# **Questionnaire for National Security Positions**

OMB No. 3206–0005 Form: SF 86

Interactive/Branching Electronic Questionnaire

# Questionnaire Content Guide

(DRAFT)

# FOR REFERENCE ONLY NOT A FORM FOR COMPLETION

**Federal Register** /

#### 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 (SF 86)" 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.



#### OFFICE OF PERSONNEL MANAGEMENT

#### Questionnaire for National Security Positions, SF 86

#### 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 access to classified information, 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 may become 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, as amended by EO 13478.

#### 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, your 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 or legally recognized civil union/domestic partner, 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.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

#### 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 as soon as possible 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**

- 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. 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. 6. For telephone numbers in the U.S., ensure that the area code is included.
- 7. 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.

#### 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 prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), 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

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You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

#### Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

- a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.
- c. To any source from which information is requested in the course of an investigation, 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.
- d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.
- f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.
- h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.
- i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
- j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.
- I. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- m. To disclose information to the National Archives and Records Administration for use in records management inspections.
- n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
  - (1) OPM, or any component thereof; or
  - (2) Any employee of OPM in his or her official capacity; or
  - Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
- (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.
- o. For the Merit Systems Protection Board—To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.
- q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.
- s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.
- t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.
- u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.
- v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.
- w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.
- x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.
- y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.
- z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.
- aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license graph, or other branch the requesting agency to the extent that the information is relevant and necessary to

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Email addresses may be used as a contact method, and identify subject

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								ame:	name:	:	
	Provide the date the docume			1		Date		Estima		- F	1 (*
	Provide the basis of derived <i>explanation</i> )	citizensnip By	y operation of la	aw throu	ugn my U.	.s. citizen j	oarent.	- Otner (I	rovide	Exp	lanation
	Not a U.S. Citizen										
	Provide your residence statu	s. Statu	s (Free Text)	Provid	de your da	ate of entry	into the	e U.S.	Date		
									Estimate	d□	
Branch	Provide your country(ies) of			Provid	de your pl	ace of entr			City (Fre	ee Text)	State
Dianch	Provide your alien registration					Registrat		1			
Citizenship	Provide document expiration					Date		Estima		-	1
Not a U.S.	Provide type of document is number, I-20, DS-2019, etc.)		. V1sa-red foil			(red foil ni explanatio		1-20, DS-	2019,	Exp	lanation
citizen	Provide document number.	<u> </u>		Oinei	(Froviae	Documer		er (Free '	Cevt)		
	Provide the name in which the	ne document wa	s issued.		Last na		First na		/Iiddle na	me:	Suffix:
	Provide the date document		Estimate	ed □ I		ocument ex					timated
	was issued.				date.		1				
Section 10	– Dual/Multiple Citiz	enchin & F	oreign Pag	snort	Inform	nation		•			
	ave you EVER held dual/mult			spurt	ппоп	nauvii				YES	S NO
Branch	You answered "Yes" to havi			tizenshi	р					112	, 110
Dranch	Provide country of citizenship	p.	During	g what p	eriod of t	ime did yo	u hold c	itizenshir	with this	s countr	y?
Dual/Multiple	Provide the date range that y	ou held this citiz	zenship, beginni	ing with	the date	it was	From		To D	Date	
Citizenship	acquired through its terminal	ion or "Present,	" whichever is a	appropri	iate.		(Estin	nated)			Present)
	How did you acquire this no	DKAFqitizereb	<u>idecusionnay</u>	e opppzeje	BERKT	v <del>E</del>			How	(Free T	Text)

(Multiple		•	renounce your fore	ign citizenship	?				YES NO
Entries		anation: (Free T			1.1 .1				ALEG MO
Allowed)	Branch If Present/C	urrant	Do you currently Provide explanation		p with th	ns country?			YES NO
			tizenships you have		multinle	•			
	Select Count		dzensinps you nave	iisted. 7iiiow		Dates of Citizensh	nip	Actions	
			tizenship to provide	?	Y	ES (Yes adds an	other entry)	NO (Req	uired to validate)
Have you EVER			ntity card for travel)						YES NO
			ing been issued a pa			for travel) by a		than the U.S	3.
			the passport (or ide (or identity card) w		issued.		Country:	- Est	imated □
Branch			rt (or identity card) w				City	- Est	Country
Foreign			assport (or identity of		d:			First N	Middle Suffix
Foreign Passport (or									iame:
Identity Card)			tity card) number.	1.			Passport# (		
21.11.1			tity card) expiration assport (or identity of		n travel?	)	Date	- Est	imated □  YES NO
(Multiple Entries	Branch	V ZIV used tims po	Provide the country				Country	From Dat	
Allowed)	•	tries Allowed)	passport (or identi	ty card) and th	e dates i		,	(Estimate	
	Do you have report?	an additional fo	reign passport (or ic	lentity card) to		YES (Yes adds anoth	her entry)	NO (Required	d to validate)
Section 11 -	- Where Y	ou Have Li	ived						
List the places w	here you have	lived beginning	with your present re						
			al physical location	-					•
			our time between on rovide a minimum o				od, you must	list all resid	ences. Do not list
		_	of less than 90 days	-			r mailing add	lress.	
For any address i	n the leat 2 ve		rson who knew you	at that adduses	and wh	o muofonalily atill	l livrag in that	omoo Do moo	t list masmla vibs
			s 3 year period, and						
Enter residence i	nformation. (	Multiple Entries	Allowed)						
Provide dates of				From Date	e (Estim	ated)	To Da	ate (Estimate	ed/Present)
		d by you 🗆 Rent	ted or leased by you				explanation)	Explanati	ion (Free Text)
Provide the stree		- II: 4 - 1 Ct-t	-41	Street add	ress and			4	
State and Zip Co		ie United States;	otherwise provide	State		Zip Code	Coun	try	
Branch Physical	You have in	dicated an APO/	FPO address; provide adquarter. Provide	de physical loca	ation dat	a with street add	ress, base, po	ost, embassy	, unit, and country
Location		ss/Unit/Duty Lo					City o	or Post Name	e
			ited States, or Coun				State	and Zip Cod	le or Country
Branch			ss outside of the Uni						VEC NO
APO/FPO Address	Branch If Y		O address while at t APO/FPO address:	nis location?	Addres	s APO or FP	ΔΡΩ/	FPO State C	YES NO Code Zip Code
ridaress			or, landlord (if rent	al), or other pe				11 O State C	.oue   Zip Code
	Provide the	I a		iddle Suffix		vide date of last of		Date	;
		na		me:	2.7		1 7 11		nated 🗆
	Provide you	r relationship to	this person (check a	ll that apply)		eighbor   Frien  ther (Provide exp			
	Provide the	following contac	t information for thi	s person :		or (110 vide ex	AMINGIOII) EA	.p.m.m(1	100 IOAL)
			per for this person:	Number/Ext	Prov	vide daytime pho	ne number fo	or this person	
				ension _Check box					nsion _Check box
				if					if
Branch				international					international
				_I don't					_I don't
Person Who	Drovido coll	mobilo phono n	umber for this person	know	Nue	nber/Extension _	Chaok boy if	internations	know
Knew you	1 Tovide cell	moone phone no	illiber for this person			on't know	CHECK DOX II	memanona	u
(if address	Provide e-m	ail address for th	is person:		Ema	ail (Free Text) I	don't know □	]	
dates within		et address for thi	s person (including	apartment	Stre	et address	City		ļ
last 3 years)	number).	country if outside	the United States; o	otherwise	Stat	e	Zip C	ode	Country
		e and Zip Code.							
	Branch	You have indic	cated an APO/FPO a						post, embassy,
	Physical		ry location or home		quarter.	Provide physic			
	Location		Unit/Duty Location for ports in United S		ry locati	on		or Post Name	e le or Country
			cated an address out			OII.	State	and Zip COC	ic of Country
	Branch APO/FPO	Does the perso	n who knew you ha	ve an APO/FP	O addres				YES NO
	Address		ave indicated that th						
Do you been		Branch If Yes	Provide APO/FF	O address:	Addres			PO State Co	
Do you have an a	auutional resi	defice to report?			1 E3 (	Yes adds another	cnuy)	INO (Req	uired to validate)

			18th birthday, unl the last 10 years	ess to provide a minimum of	two years educat	ion history. (Mult	tiple Entries Allow	ved) YES	NO
		tending School		Have you received a degree	or diploma more	than 10 years ago	0?	YES	NO NO
		vide the dates of		From Date (Estimated)	1	To Date (Estim			.1
	Sele	ect the most ap		,			Military College	0.11. 0.1	1 1
	Prov	vide the name		□ Vocational/Technical/Trad	e School 🗆 Co	Name (Free Te	stance/Extension/	Online Sc.	hool
				ool. For correspondence/dista	ince/	Street address	City		
				ne address where the records a					
				ol address, refer to					
			ccreditation/searc	ch.aspx nited States; otherwise provide	State and Zin	State	Zip Code	Cox	untry
Branch	Cod		y ii outside the Oi	med States, otherwise provide	State and Zip	State	Zip Code	Col	unuy
If Yes to				3 years, list a person who kne					
Attending				han 3 years ago. For correspo	ondence/distance	/extension/online	schools, list some	one who	knew
Schools			eived this education	on. ows/knew you at school:	Last name:	First n	ame:	nitial Onl	lv =
O.D.		n't know	or person who kin	ows/knew you at senson.	Last name.	Thistin		No First N	
OR				son (including apartment num		Street	City		
Yes to			y if outside the Ur	nited States; otherwise provide	State and Zip	State	Zip Code	Cor	untry
Receiving a	Cod		number for this p	nerson		Number/Extens	sion Time Day N	ight Both	
Degree or Diploma	110	vide telephone	number for this p	crson.			International or D		
Dipionia						number		•	
				n: □ I don't know		Email (Free Te			
		•	degree/diploma?	of degrees(s)/diploma(s) rece	ived and date(s)	awarded.	YES N	U	
		nch	Degree/diplor			Other degree/d	iploma		
		es to eiving Degree		• Bachelor's • Master's • I	Doctorate	Other Degree (			
				al Degree (e.g. MD, DVM, JD		Month / Year			nated
				o enter (include education with as more than 10 years ago)?	hin the last 10	YES (Yes adds another entry)	NO (Requir	ed to value	date)
G 4' 1			<u> </u>				<u>l</u>		
				es – Employment &			1 1: 1 1	10	TPI
				employment and self-employ.  If the employment activity w					
				ate entries for employment ac					
addresses. D	o not l	ist employmen		h birthday unless to provide a					
(Multiple Ent			- Active militer	y duty station = National Cu	and/Dagamia = I	ICDIIC Commissi	ionad Corns		
□ Other Fede				y duty station Dational Gunent (Non-Federal employmen			oned Corps  □ Unemploymen	t	
□ Federal Co			□ Non-governme	ent employment (excluding se			□ Other (Provide		ion)
Other Type F	Explana	ation (Free Tex		ovide dates of employment.	From Date (Es	timated)	To Date (Estima	ted/Prese	nt)
				Reserve, or USPHS Commiss for this position:   Full-time					
			assigned duty	Duty station (Free Text)		our most recent	Rank/position (	Free Text)	)
		station durin	g this period.		rank/positi	on title.			
			ess of duty station		Street add	ress	City		
			ntry if outside the e and Zip Code.	United States; otherwise,	State		Zip Code	Cour	ntry
		Telephone n			Number/E	xtension Time D	ay Night Both _0	Check box	x if
					Internation	nal or DSN phone	number		
		Branch		ited an APO/FPO address; pro					ost,
		Physical		nd country location or home public location:	port/freet neadqua		sical location data	4.	
Branch		Location		ports in the United States, or	country location		Zip Code	Cour	ntry
		Branch	You have indica	ited an address outside of the					NO
If Employme		APO/FPO	address while at		1 t A 1000m	ADO/EDO	ADO/EDO G	7: 0	ode
Type is Activ Duty, Nationa		Address Provide the r	Branch If Yes	Provide APO/FPO add		APO/FPO or name (Free Tex	APO/FPO State	Zip C	oue
Guard/Reserv				of your supervisor.		or rank/position (			
or USPHS				our supervisor.   I don't know	w Supervise	or email (Free Te			
Corns	ed	_	*	ation of your supervisor.	Street ad	dress	City		
Corps			ntry if outside the and Zip Code.	United States; otherwise,	State		Zip Code	Cour	ntry
			ervisor telephone	number.	Number/	Extension Time	L Day Night Both	Check be	ox if
					Internation	onal or DSN phor	ne number		
				ated an APO/FPO address for					
		Branch	address, base, po	ost, embassy, unit, and countriervisor:	y location or hon	ie port/fleet head	quarter. Provide p	nysical lo	cation
		Physical		Jnit/Duty Location:			City or Post Na	ne:	
		Location	Provide state for	r ports in the United States, or	State		Zip Code	Cour	ntry
		D 1	country location	ited an address outside of the	United States D'	d/door vous	maigor horro	YES	NO
		Branch	r ou nave indica	ned an address offiside of the	onneu States. Di	u/uoes your supe	i visor nave an	1 1 1 1	NO
						, ,		1 Lb	
		APO/FPO Address		ess while at this location?  Provide APO/FPO add		APO/FPO	APO/FPO State		

Provide most recent position title. Position (Free Text) If Employment Select the employment status for this position: ☐ Full-time ☐ Part-time Type is Other Employer name (Free Text) Provide the name of your employer. Federal Provide the address of employer. Street address City employment, Provide Country if outside the United States; otherwise, State Zip Code Country State provide State and Zip Code. Government, Provide telephone number. Number/Extension Time Day Federal Night Both \_Check box if Contractor, Non-International or DSN phone government number employment, or Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on Other 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  $\square$ (Multiple Entries Allowed) To Date (Estimated/Present) Dates of employment From Date (Estimated) Supervisor (Free Text) Position (Free Text) Supervisor Is/was your physical work address different than your employer's address? NO Ε Street Address Provide the work address where you are/were physically located. City Provide Country if outside the United States; otherwise, State Zip Code Country provide State and Zip Code. Provide telephone number: Number/Ext. You have indicated an APO/FPO address; provide physical location data with either street address, base, post, Branch embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: Physical City or Post Name: Street Address/Unit/Duty Location: Location Provide state for ports in the United States, or country location. State Zip Code Country You have indicated an address outside of the United States. Do you or did you have an APO/FPO YES NO Branch address while at this location? APO/FPO Provide APO/FPO address: APO/FPO APO/FPO Address Zip Code Address **Branch** if Yes State Provide the name of your supervisor. Supervisor name (Free Text) Provide the position title of your supervisor. Supervisor position (Free Text) Supervisor email (Free Text) Provide the email address of your supervisor. 

I don't know Provide the physical work location of your supervisor. Street address City Provide Country if outside the United States; otherwise, provide State and Zip Code. Zip Code Country Number/Extension Time Provide the telephone number for this supervisor. Day Night Both Check box if International or DSN phone number You have indicated an APO/FPO address for your supervisor; provide physical location data with either street Branch address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location Physical data of your supervisor: Location Street Address/Unit/Duty Location: City or Post Name: Provide state for ports in the United States, or country location. State and Zip Code or Country You have indicated an address outside of the United States. Did/does your supervisor have an YES APO/FPO APO/FPO address while at this location? Address **Branch** if Yes Provide APO/FPO address: Address APO/FPO APO/FPO State Zip Code Self-Employment Provide most recent position title. Position (Free Text) Select the employment status for this position:  $\square$  Full-time  $\square$  Part-time Employment Provide the name of your employment name (Free Text) Provide the address of employment. Street address City Provide Country if outside the United States; otherwise, provide State and Zip Code. Zip Code Country State Provide telephone number. Number/Extension Time Day Night Both \_Check box if International or DSN phone number Is your physical work address different than your employment address? YES NO Provide the work address where you are/were physically located. Street address City State Provide Country if outside the United States; otherwise, provide Zip Code Country Branch State and Zip Code. Branch Physical Provide telephone number: Number/Extension Time Day Location Night Both \_Check box if If Employment International or DSN phone Type is Selfnumber Employment You have indicated an APO/FPO address; provide physical location data with either street address, base, post, Branch embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: Physical Street Address/Unit/Duty Location: City or Post Name: Location Zip Code Provide state for ports in the United States, or country location. State Country You have indicated an address outside of the United States. Do you or did you have an APO/FPO YES NO Branch APO/FPO address while at this location? **Branch** if Yes Provide APO/FPO address: Address APO/FPO State Address Zip Code Provide the name of someone that can verify your self-employment Last name: First name:

	Provide the	addres	ss of this verifier			Street address	C	ity			
					es; otherwise, provide	State and Zip Code.	State	Zip Co	ode	Count	rv
			one number for t			Number/Extension 7					
	_ 10.1de ine	. J. JPII		perso		International or DSN					
		You	have indicated a	n APO/	FPO address for your	self-employment verifie			locat	on data	with
	Branch					country location or hor					
	Verifier		sical location dat			country location of nor	ne porem	cet freudq.	aurter.	110110	Ŭ
	Physical		et Address/Unit/				C	ity or Post	Name	ź.	
	Location				United States, or coun	atry location S	tate	Zip Co		Count	
	Branch					d States. Does your self				YES	NO
	Verifier		e an APO/FPO a		ss outside of the Office	d States. Does your sen	cilipioyi	nent verm	ici	1123	NO
	APO/FPO	nave	all Al O/11 O at		e APO/FPO address f	or this porson:	Λ.	ddress		APO/F	ZDO.
	Address	Bra	nch if Yes		FPO State	or this person.		ip Code		AFO/I	10
	Unemploym	ont		AI 0/1	1 O State		731	p Couc			
			of someone who	oon vori	fy your unampleymer	nt activities and means of	£	Last n	oma:	Eiret	name:
	support.	name	of someone who	can ven	iry your unemploymen	it activities and means (	,1	Last II	anne.	First	name.
		oddroc	ss of this verifier		1	Street address	C	itar			
					es; otherwise, provide		State	Zip Co	oda	Coun	tes
			one number for t			Number/Extension Tim					
Branch	Flovide tile	telepii	one number for t	ins perso		International or DSN ph			_CIIC	CK DOX 1	1
If Employment		Vou	have indicated	n ADO/		unemployment verifier;			ocatio	a doto v	ith
Type is	Branch					country location or hor					
Unemployment	Verifier		sical location dat			country location of nor	ne port/11	cci neauqi	uarter.	Tiovid	
Chempioyment	Physical	•	et Address/Unit/				C	ity or Post	Name		
	Location				United States, or coun	ntry location	State	Zip Co		Coun	itry
	Branch					d States. Does your une				YES	NO
	Verifier		e an APO/FPO a		ss outside of the office	d States. Does your une	mpioyine	ant verme	L	1 LS	140
	APO/FPO				e APO/FPO address f	or this person:	Δ	ddress		APO/I	PO.
	Address	Bra	nch if Yes		PO State	or tins person.		ip Code		711 0/1	10
		reason	for leaving the					eason (Fre	e Tev	+)	
						in the last seven (7) ye		243011 (110	C ICA	YES	NO
						nutual agreement follow		ges or		125	110
						notice of unsatisfactory					
Branch		İ	Select the type	of incide	ent: • Fired • Quit of	after being told you wou	ld be fire	ed e			
			• Left by mutua	l agreen	nent following charges	s or allegations of misce	nduct				
If Employment	Branch		• Left by mutua	l agreen	nent following notice o	of unsatisfactory perform	nance				
Type is Active	*****		Branch		Provide the reason f	or being fired.		J	Reason	ı (Free T	'ext)
Duty, National	If Fired, Qui		If Fired		Provide the date you	ı were fired.		J	Date/ I	Estimate	d□
Guard/Reserve, USPHS	Left by Muti Agreement,		Branch		Provide the reason f	or quitting.		1	Reason	ı (Free T	ext)
Commissioned	Left After	OI	If Quit		Provide the date you	quit after being told yo	ou would	be I	Date/ I	Estimate	d□
Corps, Other	Unsatisfacto	rv	ii Quit		fired.						
Federal	Performance	-	Branch			or allegations of misco			Charge	es (Free '	Text)
employment,	Terrormanee		If Left after Ch	arges	Provide the date you	a left following charges	or allega	tions I	Date/ I	Estimate	d□
State	(Multiple		ii Ecit arter Cii	urges	of misconduct.						
Government,	Entries		Branch			s) for unsatisfactory per				ı (Free T	
Federal	Allowed)		If Left Unsatist	factory		ı left by mutual agreem	ent follov	ving a I	Date/ I	Estimate	d □
Contractor, Non-			performance		notice of unsatisfact						
government						her reason for leaving to		(Yes adds		IO (Req	
employment,			report for this e					her entry)	t	o validat	
Self-						red a written warning, b			0	YES	NO
Employment,		i, susp				rkplace, such as a violat	ion of se	curity poli	icy?		
Unemployment,	<b>Branch</b> If Discipline	d				iplined for misconduct.	nded	- 1	Do4= / T	Estimate	d =
or Other	Warned.	a,		montn ai	na year you were wari	ned, reprimanded, suspe	naea or	1	Jate/ I	esumate	a 🗆
	Reprimande	dor	disciplined.	rancon(c	) for haing warned ra	nrimondad susmandad s	r disainli	nod I	200001	(Free T	ovt)
	Suspended	u, or			instance of discipline	primanded, suspended o		(Yes adds		IO (Reg	
	(Multiple Er	ntries	provide?	anomei	mstance of discipline	or a warning to		her entry)		o validat	
	Allowed)	Itilos	provide:				anou	iei entry)	U	) vanuai	e)
Do you have an add		vment	activity to enter	?		YES (Yes adds anoth	er entry)	NO (F	leauir	ed to val	idate)
			•		ner Federal Ser	1	· · · · · · · · · · · · · · · · · · ·				
						licated previously, to re	2 C ant 2			YES	NO
Do you have former			eral Service Deta		itary service, NOT ind	ilcated previously, to re	JOIL?			IES	NO
Branch			s of federal civil		ormant 1	From Date (Estimated)	To D	Date (Estin	antad/	Duncomt)	
					cy for which you are/w		_	1	iateu/	Present)	
If Yes to Former				rai agenc	cy for which you are/w	vere emproyed.	Nam		F T		
Federal Service	Provid	e your	r position title. location of the ag	roncri	Τ.	Street address		tion title (I	rree I	ext)	
						Street address	City	4- 7:-	C-1-		
(Multiple Entries						ovide State and Zip Cod			Code		ıntry
Allowed)					d civilian employment	, excluding military		(Yes adds		IO (Requ	
C4'- 12			Γ indicated previ	ousiy, to	report:		anou	her entry)	t	o validat	<i>C)</i>
Section 13c –									44.		
						activities that you have					u will
be required to add a					• Fired from a job?	• Quit a job afte	er being t	old you w	ould b	e fired?	
<ul> <li>Have you left a join</li> </ul>	o oy mutual ag	greem	ent following ch	arges or	allegations of miscond	iuct?					

- 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 DRAFT PRE-DECISIONAL DELIBERATIVE

policy?										
r sarry.									YES	NO
Section 14	4 – Selective	Servi	ice Record							
	n a male after De							YE	S N	O
· ·	Selective Ser	rvice Re	gistration						,	
	Have you re	gistered	with the Selective Service				lon't kno			O
Branch	Branch		The Selective Service w					nber for pers	ons wh	o have
	If Yes		registered. Note: Select Provide registration nur		iber is not your Soc			on number (F	Fron Tox	·+)
If Yes to Born	Branch		You responded 'No' to h		with the Selective			on number (1	iee iex	.()
Male After	If No		Provide explanation	naving registered	with the Beleenve			on (Free Text	:)	
12/31/1959	Branch		You responded 'I don't	know' to having	registered with the				/	
	If I Don't Kı	now	Provide explanation			Ex	kplanatic	n (Free Text	()	
Section 15	5 – Military	Histo	rv							
	ER served in the								YES	NO
Ĭ			having served in the U.S	S. Military:						
			ervice you served in:	State of service	e, if National	Officer or e		Provide yo	our serv	ice
	$\Box Army \ \Box Arm$		al Guard Air National Guard	Guard Provide your st		☐ Not Appli☐ Officer	icable	number.		
	□ Marine Corp				atus Active Reserve	□ Enlisted		Number (I	Eroo To	vt)
	= marine corp	5 L COU	Si Guara	□ Inactive Rese		- Emisted		Number (1	1100 10.	λί)
	Provide your da	ates of se	ervice.	From Date (Es		To Date (Es	timated/	Present)		
	Were you disch		om this instance of U.S. r						YES	NO
			esponded 'Yes' to being d	lischarged from U	J.S. military service	e, to include R	eserves			
	Branch		ional Guard. e the type of discharge yo	n received:	Honorable □ Disho	norable □ Un	der Othe	r than Honor	able	
Branch	If Yes to				Other (provide type)		der Othe	i tildii i ionoi	aoic	
1037	Discharged		e other discharge type:			Dis	charge e	xplanation (l	Free Te	xt)
If Yes to Serving in			e the date of discharge lis				e/Estima			
the U.S.	Branch If Dis			e the reason(s) fo			- ' / '	Free Text)		
Military			military service to report re you been subject to cou			dds another er		NO (Require	d to val YES	idate) NO
0.5.12.1			MJ), such as Article 15, C				e Unitor	III Code	I ES	NO
(Multiple Entries	or minuty vas		esponded 'Yes' to having				procedui	re under the	Uniforn	n Code
Allowed)		of Mil	itary Justice (UCMJ), suc	h as Article 15, C	Captain's mast, Arti	cle 135 Court	of Inqui	ry, etc. in the	last 7 y	
,			e the date of the court ma					Date (Estima		
	Downsk		e a description of the Uni harged.	form Code of M	llitary Justice (UCN	AJ) offense(s)	for whic	h you	Descri (Free	
	Branch		e the name of the discipli	nary procedure.	such as Court Marti	al. Article 15.	Captain	's mast.	Name	
	If Yes to	Article	135 Court of Inquiry, etc	e. • 1			•		(Free	
	Military		e the description of the m					(title of	Descri	
	Discipline		or convening authority, ad					:14	(Free	
			e the description of the fin not guilty, fine, reduction			edure, such as	round g	unity,	Descri (Free	
			last 7 years do you have			dds another er	ntry)	NO (Require		
		instanc	ce of military discipline to	report?			-	_		ĺ
			r military member in a fo	reign country's r	nilitary, intelligence	e, diplomatic,	security	forces,	YES	NO
militia, other o	defense force, or		hent agency?  having EVER served as	a civilian or mil	itary mambar in a t	foreign country	z's milite	ory intelliger	nco	
			ces, militia, other defense			ioreign country	y 5 IIIIII (	ary, interinger	iice,	
	During your for	reign ser	vice, which organization	were you serving	g under:   Military	(Army, Navy,	Air For	ce, Marines,	etc.), S	pecify
			☐ Diplomatic Service ☐ Se	ecurity Forces	Militia □Other De	fense Forces, S	Specify	□ Other Go	vernme	nt
	Agency, Specif		foreign arganization				Nome	(Enca Tout)		
	Provide the har		e foreign organization.	From Date (	Estimated)		To Da	(Free Text) te (Estimated	d/Presei	nt)
Branch	Provide the nar				r highest position/r	ank held		on held (Free		11)
YOY			epartment/office in which	you served.	0 1			on (Free Tex		
If Yes to Serving in a			of the circumstances of yo		th this organization	1.		iption (Free		
Foreign			of the reason for leaving the ct with current or former		•	C		iption (Free		NO
Military	organization?	iii conta	ct with current of former	associates, conea	igues, or acquaintai	ices from your	service	III uiis	YES	NO
Multiple		You re	esponded 'Yes' to maintai	ining contact with	current or former	associates, col	leagues,	acquaintanc	es from	your
(Multiple Entries	Dunnah	service	e in this organization; pro	vide full name, a	ddress (if known),	official title, le	ngth of a	association, a		
Allowed)	Branch		tact for each former assoc						CI CC	
	If Yes to		e the contact's full name. e the contact's address.		Last name: Street address	First name:	Middl City	e name:	Suffix	(
	Maintain		e Country if outside the U	nited States: othe	· .	State		Code	Coun	ıtrv
	Contact		nd Zip Code.		, F-3 , 100					
	(Multiple	Provid	e the contact's official titl					icial title (Fr		
	Entries		e the length of your assoc			te (Estimated)	To	Date (Estima	ated/Pre	esent)
	Allowed)		e the frequency of contact have an additional foreign		Frequency (Free		NIC	(Dagwinsd +	o vol:4-	ita)
		-	a nave an additional foreign contacts to report?	gii iiiiitary	YES (Yes adds a	nomer entry)	INU	(Required to	o vanua	uc)
	Do you have an		nal foreign military service	ce to report?	YES (Yes adds a	nother entry)	NO	(Required to	o valida	ite)

		le Who Know Yo								
Provide three	people who	know you well and who	preferably live i							
		collectively aware of your he last seven (7) years. I								
(Multiple Ent					(-7,	,				
Provide dates	s known.	From Date	To Date (Estin	nated/Present)	Provide full		Fir		Middle	Suffix
Provide rank/	/title	(Estimated) Rank/title (Free Text)	Provide relation	onship to you: (Che	ack all that an	name:	nar r – Frie		name: Explanati	on
□ Not applica		Kank/title (Free Text)		ate □ Schoolmate					Free Tex	
Provide phon		r this person.	□ I don't kno				-/			e/Extensi
									on Time	
									Night Bot Check b	
							437		nternatio	
								I	OSN phoi	ne
D		1 0 11	X 1 2 1						number	
Provide mobi	ile/cell phon	e number for this person.	□ I don't kno	W					Felephone ension Ti	
									Night Bot	
									Check b	ox if
									nternatio	
									OSN phoi number	ne
Provide e-ma	il address fo	r this person.	□ I don't kno	W					Email (Fr	ee Text)
		dress for this person.		Street address		City				
		e the United States; other				NO (Requir		Zip (	Code	Country
		l person who knows you		YES (Yes adds	another entry)	NO (Requir	ed to va	ndate)		
Section 1	7 – Mari	tal/Relationship	Status				11			
		ital/relationship status wi red into a civil marriage,								a legally
recognized do	omestic part	nership or legally recogn	ized civil union	$\Box$ Separated $\Box$ An	nulled 🗆 Div	orced/Dissolved	urmersn ⊓ □ Wide	owed	renity in	u ieguiiy
	You selec	ted "Currently in a civil r	narriage," "curr	ently in a legally re	ecognized civ	il union or legal	ly recog	nized do		
		p" or "Separated." Comp						ge, legall	y recogni	ized civil
	Provide fu	legally recognized domes		irst Middle		Provide date of			Date	(Est.)
	Trovide it	in name.		ame: name:	Bullix	Trovide date of	onui.		Date	(LSt.)
	Provide p	lace of birth.				-	ounty		r Country	,
		If the person is for		de one type of doc	umentation th	at he or she pos	sesses ar	nd the do	cument n	umber.
		Born Abroad to U  □ FS 240 or 545	.S. Parents:							
		□ DS 1350								
		Naturalized:			***	ara ara n.				
		Alien Registrati		te of Naturalization	ı—utilize USO	CIS, CIS, or INS	Registi	ration nui	mber)	
		Certificate of N								
		Derived:								
Branch	D	Alien Registrati	on (on Certificat	e of Citizenship—	utilize USCIS	S, CIS, or INS R	egistrati	on numb	er)	
	Branch If the pers		itizenship (N560							
If In A	is Foreign	Not a U.S. Citizen	:	,						
Marriage, Civil	Born	I-551 Permanen								
Union, or		I-766 Employm I-94 Arrival-De		n						
Domestic		U.S. Visa (red f								
Partnership or				Non-Immigrant-F						
Separated		DS-2019 Certifi		y of Exchange Vis	sitor-J1-Status	•				
		Explanation (Free			Provide d	locument number	er	Number	(Free Te	ext)
			•			locument expira	tion	Date of	expiratio	n
					date, if ap	oplicable.			-,	
	Provide II	.S. Social Security Numb	oer. □ Not app	licable				Estimate	ea	
		ther names used (such as			riages, civil	Last name:	First n	ame:	Midd	lle name:
	marriages	, legally recognized civil	unions, or legall	y recognized dome		Suffix		iden Nan		
		ps, nicknames, etc., and p	provide dates use	ed for each name).						
	□ Not app Dates Use				From Date	(Estimated)	To D∘	te (Estim	ated/Pres	sent)
		ountry(ies) of Citizenship	).		Provide date	`		Estimate		sciit)
					entered into	your civil	`		-	
						ivil union, or				
	Provide lo	ncation			domestic pa	County	State	or Countr	v	
		urrent address, if differen	t than your curre	ent address.	City	County		address a		
	□ Use my	current address.					State a	and Zip C	Code or C	
	Provide te	elephone number.	e my current tele	ephone number		<u> </u>			ktension	
									h _Chec DSN ph	
		DE	VET DDE DE	CICIONAL DEL	IDEDATIVE		1110111		POLY PII	

										nber			
	Provide email a Branch APO/I			Free Text)	Does the	person have a			APO State	C- 1-		YES Zip	NO
			dress indicated	l an APO/F	PO address: 1	provide physi							SSV.
	Branch Physical	unit, and	country lo	ocation or h	ome port/flee	t headquarter						,	,
	Location	Provide p data:	hysical lo	ocation	Street Addre	ess/unit/duty	location	City/Post	Name	State	Zip	Cou	intry
	Are you separa							I				YES	NO
	Branch	Provide d						Date (Esti	imated)				
	If Separated		separated	l, provide th	ne location of	the record.	□ Not A	pplicable	7: 0.1				
	Do you have a	City person from	n whom v	on are dive	orced/dissolve	ed annulled	or widow	State and		or Cot	untry	YES	NO
	Provide inform											120	110
	Provide the ful	ll name.					L	ast name:	First nan	ne:	Middle		Suffix
	Provide the dat	te of hirth					D	ate (Estimat	ed		name:		
Branch	Provide the pla							ity	State		Cou	ntry	
If	Provide the con			hip.			-				Cou		
Widowed,	Provide the tele Provide the dat			e civil unic	on or domest	ic partnershir	v vvac 1age	ally recogniz	red			lon't kı (Estin	
Divorced/	Provide the loc		City		r Country	Provide the	date div	orced/dissol	ved, annul	led or		(Estin	
Dissolved, or Annulled						widowed							ŕ
	Provide the sta		whore the	record of d	livoroo/dissol	ution or annu		orced/Dissol			l □ Annul te and Zi <sub>l</sub>		OF
(Multiple Entries	<b>Branch</b> If	Flovide	where the	record or d	iivoice/dissoi	ution of annu	illient is	iocated.	City		ie and Zij intry	Code	OI
Allowed)	Divorced/Di	Is this per	rson dece						I don'			YES	NO
,	ssolved or Annulled	Branch 1				ress of the per					-	-	
	Do you have a	Deceased ny additiona			ed/dissolved o	or annuned.	YES	n't know	State	and Zi NO	p Code o	r Coun	try
	divorced/disso	lved, annull	led, or wi	dowed to re	port?		(Yes a	adds another		(Re	quired to	validat	te)
	ntly reside with a											YES	NO
	ction, obligation, If so, complete th									ence (e	e.g. a		
	You have indic										ı		L
	Provide the col	habitant full	l name.	1			I	ast name:	First nar	ne:	Middle	Su	ffix
	Provide the dat	te of birth.		Date (F	Estimated)	Provide the	place of	birth.	C	itv	name: State	Co	untry
	Provide the dat		foreign be		Estimated) ant, indicate of	Provide the one type of do				ity	State		untry
	Provide the dat	For your f		orn cohabita							State		
	Provide the dat	For your for number. Born Abro	oad to U.								State		
	Provide the dat	For your finumber. Born Abrum FS 240 DS 135	oad to U. or 545	orn cohabita							State		
	Provide the dat	For your finumber. Born Abrum FS 240 DS 135 Naturalize	road to U. or 545 0 ed:	orn cohabita S. Parents:	ant, indicate o	one type of do	ocumenta	tion that he o	or she poss	sesses	State and the d	ocume	
	Provide the dat	For your funder. Born Abrum FS 240 DS 135 Naturalize Alien F	oad to U. or 545 0 ed: Registratio	orn cohabita S. Parents:	ant, indicate of		ocumenta	tion that he o	or she poss	sesses	State and the d	ocume	
	Provide the dat	For your number. Born Abrum FS 240 DS 135 Naturalize Alien Full Description Certific	road to U. or 545 0 ed: Registrationent Resid	S. Parents: on (on Certilent Card (1	ant, indicate of	one type of do	ocumenta	tion that he o	or she poss	sesses	State and the d	ocume	
Proveh		For your number. Born Abro  FS 240  DS 135  Naturalize  Alien F  Permar  Certific  Derived:	oad to U. or 545 60 ed: Registrationent Residuate of Na	S. Parents: on (on Certilent Card (laturalization	ant, indicate of Nati ificate of Nati i-551) n (N550 or N3	uralization—	utilize US	tion that he o	or she poss	sesses istratio	State and the d	ocume	
Branch	Branch If	For your number. Born Abrum FS 240 DS 135 Naturalize Alien F Permar Certific Derived: Alien F	oad to U. or 545 0 ed: Registrationent Resicate of Na	S. Parents: on (on Certilent Card (laturalization	ant, indicate of difficate of Nat 1-551) In (N550 or N3	one type of do	utilize US	tion that he o	or she poss	sesses istratio	State and the d	ocume	
If Yes to	Branch If Cohabitant	For your number. Born Abr  FS 240  DS 135  Naturalize Alien F Permar Certific Permar Certific	coad to U. or 545 50 ed: Registrationent Resident Residen	orn cohabitation (on Certification Card (laturalization (on Certification (on Certification (on Certification (on Certification (on Certification (on Certification))	ant, indicate of difficate of Nat 1-551) In (N550 or N3	uralization—  570) zenship—util	utilize US	tion that he o	or she poss	sesses istratio	State and the d	ocume	
If Yes to Residing	Branch If	For your number. Born Abr  FS 240  DS 135  Naturalize Alien F  Permar  Certific  Derived:  Alien F  Permar  Certific  Not a U.S	oad to U. or 545 0 ed: Registrationent Resident	orn cohabitation (on Certification (on Certifica	ant, indicate of difficate of Nat 1-551) n (N550 or Notificate of Citi	uralization—  570) zenship—util	utilize US	tion that he o	or she poss	sesses istratio	State and the d	ocume	
If Yes to	Branch If Cohabitant is Foreign	For your number. Born Abr  FS 240  DS 135  Naturalize Alien F  Permar  Certific  Alien F  Permar  Certific  Not a U.S  _I-551 P	oad to U. or 545 0 ed: Registrati, nent Resic cate of Na Registrati ent Resic cate of Ci d. Citizen	orn cohabitation (on Certification Card (laturalization (on Certification (on Certification (on Certification (on Certification (on Certification (on Certification))	ant, indicate of difficate of Nat 1-551) a (N550 or N: dificate of Citi 1-551) N560 or N561	uralization—  570) zenship—util	utilize US	tion that he o	or she poss	sesses istratio	State and the d	ocume	
If Yes to Residing With a Cohabitant (Multiple	Branch If Cohabitant is Foreign	For your number. Born Abr  FS 240  DS 135  Naturalize  Alien F  Permar  Certific  Derived:  Alien F  Permar  Certific  Not a U.S  J-551 P  J-766 E  J-94 Ar	oad to U. or 545 0 ed: Registrationent Residuate of Na Registrationent Residuate of Ci 3. Citizen: Cermanen: Employmerrival-Deprival-Deprival-Deprival-Deprival-Deprivat-	on (on Certident Card (laturalization) on (on Certident Card (laturalization) on (on Certident Card (laturalization) talent Card (laturalization) talent Card (laturalization) talent Card (laturalization) talent Card (laturalization)	ant, indicate of Nati-551) n (N550 or N: dificate of Citi-551) N560 or N561	uralization—  570) zenship—util	utilize US	tion that he o	or she poss	sesses istratio	State and the d	ocume	
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each type.) Check all that apply.  $\square$  Mother  $\square$  Father  $\square$  Stepmother  $\square$  Stepfather  $\square$  Foster parent  $\square$  Child (including adopted/foster)  $\square$  Stepchild  $\square$  Brother  $\square$  Stepsister  $\square$  Stepbrother  $\square$  Stepsister  $\square$  Half-brother  $\square$  Half-sister  $\square$  Father-in-law  $\square$  Mother-in-law  $\square$  Guardian

Provide relative type. (Multiple Entries Allowed)

□ Stepsister □ Half-br	<u>rother 🗆 H</u> alf-sist	<u>ter 🗆 </u> Fath	<u>ier-in-l</u> aw i	<u> </u>	<u>law 🗆 G</u> uara	ian						
Provide your relative's		Last name:	First name:	Middle name:	Suffix	Provide your	relative's dat	e of birth	1.	Date/	Estima	ted 🗆
Provide your relative's	s place of birth.	City	State	Country	Į.	Provide your	relatives cou	ntry(ies)	of citi	zenshi	ip.	
Branch - If Mother	Provide your m	,			listed)	Last name:	First name		ddle		Suffix	
	·				,			nar	ne:			
B .	Relatives other	names use	ed.									
Branch	Has this relative										YES	NO
If Father, Mother, Child, Stepchild,	Branch	Provide	other names	used and the	e period of ti	me that your rel	ative used the	em (such	as ma	aiden, 1	name b	y a
Brother, Sister,	If Other	former n	narriage, for	mer name, a	lias, or nickn							
Half-Brother, Half-	Names	Last	First	Middle	Suffix	Maiden name	??			>	YES	NO
Sister, Step-Brother,	(Multiple	name:	name:	name:								
Step-Sister, Step-	Entries Allowed)	From Da		To Date	1/10	Provide the re	eason(s) why	the name	2		Reason	
Mother, Step-Father	Allowed)	(Estimat	,	(Estimated		changed.	1 1	. \ \	(O, (D)		(Free 7	
Is your relative deceas	uad?	Has this	relative use	d any additio	onai names?	YES (Yes ad	as another en	try)   N	O (Re		to val YES	NO
is your relative deceas	Provide your re	alative's cu	rrent addres	20		Street address	2	City			1 L <sub>2</sub> 3	NO
Branch	Provide Countr				erwise provid			State	Zin	Code	Co	ountry
If Not Deceased	Does this relati				, F			I don't			YES	NO
	Branch If APO	O/FPO	Provide you	r relative's A	APO/FPO ad	dress Addı	ess APC	O/FPO	APO	/FPO	State	Zip
			U.S. Ci	tizenship Do	cumentation							
			Provide	one type of	citizenship d	ocumentation a	nd document	number l	below	:	Explan	nation
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Step-Sister, Step-Moth	' I	Joulet,	□ DS 1.									
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AND Relative POB is				gistration nu		are or ivaturally	acion—utilizo	. USCIS,	, C13,	OI		
AND Relative is Dece					ent Card (I-5:	51)						
	OR		Certi	ficate of Nat		N550 or N570)						
Relative Current Addr			Derived						~			
AND Relative POB is AND Relative is U.S.	_					ate of Citizensh	ip-utilize US	SCIS, CIS	S, or I	NS		
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Relative has APO/FPO					zenship (N50							
AND Relative POB is	_			(Provide ex		00 01 1(301)						
AND Relative is U.S.			Provide	the docume	nt number.	Number (Free	e Text)			•		
Relative POB is Foreig	OR		Provide	the name of	the court that	t issued the Cer	tificate of Na	ıturalizati	ion.			
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L AND Relative is U.S.	Cifizen		Court	lame (Free T	ext)							
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Branch  If Relative does not have U.S. Citizenship AND Relative is Not Deceased	Branch If Relative has U.S. Address  Branch If Relative has Foreign Address  Provide name of not currently endemployer if not provide the address  Provide Countr Is this relative a foreign movem Branch - If Relative to endemployer if not provide Countr Is this relative a foreign foreign movem Branch - If Relative to endemployer if not provide Countr Is this relative a foreign foreign movem Branch - If Relative to endemployer if not provide Countr Is this relative a foreign foreign foreign movem Branch - If Relative to endemployer if not provide Country  Branch If Relative has U.S. Address	res No Pro Pro Pro Pro Pro Pro Pro Pro Pro Pr	Provide Street a  ovide type o idence:  t a U.S. Citi -551 Perma -766 Emple -94 Arrival U.S. Visa (r -90 Certific OS-2019 Ce other (Provi ovide the do ovide approvide approvide approvide metho celephone covide approvide metho felephone for the do ovide approvide metho felephone for	the address ddress ddress ddress ddress f documenta izen: unent Resider byment Auth-Departure Red foil numb for the resident of Eligibertificate of E de explanation cument num from the expiration of the resident of the res	of the court of City  It court	t. Lat apply)   In ail, texting, char (Provide explaact   Daily   Other (Provide explaact   Daily   Other (Provide explaact   Daily   Explain explain   Other (Provide explaact   Daily   Explain explain   Explain explain explain   Explain explain explain   Explain ex	State Ipport U.S.  Student or-J1-Status  person t rooms, ination) Weekly  mployer if ecent Code. industry, eign govern or intelligence	Docum Expirat Estimat Date/Es Explana (Free T Explana Employ Street a State I don't l eservice.	ation (   ation (  ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (    ation (    ation (    ation (     ation (     ation (      ation (       ation (             ation (	umber ate ed (Free Tume (Free Tum	(Free Text)  Free Text  City  CoryES  Descri (Free Text)	ountry NO ption Γext)
Branch  If Relative does not have U.S. Citizenship AND Relative is Not Deceased  Do you have an additive  Section 19 – Fo	Branch If Relative has U.S. Address  Branch If Relative has U.S. Address  Provide name of not currently endered the address  Provide the address  Provide Countr Is this relative a foreign movem Branch - If Relative to endered the address  Branch - If Relative to endered the address and per you had, close and the state of the sta	res No Pro Pro Pro Pro Pro Pro Pro Pro Pro Pr	Provide Street a  ovide type o idence:  t a U.S. Citi -551 Perma -766 Emple -94 Arrival U.S. Visa (r -20 Certific ovide the do ovide docum  ovide approvide the do ovide approvide approvide approvide approvide approvide approvide metho celephone [a] - Writter ovide Approvide a	the address ddress ddress ddress ddress f documenta izen: unent Resider byment Auth-Departure Red foil numb eart effect for the explanation current number expiration extracted for contact in correspond ximate freque Quarterly reprovide the I don't know yer, or provide I States; other n government is government in the relativity, defense in the or national correspondition of the relativity of the relativity is the relativity of the relativit	of the court of City  It court	e possesses to sure possesses	State apport U.S.  Student br-J1-Status  person t rooms, anation)  Weekly  mployer if eccent  Code. industry, eign governor intelligence er entry)  seven (7) yea	Docum Expirat Estimat Date/Es Date/Es Explana (Free T  Explana Employ Street a  State I don't l  ment, mili es service. NO (F	ation (   ation (  ation (  ation (  ation (  ation (  ation (  ation (   ation (  ation (  ation (  ation (  ation (  ation (  ation (   ation (  ation (  ation (  ation (  ation (  ation (  ation (   ation (  ation (  ation (  ation (   ation (   ation (   ation (  ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (   ation (    ation (   ation (    ation (    ation (     ation (     ation (      ation (      ation (        ation (	umber ate ed ed (Free T	(Free Text)  Free Text  City  CoryES  Descri (Free Text)	ountry NO ption Γext)

interests, and/or	obligation? Include	associates as well as re	elatives, not previou	usly list	ted in S	Section 1	8.					
		you have, or have had				with a f	oreign nationa	1.				
	Provide the full na	ame of the foreign nation	onal, if known 🗆 I	don't k	now	Last na	me: First r	iame:	Middl		Su	ıffix
									name:			
	Explanation if nan		D / E /	1			Free Text)	1 4		D (	r.	. 1
		ate date of first contact of contact (check all the					ximate date of				Estima: nation	
		s, etc)  Written corres						as e-ilia	11,		Text)	
		ate frequency of contact						nnuallv			nation	
	□ Other (Provide e	explanation)	•	,		,	. ,				Text)	
	Provide the nature	of relationship (select	all that apply)							Expla	nation	
	□ Professional or l	Business   Personal (S	Such as family ties,	, friends	ship, at	ffection,	common inter	ests, etc	)	(Free	Text)	
		vide explanation) □ Otl		nation)	T .		F: .	1 34	1 11	C CC		
Branch	Provide other nam	nes and/or nicknames, a	is appropriate.		Last n	iame:	First name:		iddle me:	Suffi	X	
If Yes to having contact	Provide country(ie	es) of citizenship	Country		Provid	de date o	f birth	on't kn		Date/	Estima	ted □
with a Foreign	Provide place of b		don't know		City	are dutie o			ountry	Date	<u> </u>	
National		ldress. □ I don't know				address		Ci				
		f outside the United Sta		ovide St	tate and	l Zip Co	de.	State	Zip (	Code	Cou	ıntry
(Multiple		nave an APO/FPO addr			I don't							
Entries Allowed)	Branch APO/FPC					Addre			_	/FPO		Zip
Allowed)		of the foreign national arrently employed.   I		r, or pro	ovide ti	ne name	of their most r	ecent		loyer l (Text)		
		ss of the foreign nation		ver or r	provide	the add	ress Street	address		City	$\overline{}$	
		nt employer if not curre				, tire addi	Street	uddies		City		
		f outside the United Sta				l Zip Co	de.	State	Zip	Code	Cou	ıntry
	Is this foreign nati	onal affiliated with a fe	oreign government,	, milita	ry, sec	urity, def	ense industry,	or intel	ligence	servic	e?	
	□ Yes □ No □			1.1 .1				Б		<b>(F</b> )	1	
	Branch Contact		ct's relationship w				nent,	Desc	ription	(Free '	ext)	
	Foreign Military	ave you had, close and	defense industry, o				l foreign	YES			NO	
		e last seven (7) years						(Yes	adds		(Requi	red to
		n, influence, common i							er entry		validat	
	as relatives, not pr	reviously listed in Secti	ion 18.									
Section 20a	– Foreign Ac	tivities										
		cognized civil union/do	mestic partner, coh	nabitant	t, or de	pendent o	children EVE	R had a	ny forei	gn	YES	NO
		roperty, investments, ba										
		n specific geographica										
U.S. exchange.)	clude financial intere	ests in companies or div	versified mutual fui	nds or o	diversi	ned ETF	s that are publ	icly trac	ied on a			
U.S. exchange.)	You responded 'Y	es' to you, your spous	e or legally recogni	ized civ	vil unic	n/domes	tic partner, co	habitan	or den	enden	childre	en
		any foreign financial										
		p of corporate entities,										
		conomic sectors) in wh								ial int	erests ii	n
		ersified mutual funds on It that apply)   Yourse								ahahit	nt	
	□ Dependent child		ii bpouse of ie	gaily I	ecogiii	zeu civii	umon/domest	ic partii		onaon	ıııı	
		of financial interest.	Type (Free Text)		Provi	de the da	te acquired		Date	(Estir	nated)	
	Provide how the f	inancial interest was	How Acquired				st (in U.S. dol		Cost	(Free	Text)	
Branch		purchase, gift, etc.)	(Free Text)				ition.   Estima					
If Yes to		nt value (in U.S. dollars ld, lost or otherwise di				or	Value (f	ree Text	:)			
Having		ontrol or ownership	Date Date	Prov		alanation	of how intere	et contr	ol or		Explan	nation
Foreign	was relinquished.		(Estimated)				, lost or otherv				(Free 7	
Financial		owners of this foreign t					•				YES	NO
Interests		You responded 'Yes'	to there being co-	owners	s; provi	de the na	ime, address, o	citizensl	nip, and	relatio	nship o	of the
(Multiple	Branch	co-owner(s).		T ,		F: .	1	N 6° 1 11		I 0	cc.	
Entries	If Yes to	Provide full name of Provide co-owner cu		Last na Street a			name:	City	name:	51	ıffix	
Allowed)	Having Co-	Provide Country if or					de State	State	Zin	Code	Co	ountry
	Owners	and Zip Code.		· tates, o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50, pro (1	de State	State	2.1	0000		, and
	(Multiple Entries	Provide co-owner's o					Country					
	Allowed)	Provide the nature of					Nature of rela	ionship				
		Are there any addition	onal co-owners of the	his fore	eign		YES	a .		0	1.	11.1
· ·	Do you your spot	financial interest? use or legally recognize	ad civil union/dome	actic na	rtnor		(Yes adds ano YES	tner ent	•	Cequir	ed to va	alidate)
		endent children have a					(Yes adds ano	ther ent			ed to va	alidate)
	interests?									•		
		cognized civil union/do	mestic partner, coh	nabitant	t, or de	pendent (	children EVE	R had a	ny foreig	gn	YES	NO
financial interes		rolled on your behalf?	1 11		'1 .	/ 1	.*				1 '1 '	<u></u>
		es' to you, your spous						habitan	t, or dep	enden	childre	en
	Specify: (check al	d any foreign financial						nortnor	- Coh	- l- :44		
	Decemp, which al		II   Spouse or lear	ally rec	:00ni74					ימגוומו		
	Dependent childre		n □ Spouse or leg	ally rec	cognize	cu civii u	mon/domestic	partifer	□ Con	аонапі	ш	
Branch	Dependent childre		or legi	ally rec	cognize	ca civii u			ree Tex			

If Yes to	Duovido this indiv	vidual's relationship to you.			Dalationah		***	
Having		the financial interest was acquired.			Relationsh Date (Estin		(XI)	
Foreign		(in U.S. dollars) at time of acquisition.	□ Estimated		Cost (Free			
Financial		egarding how it was acquired (such as p			How acqui		ext)	
Interests		ent value (in U.S. dollars) or value at th		lost or	Value (Fre		(CAL)	
Controlled on		ed of.   Estimated		,	(2.20	,		
Your Behalf	Provide the date i	interest was sold, lost, or otherwise dis	posed of.   Not application	able	Date (Estin	mated)		
(M-14:-1-	Provide explanati	ion if interest was sold, lost, or otherwi	se disposed of.		Explanatio	n (Free Te	xt)	
(Multiple Entries		owners of the foreign financial interes		nalf?			YES N	1O
Allowed)	Branch	You responded 'Yes' to there being		T	1		201	
	If Yes to	Provide full name of co-owner.	Last name:	First name:	Middle	name: S	uffix	
	Having Co- Owners	Provide the current address of the co			City State	Zip Code	Count	tex:
	(Multiple	and Zip Code.	d States, otherwise, pro	ovide State	State	Zip Couc	Count	шу
	Entries	Provide co-owner's country(ies) of country	citizenship.	Country				
	Allowed)	Provide the nature of your relationsh		Relationship	(Free Text)			
		Are there any additional co-owners		YES		NO		
		financial interest controlled on your		(Yes adds ar	other entry)		ed to valid	late)
		ouse or legally recognized civil union/d		YES	a	NO	1. 11.1	
		pendent children have any additional for ed on your behalf?	oreign imanciai	(Yes adds ar	iotner entry)	(Requir	ed to valid	iate)
Have you your s		cognized civil union/domestic partner,	cohabitant, or depende	nt children EV	ER owned.	or do	YES N	10
		irchase real estate in a foreign country?			,, ·	<i>31</i> 40	120	
		yes' to you, your spouse or legally reco		estic partner, c	ohabitant, o	dependent	children	
	having ever owne	ed, or anticipate owning, or planning to	purchase real estate in	a foreign coun	try.			
		ıll that apply) □ Yourself □ Spouse or	legally recognized civi	1 union/domest	ic partner	□ Cohabita	nt	
Branch	□ Dependent chil	of real estate property (such as home, b	ousinoss eta)	Poel or	state type (Fr	roo Toyt)		
Dranch			Street	City	state type (F	lee Text)	Country	
If Yes to		of purchase or to be acquired.	Birect		Estimated)	l.	Country	
Having		foreign real estate was or is to be acqui	ired (such as purchase,		cquired (Fre	e Text)		
Foreign Real	etc.).							
Estate		sold, if applicable.			Estimated)			
(Multiple	Provide the cost (	(in U.S. dollars) when sold or expected	at time of acquisition.	Cost (I	Free Text)			
Entries		ere any co-owners of this foreign real e	state?				YES N	10
Allowed)	Branch	You responded 'Yes' to there being				L	TEG I	10
	If Yes to	Provide full name of co-owner.		First name:	Middle na	me: S	uffix	
	Having Co-	Provide co-owner current address.	Street address		City			
	Owners	Provide Country if outside the United	ed States; otherwise, pro	ovide State	State	Zip Code	Count	try
	(Multiple	and Zip Code.						
	Entries		citizanchin				ı	
	Entries Allowed)	Provide co-owner's country(ies) of o		Nature of re	lationshin (F	ree Text)	l .	
		Provide co-owner's country(ies) of country Provide the nature of your relationship	nip with the co-owner.	Nature of re	lationship (F	ree Text)	<b>'</b>	
	Allowed)	Provide co-owner's country(ies) of operations are there any additional co-owners estate?	nip with the co-owner. of this foreign real	YES (Yes adds ar	* `	NO (Requir	ed to valid	late)
	Allowed)  Do you have an a	Provide co-owner's country(ies) of open Provide the nature of your relations!  Are there any additional co-owners estate?  additional instance of you, your spouse	nip with the co-owner. of this foreign real or legally recognized	YES (Yes adds ar YES	nother entry)	NO (Requir NO		
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Branch If Yes to Having Foreign Benefit (Multiple Entries	Allowed)  Do you have an a civil union/dome: owned, or anticip country?  a, have you, your sp ast seven (7) years it from a foreign co  You responded or or dependent chil retirement, social  Specify: (check a Dependent chil Provide the type of Social Welfare, C  Explanation (Free Branch  If Onetime Benefit	Provide co-owner's country(ies) of a Provide the nature of your relations. Are there any additional co-owners estate? additional instance of you, your spouse stic partner, cohabitant, or dependent coate owning, or planning to purchase resource or legally recognized civil union/s, or are eligible to receive in the future ountry?  Yes' that as a U.S. citizen, have you, your self welfare, or other such benefit from a full that apply	or legally recognized hildren EVER having all estate in a foreign domestic partner, cohat, any educational, medicur spouse or legally recognized or legally recognized estate in a foreign domestic partner, cohat, any educational, medicur spouse or legally recognized or legally recognized estate in a foreign country; e or legally recognized estate in a foreign country; e or legally recognized estate in a foreign country; e or legally recognized estate in a foreign country in the benefit from a foreign country or dependent children country in the benefit received.  Our spouse or legally recognized estate, or dependent children country in the benefit from a foreign country in the benefit from a foreign country in the benefit from a foreign in the ben	YES (Yes adds and YES) (Yes adds	dent childre social welfa union/domestic partne he benefit. Other benefit, Other	NO (Requir	YES N  cohabitant edical, abitant  nefit, e explanati  abitant, or  mated)  ree Text) ree Text) NO on (Free Te abitant, or	late) NO ion)
Branch If Yes to Having Foreign Benefit (Multiple Entries	Allowed)  Do you have an a civil union/dome owned, or anticip country?  thave you, your sp ass seven (7) years it from a foreign country or dependent chil retirement, social Specify: (check a Dependent chil Provide the type Social Welfare, C Explanation (Free Branch If Onetime Benefit  Branch If Future	Provide co-owner's country(ies) of a Provide the nature of your relations. Are there any additional co-owners estate?  additional instance of you, your spouse stic partner, cohabitant, or dependent chate owning, or planning to purchase resource or legally recognized civil union/of, or are eligible to receive in the future ountry?  Yes' that as a U.S. citizen, have you, your standard of the last seven (7) year welfare, or other such benefit from a full that apply)   Yourself   Spousidren of benefit. Educational, Medical, Retrother such benefit (Provide explanation of Text)  You have indicated that you, your standard the date the benefit was recognized the name of the country proprovide the reason this benefit was recognized the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the reason this benefit was recognized to the provide the date the benefit was recognized to the provide the date the benefit will be provide the date the benefit will be generately when the provide the frequency the benefit was recognized to receive the provide the frequency the benefit was recognized to receive provide the name of the country provide the name of	or legally recognized hildren EVER having all estate in a foreign domestic partner, cohat, any educational, medicular spouse or legally recognized or legally recognized estate in a foreign domestic partner, cohat, any educational, medicular spouse or legally recognized estate in a foreign country; e or legally recognized explanation pouse or legally recognized estate, or dependent children in the benefit received.  Some provide the benefit received explanation pouse or legally recognized explanation pouse or legally recognized explanation pouse or legally recognized a benefit from a foreign in.	YES (Yes adds and YES) (Yes adds and Yes adds and Y	dent childre social welfa union/domestic partne the benefit. Other benefit, Other	NO (Requir	red to validate	late) NO ion)
Branch If Yes to Having Foreign Benefit (Multiple Entries	Allowed)  Do you have an a civil union/dome owned, or anticip country?  thave you, your sp ass seven (7) years it from a foreign country or dependent chil retirement, social Specify: (check a Dependent chil Provide the type Social Welfare, C Explanation (Free Branch If Onetime Benefit  Branch If Future	Provide co-owner's country(ies) of a Provide the nature of your relations. Are there any additional co-owners estate?  additional instance of you, your spouse stic partner, cohabitant, or dependent chate owning, or planning to purchase resource or legally recognized civil union/of, or are eligible to receive in the future ountry?  Yes' that as a U.S. citizen, have you, your standard or other such benefit from a full that apply	or legally recognized hildren EVER having all estate in a foreign domestic partner, cohat, any educational, medicular spouse or legally recognized or legally recognized estate in a foreign domestic partner, cohat, any educational, medicular spouse or legally recognized estate in a foreign country; e or legally recognized explanation pouse or legally recognized estate, or dependent children in the benefit received.  Some provide the benefit received explanation pouse or legally recognized explanation pouse or legally recognized explanation pouse or legally recognized a benefit from a foreign in.	YES (Yes adds and YES) (Yes adds and Yes adds and Y	dent childre social welfa union/domestic partne the benefit. Other benefit, Other	NO (Requir NO (Requir NO (Requir NO (Requir nure, or  Stic partner, cational, me er   Coha  Coha  Continue benerier (Provid  Country Value (Free Reason (F YES Explanatio  Continue (Estin Explanatio  Continue (Estin Explanatio	red to validate	NO NO tt,

		Provide the reason this benefit will be recei						leason (F		/
		As a result of this benefit are you, your spo						ES	NO	
		union/domestic partner, your cohabitant, or way to this foreign country? If yes provide			ren obligated	ın any	E	xplanatio	n (Free	Text)
		You have indicated that you, your spouse of dependent children receive a continuing or	or legally red	cogni			ic part	ner, coha	ıbitant,	or
		Provide the date the benefit began.	other belief	111 110	in a foreign co	Juliu y.	D	ate (Estin	mated)	
		Provide the date the benefit is expected to a	end.				_	ate (Esti		
	Branch	Provide the frequency that this benefit is re  Annually Quarterly Monthly Week		er (Pr	ovide explana	tion)	E	xplanatio	on (Free	Text)
	If Continuing Benefit	Provide the name of the country providing			<u> </u>		C	Country		-
	Delicit	Provide the total value (in U.S. dollars) of t		to be	received.   Es	timated		alue (Fre		
		Provide the reason this benefit will be received						leason (F		
		As a result of this benefit are you, your spo union/domestic partner, your cohabitant, or way to this foreign country? If yes provide	r dependent	child	cognized civil ren obligated	in any		ES Explanation	n (Free	
	cohabitant, or de	buse or legally recognized civil union/domestic pendent children receive any additional benefit	c partner,		YES (Yes adds a	nother e	ntry)	NO (Requir	ed to va	alidate)
Have you FVFE	foreign country?	I support for any foreign national?					[		YES	NO
Branch		Yes' to providing financial support for any for	reign nation	nal.					TES	NO
If Yes to		e of the foreign national you support or have s			ally. Last	Firs	st	Middl	e Si	uffix
Foreign					name:			name:		
National Support		ess of the foreign national listed above.	Street a			City	_	7.	$\overline{\Box}$	
(Multiple	Provide Country	if outside the United States; otherwise, provide	ie State and	ı Zıp (	Lode.	Sta	ie	Zip Code	Co	ountry
Entries Allowed)		re of your relationship with the foreign national on (in U.S. dollars) of all financial support pro				e of relat		p (Free T	ext)	
,		lency of your support. Frequency (Free Tex			his foreign na			v(ies) of o	citizensl	hip.
		nally provided financial support for any foreig	gn national?		YES			NO		
					(Yes adds a	nother e	ntry)	(Requir	ed to va	ılidate)
Section 20b	– Foreign Bı	usiness, Professional Activities,	and For	reigi	n Governi	ment (	Cont	acts		
		s provided advice or support to any individua							YES	NO
	ial U.S. Governmen									
		Yes' to having in the last seven (7) years pro					al asso	ciated w	ith a for	reign
		foreign organization that you have not previous of advice/support provided.			ption (Free To					
Branch		e of the individual to whom advice or support			Last name:	First		Middle	Suf	ffix
If Yes to			•			name:	1	name:		
Advice or		of the foreign organization or foreign busine	ss with who	om the	e individual is	associat	ed.			
Support	Provide the coun	try of origin for the organization or business. s) during which this advice or support was pro-	ovidad E	Erom .	date (Estimate	·4)	To d	lata		
(Multiple	1 Tovide the date(	s) during which this advice of support was pro-	ovided.	TOIII	uate (Estimate	u)		imated/Pi	resent)	
Entries		empensation, if any, was provided for your ser			ensation (Free					
Allowed)		last seven (7) years provided advice or support				YE			NO .	
		foreign business or other foreign organization employer? (Answer "No" if <b>all</b> your advice of					es adds other en		(Requivalidat	
		al U.S. Government business.)	эт заррогт w	vas au	unonzed	ano	ther en	itry)	varidat	<i>C)</i>
		ly" means your spouse or legally recognized of						ents,	YES	NO
		dren, step-children, and cohabitant. Have you								
		or any member of your immediate family in to informally, by any foreign government office								1
		official U.S. Government business.)	or ugoric	- j · (r		(110 (	/ 100			1
	You responded "	Yes' to you, your spouse or legally recognized having in the last seven (7) years been aske						•	-	
Branch	foreign governme	ent official or agency.								, ,
If Yes to		of the government official.	Last na	ame:	First nan		iddle n		Suffix	
Foreign	Provide the coun	of the agency.  try with which the government official or age	nev is affilia	ated		A	gency 1	name (Fr	ee Text	)
Consulting	Provide the date		•		ances of requ	est. (	Circum	nstances (	Free Te	ext)
(Multiple Entries		pouse or legally recognized civil union/domes					YES		NO	,
Allowed)		immediate family in the last seven (7) years					Yes ad		(Requi	
,		tant, even informally, by any other foreign go			0 ,		another	ſ	validat	æ)
	(Answer 'No' if a business.)	all the advice or support was authorized pursu	iant to offici	nai U.	s. Governmer	11 6	entry)			
		seven (7) years offered you a job, asked you	to work as	a con	sultant, or cor	sider em	ploym	ent	YES	NO
with them?	You responded "	Yes' to any foreign national having in the last	t seven (7) v	vears	offered you a	job, ask	ed von	to work	as a	
Branch		nsider employment with them.				J. 2, WOR	Joa			
If Yes to	Provide the name	of the foreign national who made the offer.	Last name		First name:	M	iddle n	name:	First	
Offered Job		tion of the position offered.	Description							
(Multiple		when this offer was extended.	Date (Esti	timate		C. 1	. C			
Entries Allowed)		ion where this occurred.	City		State and Zip Explanation			try	YES	NO
Anowed)	Did you accept the	ne offer? al foreign n <b>asjona<del>l, i</del>n the last seven (%) xear</b> :	s offored ve	OH:		(1100 10)	11)	NO	1 Eð	NO
	i iias airy audiuoll	ar rorergii inqiqiqiqit,jiii pip jiqip jiyoti(MM XCAI)	₽୬₽Ľŧ₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	₽Y 4F I \ // F	_ 1 _ 1 _ 1			110		

	a job, asked you to worl	k as a consultant, or co	onsider employment	with	(Yes adds anot	her entry	(Requi	ired to validate)
Have you in the	them? last seven (7) years been	involved in one other	u tyma of byginaga ya	ntuna rrith a	forcion notional	not docor	ibad abayya	YES NO
	erve as business consultan			nture with a	toreign national	not descr	ibed above	1ES NO
(own, co own, se	You responded 'Yes' to			nvolved in a	iny other type of b	ousiness	venture with	a foreign
	national not described a		. / •		7 71			E
	Provide the full name of					iddle nar		fix
Branch	Provide the full current				address	Ci		
****	Provide Country if outs							Country
If Yes to Other Foreign	Provide the citizenship( Provide your relationsh				of the business v	enture.	Descripti	on (Free Text)
Business	Provide the length of tin				e (Estimated)	To D	ate (Estimate	ed/Present)
Ventures	business venture.	ine you have been mve	orved in the	110m But	(Estimated)	10 2	ate (Estimate	ed/1 resent)
	Provide the nature of as	ssociation with this bus	siness venture.	Nature of	association (Free	Text)		
(Multiple	Provide the position you			Position (l				
Entries Allowed)	Provide the service you		ce (Free Text)		e financial suppo			ort (Free Text)
Allowed)	Provide a description of				Description of	YES		NO NO
	Have you, in the last se with a foreign national in					(Yes		(Required to
	provide financial suppo		own, eo own, serve e	is outsiness c	onsurant,	× .	ner entry)	validate)
Have you in the	last seven (7) years atten		any conferences, tra	de shows, s	eminars, or meeti			YES NO
U.S.? (Do not in	clude those you attended							
	You responded 'Yes' to		years having attend	led or partic	ipated in any conf	ferences,	trade shows.	, seminars, or
	meetings outside the U.  Provide the name and d			Name or 1	description (Ex	Toyt		
	Provide the name and d				description (Free To			·
Branch	Provide the city where t		City (Free Text)		ne country where		was held.	Country
If Yes to	Provide the dates for the		From Date (Estim				mated/Preser	
Attending Foreign	Provide the purpose of			Purpose (I				
Conferences	Was there any subseque							YES NO
	Branch	You responded 'Yes	s' to there having be	en subseque	nt contact with an	ny foreign	n nationals as	s a result of the
(Multiple	If Yes to Subsequent Contact	event.  Provide explanation.			Explanation (Fre	e Tevt)		
Entries	(Multiple Entries	Do you have another		to report	YES	cc Text)	NO	
Allowed)	Allowed)	for this event?	a subsequent contact	to report	(Yes adds anoth	er entry)		d to validate)
	Have you in the last se					YES		NO
	trade show, seminars, o			de those you	u attended or	(Yes		(Required to
For Section 20h	participated in on offici "Immediate Family" mea			ings half an	nd stan siblings o		ner entry)	validate) YES NO
	habitant. Have you or any							TES NO
			ediate family in the	last seven (	7) vears had any	contact v	vith a	
foreign governm	ent, its establishment (suc							
its representative	ent, its establishment (suc es, whether inside or outsi	ch as embassy, consula de the U.S.? (Answer	ate, agency, military 'No' if the contact v	service, into	elligence or securi ne visa applicatio	ity servic	ce, etc.) or order	
its representative crossings related	ent, its establishment (suc es, whether inside or outsi to either official U.S. Go	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign	ate, agency, military 'No' if the contact v	service, into	elligence or securi ne visa applicatio	ity servic	ce, etc.) or order	
its representative crossings related	ent, its establishment (suc es, whether inside or outsi to either official U.S. Go a a U.S. Government milit	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign eary duty.)	ate, agency, military 'No' if the contact v gn travel on a U.S. p	service, inte vas for routi bassport, or a	elligence or securi ne visa applicatio as a U.S. military	ity service ns and be service n	ce, etc.) or order member in	ontact with a
its representative crossings related	ent, its establishment (suces, whether inside or outside to either official U.S. Go a a U.S. Government milit  You responded 'Yes' to	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign ary duty.)	ate, agency, military 'No' if the contact v gn travel on a U.S. p	service, into was for routing bassport, or a mily having	elligence or securine visa application as a U.S. military	ity service ns and be service n	ce, etc.) or order member in	
its representative crossings related	ent, its establishment (suc es, whether inside or outsi to either official U.S. Go a a U.S. Government milit	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign ary duty.) o you or any member of establishment (such a	ate, agency, military 'No' if the contact very generated on a U.S. por your immediate facts embassy, consulated to the contact of the contact	service, into was for routing bassport, or a mily having	elligence or securine visa application as a U.S. military	ity service ns and be service n	ce, etc.) or order member in	
its representative crossings related	ent, its establishment (suces, whether inside or outside to either official U.S. Go a U.S. Government milital You responded 'Yes' to foreign government, its or its representatives, where the name of the	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign ary duty.) by you or any member of establishment (such a whether inside or outside individual involved in	ate, agency, military 'No' if the contact vign travel on a U.S. por your immediate facts embassy, consulated the U.S.	service, intervas for routionassport, or a service, agency, manufacture Last name	elligence or securine visa application as a U.S. military in the last seven illitary service, in	ity service in a (7) year telligence:	re, etc.) or order member in rs had any co e or security iddle name:	service, etc.) Suffix
its representative crossings related	ent, its establishment (suces, whether inside or outside to either official U.S. Go a U.S. Government milital You responded 'Yes' to foreign government, its or its representatives, w	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign ary duty.) by you or any member of establishment (such a whether inside or outside individual involved in	ate, agency, military 'No' if the contact vign travel on a U.S. por your immediate facts embassy, consulated the U.S.	service, intervas for routinoassport, or a service, agency, m	elligence or securine visa application as a U.S. military in the last seven illitary service, in	ity service ins and be service in (7) year telligence:  M. Sta	re, etc.) or order member in rs had any core or security iddle name: ate and Zip (	service, etc.) Suffix
its representative crossings related	ent, its establishment (suces, whether inside or outside to either official U.S. Go a U.S. Government milital You responded 'Yes' to foreign government, its or its representatives, where the provide the name of the Provide the location of	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign ary duty.) o you or any member of establishment (such a whether inside or outside individual involved in the contact.	ate, agency, military 'No' if the contact v gen travel on a U.S. p of your immediate fa as embassy, consulate de the U.S. In the contact.	service, intervas for roution passport, or a samily having e, agency, make a Last name City	elligence or securine visa application as a U.S. military in the last seventilitary service, in E. First name	ity service in and be service in (7) year telligence:    Minimal	re, etc.) or order nember in rs had any co e or security iddle name: ate and Zip ( ountry	service, etc.) Suffix
its representative crossings related	ent, its establishment (suces, whether inside or outside to either official U.S. Go a U.S. Government milital You responded 'Yes' to foreign government, its or its representatives, where the name of the	ch as embassy, consular de the U.S.? (Answer overnment travel, foreign ary duty.) by you or any member of establishment (such a whether inside or outside individual involved in the contact.  Date (Establishment (Such a whether inside or outside individual involved in the contact.	ate, agency, military 'No' if the contact v ign travel on a U.S. p of your immediate fa as embassy, consulate de the U.S. In the contact.	service, intervas for roution passport, or a samily having e, agency, make a Last name City	elligence or securine visa application as a U.S. military in the last seventilitary service, in E. First name	ity service in and be service in telligence	re, etc.) or order nember in rs had any co e or security iddle name: ate and Zip ( ountry	Suffix Code or
its representative crossings related	ent, its establishment (suces, whether inside or outside to either official U.S. Go at U.S. Government militimed and the sucessian of the suce	ch as embassy, consulade the U.S.? (Answer overnment travel, foreignary duty.)  by you or any member of establishment (such a whether inside or outside individual involved in the contact.  Lact. Date (Establishment (such as emservice, etc.) involved	ate, agency, military 'No' if the contact v gn travel on a U.S. p of your immediate fa as embassy, consulate de the U.S. n the contact.  timated) hbassy, consulate, ag	service, intervas for routi passport, or a mily having e, agency, rr  Last name City  Provide th gency, milita	elligence or securine visa application as a U.S. military in the last seventilitary service, in E. First name	ity service in and be service in (7) year telligence:  M: M: Sta Cc. ment(s) in Establis	re, etc.) or order nember in rs had any co e or security iddle name: ate and Zip (buntry nvolved.	Suffix Code or Free Text)
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its representative crossings related conjunction with  Branch  If Yes to Foreign Government Contact  (Multiple Entries Allowed)  Have you in the residence?  Branch  If Yes to	ent, its establishment (suces, whether inside or outside to either official U.S. Go a U.S. Government militted in the content of the either official U.S. Government militted in the content of the provide the provide the name of the provide the location of the provide the location of the provide the type of estaintelligence or security provide the names of the provide the purpose/cir. Was there any subseque foreign organization?  Branch  If Yes to Subsequent Contact  (Multiple Entries Allowed)  Have you or any membor contact with a foreign generate with	ch as embassy, consulade the U.S.? (Answer overnment travel, foreignary duty.)  Do you or any member of establishment (such a whether inside or outside individual involved in the contact.  Lact. Date (Establishment (such as emservice, etc.) involved the foreign representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To you responded 'Yes member, or a representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To you responded 'Yes member, or a representative cumstances of contact ent contact initiated by  You responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To you responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To you responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To you responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To you responded 'Yes member, or a representative cumstances of contact ent contact initiated by  To unsuppose the contact initiated by	ate, agency, military 'No' if the contact v gn travel on a U.S. p of your immediate fa as embassy, consulate de the U.S. n the contact.  timated) habassy, consulate, age l. ves involved in contact.  y you, your immedia s' to there having be tentative of the foreig of the subsequent contact. ture contact. ture contact. ture contact. travel on a U.S. pa overnment military of ional to come to the  years having sponsor tional.  reign national. □ I of	service, intervals for roution assport, or a simily having the ency, in a simily having the ency, in a simily having the ency, in a similar to the family means act.  It to report to repo	elligence or securine visa application as a U.S. military in the last seven dilitary service, in the last seven dilitary service, in the last seven dilitary service, in the service in the service, in the service in the	ity service in and be service in and be service in a (7) year telligence:  It (7) year telligence:  It (7) year telligence:  It (8) in Establis  Foreign Purpose entative d by you determined by your point a tarry e d to be serviced by the comment of the comment	re, etc.) or order member in rs had any core or security rs had any core or security iddle name: ate and Zip Country nvolved. hment type (representative incumstance) of the purpose (Date (Est Plans (Fr. NO (Required YES (Yes adds another entry)) ranent re U.S. as a staddename: e (Estimated)	Suffix Code or Free Text)  ves (Free Text)  ves (Free Text)  YES NO  diate family  (Free Text)  timated)  ee Text)  d to validate)  NO  (Required to validate)  YES NO  student, for

0.5.12.1	Provide the current street address of the sponsored force	eign	Street a	ddress and city	State	and Zip Co	de or Co	ountry
(Multiple Entries	national.  Provide the country(ies) of citizenship for the sponsored foreign national.							
Allowed)	Provide the country(tes) of citizenship for the sponsore			1. if	Name (Fr	ee Text)		
,	applicable. Not Applicable □	•			`	,		
	Provide the address of the organization through which	sponsorship v	vas arrang	ged, if applicable				
	Street address and city					Zip Code		
	Provide the dates of stay in the U.S. for the sponsored	foreign nation	al.	From date (Es	timated)	To date	d/Duagan	
	Provide the address of the sponsored foreign national v	while residing	in the II 9	2		(Estimate	d/Presen	11)
	Street address and city	winic residing	in the O.	j.	State and	Zip Code		
	Provide the purpose of stay in the U.S. for the sponsor	ed foreign nat	ional.			of stay (Free	e Text)	
	Provide the purpose of your sponsorship for the sponsor	ored foreign n	ational.			of sponsorsh		Text)
	Have you in the last seven (7) years sponsored any ac		gn nationa	al to come to	YES		Ю	
	the U.S. as a student, for work, or for permanent reside	ence'?			(Yes adds another e		Required alidate)	l to
Have you EVI	ER held political office in a foreign country?				anomer e	iiuy) į v	YES	NO
Branch	You responded 'Yes' to having <b>EVER</b> held political o	ffice in a forei	ign counti	ry.			TLO	110
If Yes to Held		Position (Fro						
Political	Provide the dates you held political office.	From Date (		,		Date (Estim		sent)
Office	Provide the name of the country involved.			for these activiti		sons (Free	Text)	
(Multiple Entries	Provide your current eligibility to hold political office			Current eligibil	ity (Free T		$\overline{}$	
Allowed)	Have you <b>EVER</b> held any additional political office in	i a foreign cou	intry?	YES (Yes adds anoth	ner entry)	NO (Required	l to valid	late)
	ER voted in the election of a foreign country?			(1 cs adds anoti	ici cittiy)	(Requiree	YES	NO
Branch	You responded 'Yes' to having EVER voted in the ele	ection of a fore	eign coun	try.				
If Yes to	Provide the date you voted in the foreign election.					e (Estimate		
Voting in		vide the reason	n(s) for th	ese activities.		sons (Free		<b>m</b> 3
Foreign Election	Provide your current eligibility to vote in a foreign country Do you have other instances of voting in the election of		anteri to e	om out?	YE	rent eligibil	ity (Free NO	(Text)
(Multiple	Do you have other histances of voting in the election of	n a foreign co	untry to re	epon?		s adds	(Requi	red to
Entries						ther	validat	
Allowed)					entr	y)		,
Section 20	Oc – Foreign Countries You have Visited							
Have you trave	eled outside the U.S. in the last past seven (7) years?						YES	NO
	el in the last seven (7) years been solely for U.S. Government				ent on offic	ial	YES	NO
government or	rders (i.e., no personal trips in conjunction with the official							
	Your response indicates you have traveled outside the U. business. Provide information about all such trips made of							with
	official U.S. Government business on official governmen		ica States	s merading perso	nai trips m	ade in conj	unetion v	WILLI
	Provide the country visited. Provide the dates of you	ar travel to thi	s country.	From Date (I	Estimated)	To Dat	e (Estim	ated)
	Provide the total number of days involved in the visit.							
	Provide the purpose of the travel to this country (Check a			iness/professiona		lunteer acti	vities	
Branch	□ Education □ Tourism □ Trade shows, conferences					lanation	YES	NO
	While traveling to, or in this country, were you questione than for normal customs requirements) by the local custo	u, searcheu, o. ms or security	service o	se detained (othe officials when		e Text)	163	NO
If Yes to	entering or leaving this country? If yes provide explanati		561 1166 5		(110	10.10)		
Having Traveled	While traveling to or in this country, were you involved i	n any encount	er with th	e police? If yes		lanation	YES	NO
Outside the	provide explanation.					e Text)		
U.S. on	While traveling to or in this country, were you contacted					lanation	YES	NO
Other than	suspected of being involved or associated with foreign in organizations? If yes provide explanation.	temgence, ten	orist, sec	urity, or military	(Fre	e Text)		
Official Business	While traveling to, or in this country, were you involved	in any counter	intelligen	ce or security	Exp	lanation	YES	NO
Busiliess	issues not reported? If yes provide explanation.	,		,	_	e Text)		
(Multiple	While traveling to or in this country, were you contacted					lanation	YES	NO
Entries	excessive knowledge of or undue interest in you or your j					e Text)		
Allowed)	While traveling to or in this country, were you contacted				- 1	lanation	YES	NO
	obtain classified information or unclassified, sensitive inf While traveling to, or in this country, were you threatened					e Text) lanation	YES	NO
	cooperate with a foreign government official or foreign in					e Text)	יייי	110
	provide explanation.		<u> </u>					
	Respond for the time frame of the last seven (7) years, b							
	ONLY involved travel on official U.S. Government busing		I governn	nent orders, but y	ou must in	clude any p	ersonal	trips
	made in conjunction with the official U.S. Government tr							
	Do you have additional travel outside the U.S. in the last	seven (7)	YES		NO			
	Do you have additional travel outside the U.S. in the last years for other than solely U.S. Government business on		YES (Yes ad	ds another entry	NO (Re	quired to va	ılidate)	

## Section 21 – Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, DRAFT PRE-DECISIONAL DELIBERATIVE

have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it. Mental health treatment and counseling, in and of itself, is not a reason to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. 21A) Has a court or administrative agency **EVER** issued an order declaring you mentally YES NO (Required to validate) incompetent? You responded 'Yes' to having a court or administrative agency EVER issuing an order declaring you mentally incompetent. Date (Month/Year) (Estimated) Provide the name of the court or administrative agency that declared you mentally Name (Free Text) **Branch** incompetent. If Yes to Provide the address of the court or administrative agency. Being Street address and city State and Zip Code or Country Declared Was this matter appealed to a higher court or administrative agency? YES NO (Required to validate) Incompetent You responded 'Yes' to appealed to a higher court or administrative agency **Branch** (Multiple If Yes to Appealed to Provide the name of the court or administrative agency Name (Free Text) Entries a Higher Court or Provide the address of the court or administrative agency Allowed) Administrative Street address and city State and Zip Code or Country Agency. (Multiple Provide the final disposition. Disposition (Free Text) Entries Allowed) YES Do you have an additional instance where this matter was appealed to a NO (Required to higher court or administrative agency? (Yes adds another entry) validate) Do you have an additional instance where a court or administrative agency YES NO Yes adds another entry) EVER issued an order declaring you mentally incompetent? (Required to validate) 21B) Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a YES NO (Required psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is to validate) not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) You responded 'Yes' to having a court or administrative agency EVER ordered you to consult with a mental health professional. **Branch** If Yes to Provide the date this occurred. Date (Month/Year) (Estimated) Court or Provide the name of the court or administrative agency that declared you mentally Name (Free Text) Administrati incompetent. ve agency Provide the address of the court or administrative agency. **EVER** State and Zip Code or Country Street address and city ordered you Provide the final disposition Disposition (Free Text) to consult Was this matter appealed to a higher court or administrative agency? YES NO (Required to validate) with a mental You responded 'Yes' to appealed to a higher court or administrative agency. **Branch** health If Yes to Appealed Provide the name of the court or administrative agency. Name (Free Text) professional to a Higher Court or Provide the address of the court or administrative agency (Multiple Administrative Street address and city State and Zip Code or Country Entries Agency. (Multiple Provide the final disposition. Disposition (Free Text) Allowed) Entries Allowed) Do you have an additional instance where this matter was appealed to a YES NO higher court or administrative agency? (Yes adds another (Required to validate) entry) Do you have an additional instance where a court or administrative agency YES (Yes adds another (Required to validate) EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? entry) (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) 21C) Have you EVER been hospitalized for a mental health condition? YES NO (Required to validate) **Branch** You responded 'Yes' to EVER been hospitalized for a mental health condition. If Yes to Voluntary (Provide explanation) Was the admission voluntary or involuntary? Explanation EVER been Involuntary (Provide explanation) Explanation hospitalized Provide the dates of treatment. From Date (Month/Year) (Estimated) To Date for a mental (Month/Year) health (Estimated/Present) condition Provide the name and address of the facility where treatment was provided. Name (Free Text) (Multiple Provide the address of the facility where treatment was provided. Entries Street address and city State and Zip Code or Country Allowed) Do you have an additional instance where you have EVER been hospitalized for a YES (Yes NO (Required to validate) mental health condition? adds another entry) The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, is not a <u>reason</u> to revoke or deny eligibility/or access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. 21D) Have you EVER been diagnosed by a physician or other health professional (for example, a YES NO (Required to psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder,

depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who

		sional disorder, bipolar mood disorder	er, borderline				
personanty disc	You responded 'Yes' to have	ring EVER been diagnosed by a physical	sician or other	health prof	essional.		
	Identify the diagnosis or hea					alth conditio	n (Free Text)
	Provide the dates of diagnos	sis.		From			o Date
Branch If Yes to					th/Year)		Month/Year)
EVER been	Provide the name address	and telephone number of the health c	are profession		nated)		Estimated/Present) elephone Number
diagnosed by a physician	who diagnosed you, or is cu	rrently treating you for such diagnos			Text)		Free Text)
or other	whom you have discussed s	uch condition. ealth care professional who diagnose	d von orie	Street	t address a	nd city S	tate and Zip Code
health professional		ich diagnosis, or with whom you have			address a		r Country
(Multiple		and telephone number of any			or same		elephone Number
Entries Allowed)	agency/organization/facility where counseling/treatment			above	e (Free Te		r same as above Free Text)
	Provide the address of any a where counseling/treatment	ngency/organization/facility			t address a		tate and Zip Code r Country or same
		•			ne as abov	a	s above
	Was the counseling/treatme explanation.	nt effective in managing your sympto	oms? Provide	YES		NO (Provide explanation	
						(Required validate)	to
	physician or other health prolicensed clinical social work schizophrenia, schizoaffecti	nstance where you EVER had been dofessional (for example, a psychiatrister, or nurse practitioner) with psychology disorder, delusional disorder, bipotential disorder, bipotent	st, psychologis otic disorder, olar mood		(Yes adds er entry)		O (Required to alidate)
		ality disorder, or antisocial personality there been any occasions when you		lt YES		N.	IO (Required to
		before altering or discontinuing, or f					alidate)
	prescribed course of treatme	ent for any of the listed diagnoses?					
Branch	Are you currently in treatme	ent?	1	YES			quired to validate)
If Yes to currently in treatment. (Multiple	Provide the name, address, healthcare professional prov	and telephone number of the viding such treatment.	Name (Free Text	t)		Telephone Text)	Number (Free
Entries Allowed)	such treatment.	ealthcare professional providing	Street add	ress and cit	у	State and 2 Country	Zip Code or
	treatment?	nstance where you are currently in	YES (Y another	entry)		equired to va	
		ealth condition that <b>substantially ad</b> even if you are not experiencing suc		ts YES	S		NO (Required to validate)
mental health o other condition counseling as a having been see	or other condition, then you she requiring treatment. For exc result of service as a first res xually assaulted or a victim of bility or trustworthiness is no	orthiness is not substantially adverse, would answer "no" even if you have a sumple, if you are in need of emotional ponder, service in a military combate admestic violence, or marital issues to substantially adversely affected, the wing a mental health condition that su	mental health l or mental he environment, but your n answer "no.	or alth	cts your ju	ndgment, reli	ability, or
If Yes to	trustworthiness.		•	•			•
having a			_		T.	xplanation	
mental health condition that	or treatment for that conditi this question. However, suc	you currently receiving counseling on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)	YES	NO (Provide explanation (Required validate)	on) (I	Free Text)	I decline to answer (Require to validate)
mental health condition that adversely affects your	or treatment for that conditi this question. However, suc	on? (You may choose not to answer h consultation or treatment will not	ounseling or t	(Provide explanation (Required validate) reatment.	on) (I		answer (Required
mental health condition that adversely affects your judgment,	or treatment for that conditi this question. However, suc disqualify you and is consid	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling	ounseling or t	(Provide explanation (Required validate) reatment.	on) (I	To Date (1	answer (Require to validate)  Month/Year)
mental health condition that adversely affects your judgment, reliability, or	or treatment for that conditi this question. However, suc disqualify you and is consid	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.	ounseling or t To Date (Mo (Estimated)	(Provide explanation (Required validate) reatment.	on) (I	To Date (I (Estimated	answer (Require to validate)  Month/Year) d/Present)
mental health condition that adversely affects your judgment, reliability, or trustworthine ss.	or treatment for that conditi this question. However, suc disqualify you and is consid  Branch If Yes to you ever received or are you	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.  Provide the name, address, and telephone number of the health	ounseling or t	(Provide explanation (Required validate) reatment.	on) (I	To Date (I (Estimated	answer (Require to validate)  Month/Year) d/Present)
mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple Entries	or treatment for that conditi this question. However, suc disqualify you and is consid  Branch If Yes to you ever received or are you currently receiving counseling or treatment	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.  Provide the name, address, and telephone number of the health care professional.  Provide the address of the health	ounseling or t To Date (Mo (Estimated) Name	(Provide explanatic (Required validate) reatment.	on) (I	To Date (I (Estimated Telephone	answer (Require to validate)  Month/Year) d/Present) Number (Free Text
mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple	or treatment for that conditi this question. However, suc disqualify you and is consid  Branch If Yes to you ever received or are you currently receiving	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.  Provide the name, address, and telephone number of the health care professional.  Provide the address of the health care professional.	ounseling or t To Date (Mo (Estimated) Name (Free Text) Street addre	(Provide explanation (Required validate) reatment. Onth/Year)	on) I to	To Date (I (Estimated Telephone	answer (Require to validate)  Month/Year) d/Present) Number (Free Text
mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple Entries	or treatment for that conditi this question. However, suc disqualify you and is consid  Branch If Yes to you ever received or are you currently receiving counseling or treatment for that condition.	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.  Provide the name, address, and telephone number of the health care professional.  Provide the address of the health	ounseling or t To Date (Me (Estimated) Name (Free Text)	(Provide explanation (Required validate) reatment. Onth/Year)	on) I to	To Date (I (Estimated Telephone	answer (Require to validate)  Month/Year) I/Present) Number (Free Text  ip Code or Country  Number or same as
mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple Entries	or treatment for that conditi this question. However, suc disqualify you and is consid  Branch If Yes to you ever received or are you currently receiving counseling or treatment for that condition. (Multiple Entries	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.  Provide the name, address, and telephone number of the health care professional.  Provide the address of the health care professional.  Provide the name, address, and telephone number of the agency/organization/facility where counseling/treatment was provided	ounseling or t To Date (Me (Estimated) Name (Free Text) Street addre Name or sar (Free Text)	(Provide explanation (Required validate) reatment. Onth/Year)	on) I to	To Date (I (Estimated Telephone State and Z Telephone above (Free International Intern	answer (Require to validate)  Month/Year) 1/Present)  Number (Free Text)  ip Code or Country  Number or same as a Text)
mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple Entries	or treatment for that conditi this question. However, suc disqualify you and is consid  Branch If Yes to you ever received or are you currently receiving counseling or treatment for that condition. (Multiple Entries	on? (You may choose not to answer h consultation or treatment will not lered to be a positive action.)  Provide the following about your c Provide the dates of counseling or treatment.  Provide the name, address, and telephone number of the health care professional.  Provide the address of the health care professional.  Provide the name, address, and telephone number of the agency/organization/facility where counseling/treatment was	ounseling or t To Date (Mo (Estimated) Name (Free Text) Street addre	(Provide explanation (Required validate) reatment. Onth/Year)	on) I to	To Date (I (Estimated Telephone State and Z Telephone above (Free International Intern	answer (Require to validate)  Month/Year) 1/Present) Number (Free Text) ip Code or Country Number or same as a Text)

condition? (You may choose not to answer this question. However, such consultation or treatment will not disqualify you and is considered to be a positive action.)			to validate)	(Required to validate)
Have you ever chosen not to follow a prescribed course of treatment for any of these conditions?	YES	Explanation (Free Text)	NO (Require	ed to validate)

#### 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. Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified

- In the last 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 last seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the last seven (7) years have you been charged with, convicted of, or sentenced for 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 last seven (7) years have you been or are you currently on probation or parole?

, , , , , , , , , , , , , , , , , , ,	tly on trial or await	ing a trial on c	8					YES	NO
	Provide the date of	of offense.	Date (Estimated)	Provide a descripti specific nature of t		Des	cription (Free To	ext)	
	Did this offense in	nvolve any of	the following? (Chec	k all that apply)					
				battery or assault) aga					
			partner, former spo	use or legally recognize	zed civil union/do	mestic	partner, or some	one with	whor
	you share a child		_						
	☐ Involve firearm		5?						
	☐ Involve alcohol	or drugs?						TIEG	1 270
				1.0		-		YES	NO
	Provide the locati			Street address and			e and Zip Code		_
				eive a ticket to appear	as a result of this	offense	by any police	YES	NO
			ther type of law enfo						<u> </u>
	Branch		ring/summoning age				N	(E T-	4)
	If Yes to Being Arrested/Cited/		location of the law	Street address and			e and Zip Code	(Free Te	
	Summoned	enforcement		Street address and	city	Stat	e and Zip Code	or Count	Ty
				ed, currently awaiting	trial and/or orde	red to a	nnear in court	YES	NO
	in a criminal proc			ed, currently awarting	triar, and/or orde	ica to a	ppear in court	ILD	110
	Branch - If No			ult of this offense were	e vou charged, co	nvicted	currently await	ing trial.	and/o
	to Charged or			iminal proceeding again		,,,,,,,,,,	, carreining a man	,	und, o
	Convicted	Provide Exp		1 00	J	Exp	lanation (Free T	ext)	
		Court inforn	nation				`		
Branch		Provide the	name of the court.			Nan	ne of court (Free	Text)	
C37 4 41		Provide the	location of the court.	Street address a	nd city		e and Zip Code		ry
f Yes to the Above		Provide all t	he charges brought a	gainst you for this offe	ense, and the out	come of	each charged of	fense (su	ich as
Above Happening				narge dropped or "nolle					
Tappening		guilty to a le		arately both the origina	al charge and the	lesser o			
Multiple		Felony/Misc	•	Misdemeanor, Other	Charge		Charge (	Free Tex	t)
Entries		Outcome		ne (Free Text)	Date (Month	/Year)			
Allowed)	Branch	Were you se	ntenced as a result o					YES	NO
			Conviction deta						
	If Yes to			ption of the sentence.					
	Charged or	Branch		nced to imprisonment				YES	NO
	Convicted	If Yes to		cerated as a result of th				YES	NO
		Being Sentenced		resulted in imprisonn			From Date (Es		
		Sentenced		were incarcerated.			To Date (Estin		
				sulted in probation or pon or parole. (Not App		e	From Date (Estir		
		Branch	Trial detail	on or parote. (Not App	ilicable 🗆 )		10 Date (Estil	nated/Pre	esent)
		If No to		ly on trial, awaiting a t	rial or awaiting	cantanci	ng on criminal	YES	NO
		Being	charges for this		mai, or awaiting	sentene	ing on criminal	1123	NO
		Sentenced	Provide Explana		Expl	anation	(Free Text)	1	
	Do you have any	1		lowing has happened t			ES EXE	NO	
				summons, citation, or				(Require	ed to
				include citations involv			nother entry)	validate	
	infractions where	the fine was le	ess than \$300 and did	d not include alcohol o	r drugs)		•		
	• In the last seven	n (7) years hav	ve you been arrested	by any police officer,	sheriff, marshal o	or			
	any other type of								
				with, convicted of, or					
				convictions, or senten					
		•		ously listed on this form					
	<ul> <li>In the last seven</li> </ul>	<b>n (7) years</b> hav	ve you been or are yo	ou currently on probati	on or parole?				
			waiting a trial on crit		1	l l	l		

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 or legally recognized civil union/domestic partner, 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?

Thave you E v E	K occii charged wit	n an oriense n	ivorving alcohor or drugs.					YES	NO	
	Provide the date of				Date (Estima	ated)				
	Provide a descript	tion of the spec	cific nature of the offense.		Description	of nature of	offense (I	Free Te	ext)	
	Did this offense in	nvolve any of	the following? (Check all that app	ly)						
			of violence (such as battery or ass							
	recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom									
	you share a child in common?									
	□ Involve firearm		s?							
	☐ Involve alcohol	or drugs?						*****	270	
	D 11 d	C .1			AT C	. (F. T.		YES	NO	
	Provide the name		t. Street address and ci	t	Name of cou					
	Provide the location		against you for this offense, and the		State and Zi	onso (such	og found g	milty f	ound	
			"nolle pros,", etc). If you were fo							
	original charge an			and guilty of of j	picaded guilty	to a resser (	michise, ns	st both	lic	
	Felony/Misdemea		Felony, Misdemeanor, Other	Charge		Charge (F	ree Text)			
	Outcome		Outcome (Free Text)	Date Month/Ye	ear	Date				
Branch	Were you sentenc	ed as a result					-	YES	NO	
	j	Conviction 1								
If Yes to the		Provide a de	escription of the sentence.			Sentence	description	n (Free	Text)	
Above	<b>7</b> 0 1		entenced to imprisonment for a ter	m exceeding 1 ye	ar?			YES	NO	
Happening	Branch If Yes to Being	Were you in	carcerated as a result of that sente	nce for not less t	han 1 year?		,	YES	NO	
2.1.1	Sentenced	If the convic	ction resulted in imprisonment, pro	ovide the dates th	at you	From Dat	e (Estimat	ed)		
(Multiple	Sentenced		e incarcerated. (Not Applicable			To Date (	Estimated/	/Presen	it)	
Entries Allowed)			ction resulted in probation or parol	le, provide the da	tes of		e (Estimat			
Allowed)		-	parole. (Not Applicable   )			To Date (	Estimated/	/Presen	ıt)	
	Branch	Trial detail								
	If No to Being		rently on trial, awaiting a trial, or	awaiting sentence	ing on crimina	l charges fo	or this	YES	NO	
	Sentenced	offense?					L			
		Provide Exp			nation (Free 7			110		
			to list where the following has E			YES		NO		
			ed in any court of the United State ing 1 year for that crime, and inca			(Yes adds another er		(Requi validat		
			? (Include all qualifying conviction			anomer er	iuy)	vanuai	<i>c)</i>	
			y listed on this form)	ms m r caerar, sa	ite, iocai, oi					
			d with any felony offense? (Includ	e those under the	Uniform					
			n-military/civilian offenses).							
			ed of an offense involving domes							
	violence (such as	battery or assa	ault) against your child, dependent	, cohabitant, spo	use or					
			omestic partner, former spouse or		ed civil					
			eone with whom you share a child		,					
			d with an offense involving firearr d with an offense involving alcohol							
Is there currently			rder or restraining order issued aga					YES	NO	
is there currently			ly having a domestic violence pro-		estraining orde	er issued ag		ILO	110	
Branch	- ou ou p		-) and a management of the first				J			
If Yes to	Provide explanation	on:		Explanation	(Free Text)					
Domestic	Provide the date the	he order was i	ssued.	Date (Estim	ated)					
Violence (Multiple	Provide the name	of the court or	r agency that issued the order.	Name of cou	ırt (Free Text)					
Entries			t or agency that issued the order.	Street addre	ss and city	State and	Zip Code	or Cou	ntry	
Allowed)	,		violence protective order or	YES		N	1O			
	restraining order of	currently issue	d against you to report?	(Yes adds at	nother entry)	(]	Required to	o valid	ate)	
Section 23 -	- Illegal Use o	f Drugs a	nd Drug Activity							
			r your truthful responses nor infor	mation derived f	rom vour respo	onses to this	s section w	/ill be ι	ısed	
			roceeding. As to this particular se							
			pertain to the illegal use of drugs of							
accordance with	Federal laws, even	though permis	sible under state laws.							
			d any drugs or controlled substanc					YES	NO	
includes injecting			experimenting with or otherwise of				e.			
Branch			st seven (7) years having illegall	,						
1037	Provide the type of			Explanation if o	· · · · · · · · · · · · · · · · · · ·					
If Yes to				ulants (Such as d						
Illegally Using	$\Box$ 1HC (Such as n	narijuana, wee	$ed$ , $pot$ , $hashish$ , $etc$ .) $\Box Dep$	ressants (Such a:	s varbiturates,	metnaqual	one, tranqi	uuizers	s, etc.)	

□ Narcotics (Such as opium, morphine, codeine, heroin, etc.)

□ Steroids (Such as the clear, juice, etc.)

Drugs or

Controlled

Substances

□ *Ketamine (Such as special K, jet, etc.)* 

□ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)

(Multiple	Provide an estimate of the month and year of first use.	Date (Estimated)	and year of r	stimate of the mon-	th Date	e (Estima	ated)	
Entries Allowed)	Provide nature of use, frequency, Was your use while you were em in a position directly and immedi	ployed as a law enforcement	Nature of use officer, prosecutor		ficial, or v	while	YES	NO
	Was your use while possessing a						YES	NO
	Do you intend to use this drug or						YES	NO
	Provide explanation of why you	intend or do not intend to use	this drug or conti	colled substance in	the future	<b>.</b>	Expla (Free	nation Text)
In the lest seven	Do you have an additional instan substance to enter?  (7) years, have you been involved.		(	YES Yes adds another e		NO (Requ	ired to v	
	g, receiving, handling or sale of any	y drug or controlled substance	e?					NO
	You answered 'Yes' to in the last trafficking, production, transfer,					e, cultiv	ation,	
	Provide the type of drug or contr	olled substance.	f other explanation	n (Free Text)		. 7		
	☐ Cocaine or crack cocaine (Suc ☐ THC (Such as marijuana, weed			as amphetamines, s h as barbiturates, n				
	☐ Ketamine (Such as special K, j			s opium, morphine		, heroin,	etc.)	
Branch	<ul> <li>□ Hallucinogenic (Such as LSD,</li> <li>□ Inhalants (Such as toluene, am</li> </ul>	yl nitrate, etc.) □	Other (Provide e.	the clear, juice, et xplanation):	<i>c.)</i>			
If Yes to	Provide an estimate of the month	Date (Estimated)	Provide an estimat	e of the month and	Date	e (Estima	ated)	
Illegal Drug Activity	and year of first involvement.  Provide nature of and frequency		ear of most recentativity				$\overline{}$	
•	Provide the reason(s) why you er		Reason(s) (Free To	·				
(Multiple Entries	Was your involvement while you	were employed as a law enf		prosecutor, or cour	rtroom of	ficial,	YES	NO
Allowed)	or while in a position directly and Was your involvement while pos		ublic safety?				YES	NO
	Do you intend to engage in this a						YES	NO
		icated that you plan to engage				xplanatio	on (Free	Text)
		afficking, production, transfer ontrolled substance in the fut			le			
	Do you have an additional instan				YES		NO	
	manufacture, cultivation, traffick	ting, production, transfer, ship		nandling or sale	(Yes add			ired to
Have you FVFD	of a drug or controlled substance dillegally used or otherwise been il		or controlled sub-		another e		valida YES	NO
	han previously listed?	legally involved with a drug	of controlled subs	stance withe posses	sing a sec	Juinty	1123	NO
Branch	You responded 'Yes' to having I		wise been involve	d with a drug or co	ntrolled s	substance	e while	
If Yes to Use While	possessing a security clearance, or Provide a description of your inv			Description (Free	a Taut)			
Possessing a	Provide a description of your inv		ated)	To Date (Estimate		nt)		
Clearance (Multiple	Provide an estimate of the number	er of times you used and/or w	ere involved	Estimate (Free T				
Entries	with this drug or controlled subst Do you have an additional instan			YES		NO		
Allowed)	drug or controlled substance whi	le possessing a security clear	ance to enter?	(Yes adds another		(Requ	ired to v	
-	I illegally used or otherwise been in cer, prosecutor, or courtroom offic ously listed?	2		1 -		ety	YES	NO
D1	You responded 'Yes' to having I employed as a law enforcement of							facting
Branch If Yes to Use	the public safety other than previ		om omerar, or wi	me m a position di	rectly and	i iiiiiiedi	iatery ar	recting
While in Law	Provide a description of the drug	s or controlled substances use			ription (Fi			
Enforcement	Provide the dates of involvement Provide an estimate the number of		nte (Estimated)		ate (Estin		esent)	
(Multiple	controlled substance while emplo		e involved tills dit	ig of Estili	iate (Free	Text)		
Entries	Do you have an additional instan				YES		NO	
Allowed)	substance while employed as a la while in a position directly and in				(Yes adda another e		(Requir	
In the last seven	(7) years have you intentionally e						YES	NO
drugs were prescr	ribed for you or someone else?  You responded 'Yes' to in the la	est seven (7) veers having int	antionally angage	d in the misuse of	nrasarinti	on dragg	rocard	loss of
Branch	whether the drugs were prescribe	ed for you or someone else.	entionally engage	d iii tile iiiisuse oi	prescripu	on urugs	s, regard	1688 01
If Yes to Misuse of	Provide the name of the prescript	tion drug that you misused.			names (F			
Prescription	Provide the dates of involvement Provide the reason(s) for and circ		te (Estimated)		ate (Estin ons (Free		esent)	
Drugs	Was your involvement while you						YES	NO
(Multiple	or while in a position directly and	d immediately affecting the p				ŕ		
Entries	Was your involvement while pos		or in the mi	VEC		NO	YES	NO
Allowed)	Do you have an additional instant of prescription drugs in the last s		ig in the misuse	YES (Yes adds another	er entry)		ired to v	alidate)
Have you <b>EVER</b> controlled substa	been ordered, advised, or asked to		t as a result of you			Troya	YES	NO NO
Branch	You responded 'Yes' to having I use of drugs or controlled substant		or asked to seek	counseling or treat	ment as a	result of	f your ill	legal
If Yes to	Have any of the following ordere	ed, advised, or asked you to so	eek counseling or	treatment as a resu	lt of your	illegal ı	ise of dr	ugs or
			0					
Being Ordered Treatment for	controlled substances? (Check al	l that apply)				Ü		

		n professional				ourt official / ju				
Drugs		ordered, advised,								
0.6.10.1	Provide explanation		tion (Free Text			eive counseling				NO
(Multiple Entries	Branch If No	You have indicate	ted that you did	d not receive treatn	nent. Provid	de explanation.		Explanation	(Free Te	xt)
Allowed)	to Action Taken	Provide the type	of drug or oon	trolled substance for	or which vo	u wara traatad				
7 Mowed)				ich as rock, freeba		u were treated.				
				nch as rock, freeba mines, speed, cryst		etasy etc.)				
				ed, pot, hashish, et		iusy, eic.)				
				irates, methaqualo		izers. etc.)				
		□ Ketamine (Suc			,	,,				
				orphine, codeine, h	eroin, etc.)					
				), PCP, mushroom:	s, etc.)					
	Branch	□ Steroids (Such					43			
	7077	□ Inhalants (Suc								
	If Yes to Action	□ Other (Provide			C 41 4		N	(Far. T4)		
	Taken	Explanation (Fre	ee Text)	Provide the nam provider. (Last n			Name	(Free Text)		
		Provide the addr	ess for this tres	atment provider.			State	and Zip Coc	le or Cou	intry
				the treatment prov		ess and city		er/Extensio		
		1 Tovide a telepin	one number for	the treatment pro-	videi.			Both _Che		
								ational		_
		Provide the dates	s of treatment.		Date From	(Estimated)	Date '	To (Estimate	ed/Presen	it)
		Did you success	fully complete	the treatment?	7		U		YES	NO
		Branch If No		dicated that you did	d not succes	sfully	Expla	nation (Free	Text)	
		to Successful	complete the	treatment. Provide	e explanatio	n.				
		Treatment								
		ther instance of hav			ed to	YES		NO		
**		rolled substance co				(Yes adds anoth		y) (Requi	ired to va	
Have you EVER	R voluntarily sought		tment as a resu	It of your use of a	drug or cont	rolled substance	e?		YES	NO
	Voluntary treatme	of drug or controlle	d substance for	r which you were t	rooted					
		ck cocaine (Such a				amphetamines,	sneed	crystal metl	n ecstasy	, etc.)
		narijuana, weed, p				as barbiturates,				
Branch		n as special K, jet, e				opium, morphin				.,,
If Yes to		(Such as LSD, PC				he clear, juice, e				
Voluntarily Seeking	□ Inhalants (Such	as toluene, amyl n	nitrate, etc.)	□ Other (	Provide exp	olanation):				
Seeking										
Ü	Provide the name	of the treatment pr	rovider. (Last n	name, First name)			Name	(Free Text)	1	
Treatment for	Provide the addre	ss for this treatmer	nt provider.	Street address ar	nd city		State	and Zip Coc	le or Cou	
Treatment for the Misuse of	Provide the addre		nt provider.	Street address ar	nd city		State Numb	and Zip Coc per/Extensio	le or Cou n Time I	Day
Treatment for	Provide the addre	ss for this treatmer	nt provider.	Street address ar	nd city		State Numb Night	and Zip Coc per/Extensio Both _Che	le or Cou n Time I	Day
Treatment for the Misuse of Drugs  (Multiple	Provide the addre	ess for this treatmer ne number for the	nt provider.	Street address and der.			State Numb Night Intern	and Zip Coc per/Extensio Both _Cho national	le or Cou n Time I eck box it	Day f
Treatment for the Misuse of Drugs  (Multiple Entries	Provide the addre Provide a telephor Provide the dates	ss for this treatmer ne number for the of treatment.	nt provider. treatment provi	Street address ar			State Numb Night Intern	and Zip Coc per/Extensio Both _Che	le or Cou n Time I eck box it ed/Presen	Day f nt)
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Have you EVER	voluntarily sought						(16	auus anomei	entry)	(Kequii	YES	NO
	You responded 'Y											
	Provide the dates	of counseli	ng or treatment.			From I	Date (I	Estimated)	To D	ate (Estima	ated/Prese	nt)
Branch	Provide the name Provide the full a					Street	addres	s and city		selor name and Zip Co		
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to Seeking	1		ension Time I		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	1		1 0			
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tilis form:	You responded 'Y	es' to havi	ng EVER receiv	ed counsel	ling or treatm	nent as a	result	of your use o	f alcoh	ol.		<u> </u>
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Branch	Provide the full a	ddress of co	ounseling/treatme	ent	Street add	lress and	lcity	County	State	and Zip C	ode or Co	untry
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Counseling	Street address and		y/organization w	nere cours	sening/treatin			Code or Cou		<del>2</del>		
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Allowed)	Did you successfu							for Yes or No			YES	NO
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	time?			$\rightarrow$								
	Investigation											т
Has the U.S. Gov eligibility/access?	ernment (or a forei	gn governn	nent) <b>EVER</b> invo	estigated y	our backgrou	ind and/o	or grai	ited you a sec	urity cl	earance	YES	NO
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(Multiple Entries Allowed)	investigating a											
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Branch	(7) years have you							code			YES	NO

	If Yes to	Select the applicable bankruptcy petition type:   Chapter 7   Chapter 7	11 🗆 C	Chapter 12	□ Chapter 13	
	Having Filed	Provide the bankruptcy court docket/account number.			er (Free Text)	
	Bankruptcy	Provide the date bankruptcy was filed.		te (Estimate		
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	Entries	Provide the total amount (in U.S. dollars) involved in the bankruptcy.   □ Estimated	_	ount (Free		
		Provide the name debt is recorded under.  Last First		ddle	Suffix	
	Allowed)	Provide the name of the court involved.	Cou	urt Name (F	ree Text)	
		Provide the address of the court involved.  Street address and City	Stat	te and Zip (	Code or Country	y
		Provide the name of the trustee for this bankruptcy.	Nar	me (Free Te	ext)	
		Provide the address of the trustee for this bankruntov		`	,	
		If Chapter 13 Street address and City	Stat	te and Zin (	Code or Country	.,
		, , , , , , , , , , , , , , , , , , ,		ree Text)	YES NO	
	-		iation (1	NO	IES INC	
		, , , ,	-1			
ŀ		chapter of the bankruptcy code? (Yes adds an	otner en	itry) (Re	quired to validate	
L		experienced financial problems due to gambling?			YES NO	<u>)                                    </u>
	Branch	You responded 'Yes' to having <b>EVER</b> experienced financial problems due to gambling.				
	If Yes to	Provide the date range of your financial problems due to gambling. From Date (Estimated	1) 1	To Date (Es	timated/Present	i)
	Financial	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.	A	Amount	(Free Text)	
	Problems Due	Provide a description of your financial problems due to gambling.	Ι	Description	(Free Text)	
	to Gambling	If you have taken any action(s) to rectify your financial problems due to gambling, provide a	Ι	Description	(Free Text)	
	(Multiple	description of your actions. If you have not taken any action(s) provide explanation.				
	Entries	Have you <b>EVER</b> experienced additional financial problems YES (Yes adds another en	trv) N	NO (Requir	ed to validate)	
	Allowed)	due to gambling?	,	(Ttoquii	ou to variante)	
r	In the last seven	(7) years have you failed to file or pay Federal, state, or other taxes when required by law or o	rdinance	27	YES NO	Ò
ŀ	III tile last seven	You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when require				<u> </u>
		Did you fail to file, pay as required, or both?     File   Pay   Both	d by law	of ordinan	cc.	
	Branch	Provide the year you failed to file or pay your Federal, state or other taxes. (Estimated)				
				Ъ	(F. T. ()	
	If Yes to	Provide the reason(s) for your failure to file or pay required taxes.			(Free Text)	
	Failing to	Provide the Federal, state or other agency to which you failed to file or pay taxes.			(Free Text)	
	File/Pay Taxes	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).			(Free Text)	
	,	Provide the amount (in U.S. dollars) of the taxes. □ Estimated			(Free Text)	
	(Multiple	Provide date satisfied. □ Not applicable		Date (Est		
	Entries	Provide a description of any action(s) you have taken to satisfy this debt (such as withholding		Descripti	on (Free Text)	
	Allowed)	frequency and amount of payments, etc.). If you have not taken any action(s) provide explana	tion.			
	ŕ	Are there any other instances in the last seven (7) years where you failed to YES		NO		
		file or pay Federal, state or other taxes when required by law or ordinance? (Yes adds an			quired to validat	te)
		(7) years have you been counseled, warned, or disciplined for violating the terms of agreemen	t for a tr	avel or	YES NO	О
L	credit card provid	ded by your employer?				
		You responded 'Yes' to having been counseled, warned, or disciplined for violating the terms	of agree	ement for a	travel or credit	
	Branch	card provided by your employer.				
		Provide the name of the agency or company.	Age	ency (Free '	Γext)	
	If Yes to	Provide the address of the agency or company.  Street address and City	Stat	te and Zip (	Code or Country	y
	Violation of	Provide the date of your counseling, warning, or disciplinary action.	Mo	nth/Year	Est.	
	Credit/Travel	Provide the reason(s) for the counseling, warning or disciplinary action.	Rea	asons (Free	Text)	
	Card Terms	Provide the amount (in U.S. dollars) of violation. □ Estimated	Am	ount (Free	Text)	
		Provide a description of any action(s) you have taken to rectify this situation. If you have not		scription (F		
	(Multiple	taken any action(s) provide explanation.		, , , , , , , , , , , , , , , , , , ,		
	Entries	Are there any other instances in the last seven (7) years where you have been counseled,	YE	S	NO	
	Allowed)	warned, or disciplined for violating the terms of agreement for a travel or credit card provided		es adds	(Required t	to
		by your employer?		other entry)	validate)	
f	Are you currently	y utilizing, or seeking assistance from, a credit counseling service or other similar resource to re				0
	difficulties?	y unitarily, or seeming assistance from, a create counseling service or only similar resource to re	.501.0 ) 0	, ur 1111u11e1u	1 120 110	_
J	Branch	You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling ser	vice or o	other simila	r resource to	
1	branch	resolve your financial difficulties.	vice or c	Juici siiiiia	i resource to	
ı	If Yes to	Provide explanation (Free Text) Provide the name of the credit counseling organization	or recoil	rce N	lame (Free Text	t)
		Provide the phone number of the credit counseling organization.		er / Ext	vaile (11ee 1ext	ι)
	Seeking Credit	Provide the location of the credit counseling organization.			toto	
ı	Counseling		City		tate	
ı	(Multiple	As a result of this counseling provide a description of any action(s) you have taken to	Descri	ption (Free	Text)	
ľ	Entries	resolve your financial difficulties. If you have not taken any action(s) provide explanation.	YEC (	Yes adds	NO (D	1
	Allowed)	Are you currently utilizing, or seeking assistance from any other credit counseling service			NO (Required	1
ļ		or other similar resource to resolve your financial difficulties?		er entry)	to validate)	
		ously listed, have any of the following happened to you? (You will be asked to provide details a	bout eac	en financiai	obligation that	
	*	ems identified below).				
		en (7) years, you have been delinquent on alimony or child support payments.		.1 1 1	1. 11	
		en (7) years, you had a judgment entered against you. (Include financial obligations for which y	ou were	the sole de	otor, as well as	
1		you were a cosigner or guarantor).	(In c 1-: 1	fino 1	hlianti C	
		en (7) years, you had a lien placed against your property for failing to pay taxes or other debts.	inciude	mancial 0	ongations for	
J		the sole debtor, as well as those for which you were a cosigner or guarantor).	tor a	1011 co 41	for which	
J		rly delinquent on any Federal debt. (Include financial obligations for which you are the sole deb	ior, as w	en as those	for which you	
1	040 0 00045					
1	are a cosigner or	guarantor).			VEC N	
ļ	are a cosigner or				YES NO	0
	are a cosigner or	You answered 'Yes' to having experienced one or more of the previously stated financial issu		(Free Text)	YES NO	O

#### **Branch**

If Yes to Having Financial Issues Involving Enforcement

(Multiple Entries Allowed)

Did/does this financial issue include any of the following: (Check all that apply)

- ☐ In the last seven (7) years , you have been delinquent on alimony or child support payments.
- ☐ In the last 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 last 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). YES NO

		1Lb 110
Provide the associated loan / account number(s) invol	ved.	Loan / account number (Free Text)
Identify/describe the type of property involved (if any	7).	Property type (Free Text)
Provide the amount (in U.S. dollars) of the financial i	ssue.   Estimated	Amount (Free Text)
Provide the reason(s) for the financial issue.		Reasons (Free Text)
Provide the current status of the financial issue.		Status (Free Text)
Provide the date the financial issue began.		Date (Estimated)
Provide date the financial issue was resolved. □ Not r	resolved	Date (Estimated)
Provide the name of the court involved.		Court name (Free Text)
Provide the address of the court involved.	Street address and City	State and Zip Code or Country
Provide a description of any action(s) you have taken	to satisfy this debt (such as withholding	ss, Description (Free Text)

frequency and amount of payments, etc.). If you have not taken any provide explanation. Other than previously listed, are there any other instances of the following occurrences?

- Description (Free Text)
- In the last seven (7) years, you have been delinquent on alimony or child support payments.
- In the last 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 last 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).

YES (Yes adds another entry) NO (Required to validate)

Other than previously listed, have any of the following happened?

- In the last 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 last 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 last 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 last 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 last seven (7) years, you were evicted for non-payment?
- In the last seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the last 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).

YES NO

You answered 'Yes' to having experienced one or more of the previously stated financial issues.

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following: (Check all that apply)

- ☐ In the last 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 last 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 last 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 last 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 last seven (7) years you were evicted for non-payment.
- ☐ In the last seven (7) years you had wages, benefits, or assets garnished or attached for any reason.
- ☐ In the last 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).

		YES NO
Provide the associated loan / account number(s) involved.	Loan /	account number (Free Text)
Identify/describe the type of property involved (if any).	Proper	ty type (Free Text)
Provide the amount (in U.S. dollars) of the financial issue. □ Estimated	Amour	nt (Free Text)
Provide the reason(s) for the financial issue.	Reason	ns (Free Text)
Provide the current status of the financial issue.	Status	(Free Text)
Provide date the financial issue was resolved. □ Not resolved	Date (l	Estimated)
Provide the date the financial issue began.	Date (l	Estimated)
Provide a description of any action(s) you have taken to satisfy this debt (such as withholding	s,	Description (Free Text)
frequency and amount of payments, etc.). If you have not taken any action(s) provide explana	tion.	

#### **Branch**

If Yes to Having Financial Issues Involving Routine Accounts

(Multiple Entries Allowed)

Other than previously listed, are there any other instances of the following occurrences? □ Yes □ No • In the last 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 last 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 last 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 last 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 last seven (7) years, you have been evicted for non-payment. • In the last seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason. • In the last 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). YES (Yes adds another entry) NO (Required to validate) **Section 27 – Use of Information Technology Systems** 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. In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system? You responded 'Yes' to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter **Branch** into any information technology system. If Yes to Provide the date of the incident. Date (Estimated) Unauthorized Provide a description of the nature of the incident or offense. Description of incident (Free Text) Access Provide the location where the incident took place. Street address and City State and Zip Code or Country (Multiple Provide a description of the action (administrative, criminal or other) taken as a result of Description (Free Text) Entries Allowed) Are there any other incidents to report? YES (Yes adds another entry) NO (Required to validate) 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? You responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or If Yes to denied others access to information residing on an information technology system or attempted any of the above. Provide the date of the incident. Manipulating Date (Estimated) Provide a description of the nature of the incident or offense. Description of incident (Free Text) Access (Multiple Provide the location where the incident took place. Street address and City State and Zip Code or Country Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Entries Description (Free Text) Allowed) Are there any other incidents to report? YES (Yes adds another entry) NO (Required to validate) 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 You responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in **Branch** connection with any information technology system without authorization, when specifically prohibited by rules, procedures, If Yes to guidelines, or regulations or attempted any of the above. Unlawful Use Provide the date of the incident. Date (Estimated) Provide a description of the nature of the incident or offense. Description (Free Text) (Multiple Provide the location where the incident took place. Street address and City State and Zip Code or Country Entries Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Description (Free Text) Allowed) Are there any other incidents to report? YES (Yes adds another entry) NO (Required to validate) **Section 28 – Involvement in Non-Criminal Court Actions** 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 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 Branch ten (10) years. If Yes to Provide the date of the civil action Date (Estimated) Provide the court name Court name (Free Text) Having Non Provide the address of the court. Street address and City State and Zip Code or Country Criminal Provide details of the nature of the action. Details (Free Text) Court Actions Provide a description of the results of the action. Results (Free Text) (Multiple Provide the name(s) of the principal parties involved in the court action. Names (Free Text) Entries Are there any other civil court actions in the last ten (10) years to report? YES Allowed) (Yes adds another entry) (Required to validate) 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. Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the NO organization's dedication to that end, or with the specific intent to further such activities? You responded 'Yes' to being or EVER having been a member of an organization dedicated to terrorism, either with an **Branch** awareness of the organization's dedication to that end, or with the specific intent to further such activities. Organization name (Free Text) If Yes to Being a Provide the full name of the organization.

Provide the address/location of the organization.

DRAFT PRE-DECISIONAL DELIBERATIVE

Street address and City
DELIBERATIVE

State and Zip Code or Country

Member of a

<b>T</b>			<b>5</b>			m n . m .	1.75	
Terrorist	Provide the dates of your involvement with the organization. From Date (Estimated)  Provide all positions held in the organization, if any.   No positions held Positions (Free Text)							
Organization						Positions (Free Text) Contributions (Free Text)		
(Multiple Entries	Provide all contributions made to the organization, if any.   No. 10 No.						`	
Allowed)	Provide a description of the nature of and reasons for your involvement with the organization. Involvement (Free Text)  Do you have any other instances of being a member of an organization dedicated to YES NO						t)	
Allowed)	Do you have any other instances of being a member of an organization dedicated to						NO	
	terrorism, either with an awareness of the organization's dedic	ation t	o that end, o	or with the		Yes adds		ired to
II EXTERN 1	specific intent to further such activities to report?				2	another entry)	valida	
•	nowingly engaged in any acts of terrorism?						YES	NO
Branch If Yes	You responded 'Yes' to <b>EVER</b> having knowingly engaged in	any ac						
Engaging in Terrorism	Describe the nature and reasons for the activity.			d reasons (F		,	. 1/T	
(Multiple Entries	Provide the dates for any such activities.	c		e (Estimated	.)	To Date (Estimated/Present)		
Allowed)	Do you have any other instances of knowingly engaging in act	s of	YES	at a		NO	11.1	
· · · · · · · · · · · · · · · · · · ·	terrorism to report?	. 41 T		another ent		(Required to	YES	NO
•	lyocated any acts of terrorism or activities designed to overthrow							
Branch	You responded 'Yes' to having <b>EVER</b> advocated any acts of t	erroris	m or activit	ies designed	1 to o	verthrow the U.	.S. Gove	rnment
If Yes to	by force.		- (E T	4)				
Advocating	ν, ε		s (Free Tex			T. D. (E.	, 1/D	
(Maddinta Entries	E		Date (Estima			To Date (Estim		
(Multiple Entries	Do you have any other instances of advocating acts of terrorism		etivities	YES			(Requir	red to
Allowed)	designed to overthrow the U.S. Government by force to report			anoth			idate)	NO
	een a member of an organization dedicated to the use of violence						YES	NO
	hich engaged in activities to that end with an awareness of the or	rganız	ation's dedi	cation to tha	it end	or with the		
specific intent to fu	rther such activities?		. 1 1	. 11	C	· 1 C		(1
	You responded 'Yes' to having <b>EVER</b> been a member of an o							
Branch	the United States Government, and which engaged in activities that end or with the specific intent to further such activities.	s to tha	it end with a	an awarenes	s of th	ne organization	s dedica	ttion to
TCX7 . 1 .	Provide the full name of the organization.	Once	minotion no	то (Енос Т	·***)			
If Yes to being	Provide the full name of the organization.  Provide the address/location of the organization.		et address a	me (Free Te		oto and Zin Co.	do on Co	
Member of	<u> </u>		n Date (Est		_	ate and Zip Co		
Organization Using Violence	Provide the dates of your involvement with the organization.			imatea)	10	Date (Estimat		nt)
to Overthrow the			tions held			Positions (Free		
U.S. Govt.	Provide all contributions made to the organization, if any.   N					Contributions	1	
U.S. GOVI.	Provide a description of the nature of and reasons for your invo					Description (F		)
(Multiple Entries	Do you have any other instances of being a member of an orga						NO	
Allowed)	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 another entry validate (Required to validate)							
	the specific intent to further such activities to report?	cuican	on to that e	nd of with	an	iother entry)	vanua	(6)
Have you EVER be	een a member of an organization that advocates or practices com	missio	n of acts of	force or vio	lence	• to	YES	NO
	om exercising their rights under the U.S. Constitution or any sta						ILS	110
further such action?		te or tr	ic clined b	tates with th	c spc	enie intent to		
Turing Such action.	You responded 'Yes' to being or EVER having been a member	er of ar	organizati	on that advo	cates	or practices co	mmissio	n of
	acts of force or violence to discourage others from exercising t							
	U.S. with the specific intent to further such action.		5				)	
Branch	Provide the full name of the organization.	Orga	nization N	ame (Free T	ext)			
If Yes to Being a	Provide the address/location of the organization.	υ	et address a			ate and Zip Co	de or Co	untrv
Member of	Provide the dates of your involvement with the organization.		n Date (Est			Date (Estimat		
Organization			tions held			Positions (F		
** . *** .	Trovide an positions need in the organization, ir any					Contributio		
USING VIOLENCE	Provide all contributions (in U.S. dollars) made to the organiza					Continuatio	115 (1100	
Using Violence	Provide all contributions (in U.S. dollars) made to the organiza	ttion, i	,					TOAL)
(Multiple Entries	□ No contributions made			organizatio	n.	Involvemen	nt (Free T	
, and the second	□ No contributions made  Provide a description of the nature of and reasons for your invo	olveme	ent with the			Involvemen		
(Multiple Entries	□ No contributions made  Provide a description of the nature of and reasons for your invo  Do you have any other instances of being a member of an orga	olveme	ent with the	cates or	YES		NÒ	Text)
(Multiple Entries	□ No contributions made  Provide a description of the nature of and reasons for your invo  Do you have any other instances of being a member of an orga  practices commission of acts of force or violence to discourage	olveme nization	ent with the on that advo	cates or cising	YES (Yes	adds (		Text)
(Multiple Entries	□ No contributions made  Provide a description of the nature of and reasons for your invo  Do you have any other instances of being a member of an orga	olveme nization	ent with the on that advo	cates or cising	YES (Yes	adds (	NO (Require	Text)
(Multiple Entries Allowed)	□ No contributions made  Provide a description of the nature of and reasons for your invo Do you have any other instances of being a member of an orga practices commission of acts of force or violence to discourage their rights under the U.S. Constitution or any state of the Unit	olveme nization other ed Sta	ent with the on that advo s from exer tes with the	cates or cising specific	YES (Yes	adds (	NO (Require	Text)
(Multiple Entries Allowed)	□ No contributions made  Provide a description of the nature of and reasons for your invo  Do you have any other instances of being a member of an orga  practices commission of acts of force or violence to discourage their rights under the U.S. Constitution or any state of the Unit intent to further such action to report?	olveme nization e other ed Sta	ent with the on that advo s from exer tes with the	ocates or cising specific ce?	YES (Yes anoth	adds (	NO (Require validate) YES	Text) d to
(Multiple Entries Allowed)  Have you EVER kn	□ No contributions made  Provide a description of the nature of and reasons for your involution. Do you have any other instances of being a member of an orgal practices commission of acts of force or violence to discourage their rights under the U.S. Constitution or any state of the Unit intent to further such action to report?  Towingly engaged in activities designed to overthrow the U.S. Grant action to report the unit intent to further such action to report?	olveme nization e other ed Sta	ent with the on that advo s from exer tes with the	ocates or cising specific ce?	YES (Yes anoth	adds (	NO (Require validate) YES nent by fo	Text) d to
(Multiple Entries Allowed)  Have you EVER kn Branch If Yes to	□ No contributions made  Provide a description of the nature of and reasons for your involution. Do you have any other instances of being a member of an orgal practices commission of acts of force or violence to discourage their rights under the U.S. Constitution or any state of the Unit intent to further such action to report?  Towingly engaged in activities designed to overthrow the U.S. Government of Yes' to having EVER knowingly engaged in Describe the nature and reasons for the activity.	olveme nization e other ed Sta	ent with the on that advo s from exer tes with the ment by for ies designed	cates or cising specific ce?	YES (Yes anoth	adds (ner entry)	NO (Require validate) YES nent by for Text)	d to NO
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#### **Additional Comments**

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 further affirm that, to the best of my knowledge, I have not included any classified information herein. 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, falsifying, or including classified 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 (Sign in ink)

Date (mm/dd/yyyy)



# 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 ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position 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 current and historic, academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

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 Homeland Security, the Office of the Director of National Intelligence, 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 occupy a national security sensitive position or require eligibility for access to classified information.

Signature (Sign in ink)	Full name (Type or print legibly)	Date signed (mm/dd/yyyy)		

Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	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 Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

#### Authorization

I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, 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 my health care provider/entity. Revocation of this authorization is not effective until received by my health care provider/entity. 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 authorization for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

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 (Sign in ink)		Full name (Type o	or print l	egibly)	Date signed (mm/dd/yyyy)
Other names used					Social Security Number
Current street address Apt. #	Ci	ty (Country)	State	ZIP Code	Telephone number

#### For Use By Practitioner(s) Only

For Use By Practitioner(s) Only
Does the person under investigation have a condition that could impair his or her judgment, reliability, or
trustworthiness?
YESNO
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.
What is the prognosis?

Dates of treatment?		
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)

# 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**

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. 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 any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Print name	Social Security Number
Signature (Sign in ink)	Date (mm/dd/yyyy)