

SSI Access Threat Assessment Questionnaire

INSTRUCTIONS: Please **print** or **type** the required information requested below for consideration of your TSA sensitive security information (SSI) access request. Please bring the completed form with you when you submit your fingerprints, location to be determined by TSA. Complete Section 3 by selecting the appropriate responses and providing any required additional details on a separate page for submission with your completed access questionnaire. Please reference the corresponding number for the Section 3 question that you are addressing by marking your response with that number.

| SECTION 1 – CONTACT INFORMATION | | | | |
|---|--|--|--|--|
| | | | | |
| Full Legal Name (Last, First, Middle) | | | | |
| | | | | |
| Aliases and/or Prior Names, if any | | | | |
| | | | | |
| Name of Employer | | | | |
| Work Address (Street, City, State, Zip Code) | | | | |
| Work Fladitess (Street, Orly, State, 21p Code) | | | | |
| Mailing Address (Street, City, State, Zip Code), if different from Work Address | | | | |
| | | | | |
| Email Address, if email correspondence is preferred | | | | |
| | | | | |
| | | | | |
| SECTION 2 – PERSONAL INFORMATION | | | | |
| | | | | |

| SECTION 2 – PERSONAL INFORMATION | | | | | | |
|---|---|------------|--------------------------|-------------------------------|--|---|
| | | | | | | |
| Residential Address (Street, City, State, Zip Code), if different from Mailing Address. | | | | | | Residential Phone No. |
| ☐ Male ☐ Female | | | | | | |
| Gender | Date of Birth (<i>mmddyyyy</i>) | Place of B | Place of Birth (Country) | | | Social Security No.: |
| | | | | | | This information is voluntary and may expedite the adjudication process for applicants. |
| | | | | | | |
| Country of Citizenship | Alien Registration No., if applicable Non-Imi | | Non-Immiş | grant Visa No., if applicable | | |
| | | | | | | |
| Passport Country and No.: KTN: | | | KTN: | | | |
| This information is voluntary and may expedite the adjudication process for applicants who are U.S. citizens born abroad. | | | | | | |
| SECTION 3 – ADDITIONAL QUESTIONS | | | | | | |

SSI Access Threat Assessment Questionnaire

| <u>At</u> | Attorney Applicants Only: | | | | | |
|-----------|---------------------------|--|--|--|--|--|
| 1. | Yes No | Are you, and have you always been, in good standing with every bar to which you are, or have been, a member? If 'No', please provide a detailed explanation on a separate piece of paper. | | | | |
| 2. | Yes No | Have you ever been denied admission to any bar? If 'Yes', please provide a detailed explanation on a separate piece of paper. | | | | |
| 3. | Yes No | Have you ever been disciplined, admonished, suspended, disbarred or otherwise sanctioned by or from any bar of which you are, or have been, a member? If 'Yes', please describe on a separate piece of paper each such incident, even if the sanction later was withdrawn, suspended or modified. | | | | |
| 4. | Yes No | Has any person or entity, while represented by you, ever been held in contempt for violating a confidentiality or protective order in a judicial or administrative proceeding? If 'Yes', please describe on a separate piece of paper each such incident, even if the citation later was withdrawn, suspended or modified. | | | | |
| 5. | Yes No | Has any person or entity, while represented by you, ever been sanctioned as a result of conduct related to a judicial or administrative proceeding? If 'Yes', please describe on a separate piece of paper each such incident, even if the sanction later was withdrawn, suspended or modified. | | | | |
| <u>C</u> | ourt Reporter Ap | pplicants Only: | | | | |
| 6. | Yes No | Are you currently listed on the registry of the National Court Reporters Association, or have you passed an equivalent qualifying examination? If 'Yes', please specify the registri(es) on a separate piece of paper. | | | | |
| 7. | Yes No | Do you currently hold a clearance for access to classified national security information under Executive Order No. 12958? If 'Yes', please specify on a separate piece of paper the level of the clearance and the agency that granted it. | | | | |
| 8. | Yes No | Have you ever been denied any type of security-related clearance with the Federal government? If 'Yes', please provide a detailed explanation on a separate piece of paper. | | | | |
| 9. | Yes No | Have you ever been disciplined or terminated for the mishandling of information? If 'Yes', please provide a detailed explanation on a separate piece of paper. | | | | |
| <u>Al</u> | l Applicants: | | | | | |



SSI Access Threat Assessment Questionnaire

| 10. Yes No | Have you ever been held in contempt for violating a confidentiality or protective order in a judicial or administrative proceeding? If 'Yes', please describe on a separate piece of paper each such incident, even if the citation later was withdrawn, suspended or modified. | | | |
|--------------------|---|--|--|--|
| 11. Yes No | Have you ever been sanctioned as a result of conduct related to a judicial or administrative proceeding? If 'Yes', please describe on a separate piece of paper each such incident, even if the sanction later was withdrawn, suspended or modified. | | | |
| 12. Yes No | Do you agree to abide by the TSA instructions concerning the handling of SSI in connection with this proceeding in the absence of any contrary ruling by the Cou | | | |
| Pursuant to 28 U.S | S.C. § 1746, I declare under penalty of perjury that the foregoing is true and | | | |
| Executed on: | Signature: | | | |
| _ | cial review of TSA's final decision on my threat assessment, I authorize TSA to ng and any other information related to my threat assessment to the court(s) t review. | | | |
| Executed on: | Signature: | | | |

PRIVACY ACT STATEMENT: AUTHORITY: 49 USC § 114; HR 5441 Section 525(d); 49 CFR Part 1520. **PRINCIPAL PURPOSE(S):** TSA will use this information to conduct a threat assessment on individuals who seek access to Sensitive Security Information (SSI) for use in a civil proceeding in federal court. **ROUTINE USE(S):** This information may be shared with law enforcement, intelligence, or other government agencies as necessary to identify and respond to potential or actual threats to transportation and under the Privacy Act routine uses identified in the TSA system of records, DHS/TSA-002 Transportation Security Threat Assessment System. **DISCLOSURE:** Furnishing this information is voluntary; however, failure to provide the requested information may delay or prevent TSA from completing your security threat assessment, without which you will not be granted access to SSI.

PAPERWORK REDUCTION ACT STATEMENT: TSA is collecting this information to conduct a threat assessment to determine your eligibility to gain access to Sensitive Security Information (SSI) for use in connection with a federal civil court proceeding. This is a voluntary collection of information, but failure to provide the information may result in an inability to approve your eligibility to gain access to SSI for use in connection with a federal civil court proceeding. TSA estimates that the total average burden per response associated with this collection is approximately 161 minutes. If you have any comments regarding this form, you may write to: ATTN: TSA PRA Officer, TSA-11, 601 S. 12th Street, Arlington, VA, 20598-6011. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB number for this for is 1652-0042, which expires 07/31/2017.