provide explanation:

26.5.1.2

Provide the name of the credit counseling organization or resource.

26.5.1.3

Provide the phone number of the credit counseling organization.

(Check box if International)

Number	Extension	Time
<input type="text"/>	<input type="text"/>	Both <input type="button" value="v"/>

26.5.1.4

Provide the location of the credit counseling organization.

City

State

26.5.1.5

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s) provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.5.2.0

Section 26.5.2.0 – Financial Record

Section 26: Financial Record Involved or Seeking Assistance for Financial Difficulties Summary

Summary of financial assistance:

#	Name of Service	Actions
1	Credit One Counseling	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

26.5.2.1

Are you currently utilizing, or seeking assistance from any other credit counseling service or other similar resource to resolve your financial difficulties?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 26.5.1.0, if “No” proceed to Section 26.6.0.0

Section 26.6.0.0 – Financial Record

Section 26: Financial Record Financial Issues - Delinquency Involving Enforcement

26.6.0.1

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below).

Yes No

- In the past **seven (7) years**, you have been delinquent on alimony or child support payments.
- In the past **seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.6.1.0, if “No” proceed to Section 26.7.0.0

Section 26.6.1.0 – Financial Record

Section 26: Financial Record

Financial Issues Detail – Delinquency Involving Enforcement Detail

You answered ‘Yes’ to having experienced one or more of the previously stated financial issues.

26.6.1.1

Provide the name of agency/organization/individual to which debt is/was owed

26.6.1.2

Did/does this financial issue include any of the following: (Check all that apply)

- Yes
- No

- In the past **seven (7) years** , you have been delinquent on alimony or child support payments.
- In the past **seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

26.6.1.3

Provide the associated loan / account number(s) involved

26.6.1.4

Identify/describe the type of property involved (if any).

26.6.1.5

Provide the amount (in U.S. dollars) of the financial issue.

- Estimated

26.6.1.6

Provide the reason(s) for the financial issue.

26.6.1.7

Provide the current status of the financial issue.

26.6.1.8

Provide the date the financial issue began.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

26.6.1.9

Provide date the financial issue was resolved.

Not resolved

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

26.6.1.10

Provide the name of the court involved.

26.6.1.11

Provide the address of the court involved.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

26.6.1.12

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.6.2.0

Section 26.6.2.0 – Financial Record

Section 26: Financial Record Financial Issues - Delinquency Involving Enforcement Summary

Summary of financial issues:

#	Date of Issue	Agency/Institution/Individual Owed	Amount	Actions	
1	02/2007	Jane Doe (my ex wife)	\$2,500	Edit	Delete
2	11/2008	U.S. Department of Education	\$4,500	Edit	Delete
3	05/2005	GMAC	\$12,000	Edit	Delete

26.6.2.1

Other than previously listed, are there any other instances of the following occurrences?

Yes No

- In the past **seven (7) years**, you have been delinquent on alimony or child support payments.
- In the past **seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.6.1.0, if “No” proceed to Section 26.7.0.0

Section 26.7.0.0 – Financial Record

Section 26: Financial Record

Financial Issues - Delinquency Involving Routine Accounts

26.7.0.1

Other than previously listed, have any of the following happened?

Yes No

- In the past **seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past **seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past **seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past **seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past **seven (7) years**, you were evicted for non-payment?
- In the past **seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past **seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.7.1.0, if “No” proceed to Section 27.0.0.0

Section 26.7.1.0 – Financial Record

Section 26: Financial Record

Financial Issues – Delinquency Involving Routine Accounts Detail

You answered ‘Yes’ to having experienced one or more of the previously stated financial issues.

26.7.1.1

Provide the name of agency/organization/individual to which debt is/was owed.

26.7.1.2

Did/does this financial issue include any of the following: (Check all that apply)

Yes No

- In the past **seven (7) years** you had your possessions or property voluntarily or involuntarily repossessed or foreclosed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years** you defaulted on any type of loan. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years** you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years** you had an account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years** you were evicted for non-payment.
- In the past **seven (7) years** you had wages, benefits, or assets garnished or attached for any reason.
- In the past **seven (7) years** you were over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

26.7.1.3

Provide the associated loan / account number(s) involved.

26.7.1.4

Identify/describe the type of property involved (if any).

26.7.1.5

Provide the amount (in U.S. dollars) of the financial issue.

Estimated

26.7.1.6

Provide the reason(s) for the financial issue.

26.7.1.7

Provide the current status of the financial issue.

26.7.1.8

Provide the date the financial issue began.

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

26.7.1.9

Provide date the financial issue was resolved.

Not resolved

Month/Year		Est.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

26.7.1.10

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 26.2.2.0

Section 26.7.2.0 – Financial Record

Section 26: Financial Record

Financial Issues - Delinquency Involving Routine Accounts Summary

Summary of financial issues:

#	Date of Issue	Agency/Institution/Individual Owed	Amount	Actions	
1	02/2006	Shady Acres Apartments	\$7,500	Edit	Delete
2	11/2004	MBNA	\$2,000	Edit	Delete
3	05/2009	Adelphia Cable Company	\$125	Edit	Delete

26.7.2.1

Other than previously listed, are there any other instances of the following occurrences?

Yes No

- In the past **seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed. (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you defaulted on any type of loan, (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- In the past **seven (7) years**, you have been evicted for non-payment.
- In the past **seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason.
- In the past **seven (7) years**, you have been over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 26.2.1.0, if “No” proceed to Section 26.3.0.0

Section 27 SF86 “Use of Information Technology Systems”

Section 27.0.0.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems

Instructions

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government.

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

Continue

Electronic Form Navigation Note – At “Continue” proceed to Section 27.1.0.0

Section 27.1.0.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems Unauthorized Access

27.1.0.1

In the last **seven (7) years** have you illegally or without proper authorization accessed or attempted to access any information technology system?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 27.1.1.0, if “No” proceed to Section 27.2.0.0

Section 27.1.1.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems Unauthorized Access Details

You responded 'Yes' to having in the last **seven (7)** years illegally or without proper authorization entered or attempted to enter into any information technology system.

27.1.1.1

Provide the date of the incident

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

27.1.1.2

Provide a description of the nature of the incident or offense.

27.1.1.3

Provide the location where the incident took place.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

27.1.1.4

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Add Optional Comment

Save Reset this Screen

[Electronic Form Navigation Note](#) – At "Save" proceed to Section 27.1.2.0

Section 27.1.2.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems Unauthorized Access Summary

Summary of Incidents

#	Date of incident	Location	Actions
1	05/2005	Miami, FL	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

27.1.2.0

Are there any other incidents to report?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 27.1.1.0, if “No” proceed to Section 27.2.0.0

Section 27.2.0.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems

Modified/Destroyed/Manipulated/Denied Access to Information System

27.2.0.1

In the last **seven (7) years** have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 27.2.1.0, if “No” proceed to Section 27.3.0.0

Section 27.2.1.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems

Modified/Destroyed/Manipulated/Denied Access to Information System Detail

You responded 'Yes' to having in the last **seven (7)** years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

27.2.1.1

Provide the date of the incident.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

27.2.1.2

Provide a description of the nature of the incident or offense.

27.2.1.3

Provide the location where the incident took place.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

27.2.1.4

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 27.2.2.0

Section 27.2.0.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems

Modified/Destroyed/Manipulated/Denied Access to Information System Summary

Summary of Incidents

#	Date of incident	Location	Actions	
1	02/2007	Boyers, PA	Edit	Delete

27.2.2.1

Are there any other incidents to report?

Yes

No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 27.2.1.0, if “No” proceed to Section 27.3.0.0

Section 27.3.0.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems Unauthorized / Unlawful Use of Information Technology

27.3.0.1

In the last **seven (7) years** have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 27.3.1.0, if “No” proceed to Section 28.0.0.0

Section 27.3.1.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems Unauthorized / Unlawful Use of Information Technology Detail

You responded 'Yes' to having in the last **seven** (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.

27.3.1.1

Provide the date of the incident.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

27.3.1.2

Provide a description of the nature of the incident or offense.

27.3.1.3

Provide the location where the incident took place.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

27.3.1.4

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 27.3.2.0

Section 27.3.2.0 - Use of Information Technology Systems

Section 27: Use of Information Technology Systems Unauthorized / Unlawful Use of Information Technology Summary

Summary of Incidents

#	Date of incident	Location	Actions	
1	12/1999	Blacksburg, VA	Edit	Delete

27.3.2.1

Are there any other incidents to report?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 27.3.1.0, if “No” proceed to Section 28.0.0.0

Section 28 SF86 “Involvement in Non-Criminal Court Actions”

Section 28.0.0.0 - Non Criminal Court Actions

Section 28: Involvement in Non-Criminal Court Actions

28.0.0.1

In the last **ten (10) years**, have you been a party to any public record civil court action not listed elsewhere on this form?

- Yes
- No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 28.1.0.0, if “No” proceed to Section 29.0.0.0

Section 28.1.0.0 - Non Criminal Court Actions

Section 28: Involvement in Non-Criminal Court Actions Detail

You responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last **ten (10) years**.

28.1.0.1

Provide the date of the civil action.

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

28.1.0.2

Provide the court name.

28.1.0.3

Provide the address of the court.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

28.1.0.4

Provide details of the nature of the action.

28.1.0.5

Provide a description of the results of the action.

28.1.0.6

Provide the name(s) of the principal parties involved in the court action.

Add Optional Comment

Electronic Form Navigation Note – At “Save” proceed to Section 28.2.0.0

Section 28.2.0.0 - Non Criminal Court Actions

Section 28: Involvement in Non-Criminal Court Actions Summary

Summary of public record civil court actions

#	Date of action	Court	Actions	
1	03/2005	4th District	Edit	Delete

28.2.0.1

Are there any other civil court actions in the last **ten** (10) years to report?

- Yes
 No

Add Optional Comment

Save Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 28.1.0.0, if “No” at proceed to section 29.0.0.0

Section 29 SF86 “Association Record”

Section 29.0.0.0 - Association Record Instructions

Section 29: Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

Continue

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Continue” proceed to Section 29.1.0.0

Section 29.1.0.0 - Association Record

Section 29: Association Record Member of Terrorist Organization

29.1.0.1

Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.1.1.0, if “No” proceed to Section 29.2.0.0

Section 29.1.1.0 - Association Record

Section 29: Association Record Member of Terrorist Organization Detail

You responded 'Yes' to being or ever having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.

29.1.1.1

Provide the full name of the organization.

29.1.1.2

Provide the address/location of the organization.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

29.1.1.3

Provide the dates of your involvement with the organization.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

29.1.1.4

Provide all positions held in the organization, if any.

No positions held

29.1.1.5

Provide all contributions made to the organization, if any.

No contributions made

29.1.1.6

Provide a description of the nature of and reasons for your involvement with the organization.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 29.1.2.0

Section 29.1.2.0 - Association Record

Section 29: Association Record Member of Terrorist Organization Detail

Summary of Associations

#	Date of association	Location	Organization	Actions
1	From 05/2005 to 05/2006	Miami, FL	Al-Qaida	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

29.1.2.1

Do you have any other instances of being a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities to report?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 29.1.1.0, if “No” proceed to Section 29.2.0.0

Section 29.2.0.0 - Association Record

Section 29: Association Record Knowingly Engaged in Terrorism

29.2.0.1

Have you **EVER** knowingly engaged in any acts of terrorism?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.2.1.0, if “No” proceed to Section 29.3.0.0

Section 29.2.1.0 - Association Record

Section 29: Association Record Knowingly Engaged in Terrorism Detail

You responded 'Yes' to ever having knowingly engaged in any acts of terrorism.

29.2.1.1

Describe the nature and reasons for the activity.

29.2.1.2

Provide the dates for any such activities.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 29.2.2.0

Section 29.2.2.0 - Association Record

Section 29: Association Record Knowingly Engaged in Terrorism Summary

Summary of acts

#	Date of act	Nature and Reasons for the Activity	Actions
1	05/2001	<i>First 25 characters of 29.2.1.1 will be listed here with a summary ellipsis</i>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

29.2.2.1

Do you have any other instances of knowingly engaging in acts of terrorism to report?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 29.2.1.0, if “No” proceed to Section 29.3.0.0

Section 29.3.0.0 - Association Record

Section 29: Association Record Advocating Acts

29.3.0.1

Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.3.1.0, if “No” proceed to Section 29.4.0.0

Section 29.3.1.0 - Association Record

Section 29: Association Record Advocating Acts Detail

You responded 'Yes' to having ever advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

29.3.1.1

Provide the reason(s) for advocating acts of terrorism.

29.3.1.2

Provide the dates of advocating acts of terrorism.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 29.3.2.0

Section 29.3.2.0 - Association Record

Section 29: Association Record Advocating Acts Summary

Summary of acts

#	Date of act	Reason	Actions
1	09/2007	<i>First 25 characters of 29.3.1.1 will be listed here with a summary ellipsis</i>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

29.3.2.1

Do you have any other instances of advocating acts of terrorism or activities designed to overthrow the U.S. Government by force to report?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 29.3.1.0, if “No” proceed to Section 29.4.0.0

Section 29.4.0.0 - Association Record

Section 29: Association Record Member of Organization

29.4.0.1

Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.4.1.0, if “No” proceed to Section 29.5.0.0

Section 29.4.1.0 - Association Record

Section 29: Association Record Member of Organization Detail

You responded 'Yes' to having **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

29.4.1.1

Provide the full name of the organization.

29.4.1.2

Provide the address/location of the organization.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

29.4.1.3

Provide the dates of your involvement with the organization

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

29.4.1.4

Provide all positions held in the organization, if any.

No positions held

29.4.1.5

Provide all contributions made to the organization, if any.

No contributions made

29.4.1.6

Provide a description of the nature of and reasons for your involvement with the organization.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 29.4.2.0

Section 29.4.2.0 - Association Record

Section 29: Association Record Member of Organization Summary

Summary of Associations

#	Date of association	Location	Organization	Actions
1	From 01/2003 to 01/2006	Cleveland, OH	Fatah al-Islam	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

29.4.2.1

Do you have any other instances of being a member of an organization dedicated to the use of violence or force to overthrow the United States Government, which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities to report?

- Yes
 No

Electronic Form Navigation Note – If “Yes” proceed to Section 29.4.1.0, if “No” proceed to Section 29.5.0.0

Section 29.5.0.0 - Association Record

Section 29: Association Record Member of Organization Advocating Violence

29.5.0.1

Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.5.1.0, if “No” proceed to Section 29.6.0.0

Section 29.5.1.0 - Association Record

Section 29: Association Record

Member of Organization Advocating Violence Detail

You responded 'Yes' to being or ever having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

29.5.1.1

Provide the full name of the organization.

29.5.1.2

Provide the address/location of the organization.

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		

29.5.1.3

Provide the dates of your involvement with the organization.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

29.5.1.4

Provide all positions held in the organization, if any.

No positions held

29.5.1.5

Provide all contributions (in U.S. dollars) made to the organization, if any.

No contributions made

29.5.1.6

Provide a description of the nature of and reasons for your involvement with the organization.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to Section 29.5.2.0

Section 29.5.2.0 - Association Record

Section 29: Association Record

Member of Organization Advocating Violence Summary

Summary of Associations

#	Date of association	Location	Organization	Actions
1	From 03/2001 to 01/2006	Madison, WI	Taliban	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

29.5.2.1

Do you have any other instances of being a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action to report?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 29.5.1.0, if “No” proceed to Section 29.6.0.0

Section 29.6.0.0 - Association Record

Section 29: Association Record Activities Designed to Overthrow the U.S. Government

29.6.0.1

Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

- Yes
- No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.6.1.0, if “No” proceed to 29.7.0.0

Section 29.6.1.0 - Association Record

Section 29: Association Record

Activities Designed to Overthrow the U.S. Government Detail

You responded 'Yes' to having ever knowingly engaged in activities designed to overthrow the U.S. Government by force.

29.6.1.1

Describe the nature and reasons for the activity.

29.6.1.2

Provide the dates of such activities.

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At "Save" proceed to Section 29.6.2.0

Section 29.6.2.0 - Association Record

Section 29: Association Record

Activities Designed to Overthrow the U.S. Government Summary

Summary of activities

#	Date of act	Nature and Reasons for the Activity	Actions
1	01/2000	<i>First 25 characters of 29.6.1.1 will be listed here with a summary ellipsis</i>	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

29.6.2.1

Do you have any other instances of having knowingly engaged in activities designed to overthrow the U.S. Government by force to report?

Yes

No

Electronic Form Navigation Note – If “Yes” proceed to Section 29.6.1.0, if “No” proceed to 29.7.0.0

Section 29.7.0.0 - Association Record

Section 29: Association Record Associations

29.7.0.1

Have you **EVER** associated with anyone involved in activities to further terrorism?

Yes

No

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – If “Yes” proceed to Section 29.7.1.0, if “No” proceed to Continuation Space

Section 29.7.1.0 - Association Record

Section 29: Association Record Associations Detail

You responded 'Yes' to having **EVER** associated with anyone involved in activities to further terrorism.

29.7.1.1

Provide explanation.

Add Optional Comment

Save

Reset this Screen

Electronic Form Navigation Note – At “Save” proceed to continuation space.

*****Certification Block(PAPER FORM ONLY)*****

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (<i>Sign in ink</i>)	Date (<i>mm/dd/yyyy</i>)
----------------------------------	----------------------------

*****END CERTIFICATION BLOCK (PAPER FORM ONLY)*****

Electronic System Name

Investigation Request #000000

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the **Electronic System Name** Investigation Request #000000. The signature on the statement below is as valid as directly signing the same statement on a printed **Electronic System Name** Investigation Request #000000 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #000000 Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code: **3a7d97531e930256417a10e8f6adf3642fbcf70b**

Official Archival Copy PDF Hash Code:

34f08d32915cdc17122850d1d294ce1c8db04c53

Date/Time Certified in the **Electronic System Name**: **2010-01-01 12:00:00.000**

Applicant's Social Security Number: **000-00-0000**

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (<i>Sign in ink</i>)	Date (<i>mm/dd/yyyy</i>)
----------------------------------	----------------------------

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	ZIP Code	Home telephone number

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full name (<i>Type or print legibly</i>)			Date signed (<i>mm/dd/yyyy</i>)
Other names used				Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	ZIP Code	Home telephone number

For Use By Practitioner(s) Only

<p>Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, describe the nature of the condition and the extent and duration of the impairment or treatment.</p> <p>What is the prognosis?</p> <p>Dates of treatment?</p>		
Signature (<i>Sign in ink</i>)	Practitioner name	Date signed (<i>mm/dd/yyyy</i>)

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION**

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information.

The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
Signature (<i>Sign in ink</i>)	Date (<i>mm/dd/yyyy</i>)