# **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

## Ouestionnaire 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 10577, 10865, 12333, 12968, 13467, and 13488, as amended; sections 3301, 3302, 9101, and 11001 of title 5, United States Code (U.S.C.); sections 272b, 290a, and 2519 of title 22, U.S.C.; section 1537 of title 31, U.S.C.; sections 1874, 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; section 20132 of title 51, U.S.C.; section 925 of Public Law 115-91; parts 2, 5, 6, 731, 736, and 1400 of title 5, Code of Federal Regulations (CFR); and Homeland Security Presidential Directive (HSPD) 12.

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

The Defense Counterintelligence and Security Agency, the Government's primary investigative service provider, has published its routine uses in the Federal Register at the following address: https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records. If another agency is conducting your investigation, it will inform you of its routine uses.

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

-----END OF INSTRUCTION PAGES -----

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Entries Allowed)			passport (or identi	ity card) and the			Country			Date (st/Pres)			
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Section 11 -	- Where Y	ou Have I	ived	<u> </u>									
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accounted for wi	thout breaks. I	reaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you ated there. If you split your time between one or more residences during a time period, you must list all residences. Do not											
		cated there. If you split your time between one or more residences during a time period, you must list all residences. Do not li 18th birthday unless to provide a minimum of 2 years residence history.  The list temporary locations of less than 90 days that did not serve as your permanent or mailing address.											
		th birthday unless to provide a minimum of 2 years residence history.  ist temporary locations of less than 90 days that did not serve as your permanent or mailing address.  st 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who											
For any address i	n the last 3 ve	o list temporary locations of less than 90 days that did not serve as your permanent or mailing address.  last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who es completely outside this 3 year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of											
knew you for res residence.	idences compl	s completely outside this 3 year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of tion. (Multiple Entries Allowed)											
Provide dates of		nation. (Multiple Entries Allowed) ence. From Date (Estimated) To Date (Estimated/Present											
		d by you □ Ren	ited or leased by you					`	tion (Free	/			
Provide the stree	t address.			Street addre		City	<u> </u>						
		ne United States	; otherwise provide	State		Zip Code							
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			nited States, or Coun				State	and Zip Co	de or Cour	ıtry			
Branch APO/FPO			ess outside of the Un PO address while at t						YES	NO			
Address	Branch If Y		APO/FPO address:		Address	APO or FP	O APO/	FPO State		p Code			
			bor, landlord (if rent						•	•			
	Provide the f	ull name.		iddle Suffix me:	Provi	ide date of last of	contact:		e imated =				
	Provide your	relationship to	this person (check a	ll that apply)		ighbor □ Frien her (Provide exp							
	Provide the f	following contact	ct information for thi	is person :		ner (1 Tovide ex	nanation) La	ipiuniurion (	Tice Text)				
			ber for this person:	Number/Ext	Provi	ide daytime pho	ne number fo	or this perso		ber/Exte			
				ension _Check box					nsion	n eck box			
				if					if	CK OOX			
Branch				international					inter	national			
				_I don't					_I do				
Person Who Knew you	Provide cell/	mobile phone n	umber for this perso	know n:	Nıım	ber/Extension _	Check box if	internation	knov nal				
Kilew you	Trovide cell	moone phone n	tunio er for tino perso.			on't know	CHOCK OON II	memuno					
(if address		ail address for th				il (Free Text) I							
dates within last 3 years)	Provide stree number).	et address for th	is person (including	apartment	Stree	t address	City						
last 3 years)	Provide the c	country if outside and Zip Code.	e the United States; o	otherwise	State	:	Zip C	ode	Country				
	Branch	You have indi	cated an APO/FPO a try location or home						post, emb	assy,			
	Physical Location	Street Address	s/Unit/Duty Location	1:			City	or Post Nan	ne				
	Location		for ports in United S		locatio	on.	State	and Zip Co	de or Cour	ıtry			
	Branch		cated an address out on who knew you ha		addrace	27			YES	NO			
	APO/FPO		nave indicated that the				l an APO/FPO	O address.	1123	110			
	Address	Branch If Yes			Address			PO State C	ode Zi	p Code			
Do you have an a	additional resid	dence to report?			YES (Y	es adds another	entry)	NO (Red	quired to v	alidate)			

		<b>,</b> ,	less to provide a minimum of two	years educati	ion history. (Mul	ltiple Er	tries Allowe		NO
	nded any schools in to Attending School		?? Have you received a degree or di	nloma more	than 10 years ag	02		YES YES	NO NO
Dianen ii 140	Provide the dates		From Date (Estimated)	Pionia more	To Date (Estin		resent)	110	110
	Select the most ap	propriate code to	describe your school.   High S	chool 🗆 Co	ollege/University				
			□ Vocational/Technical/Trade Sc		orrespondence/D	istance/		nline Scl	hool
	Provide the name		nool For gorrosmanda/	/	Name (Free To Street address	ext)	Cita		
			nool. For correspondence/distance, ne address where the records are n		Street address		City		
			ol address, refer to	idilitaliica.					
	http://ope.ed.gov/								
Branch		ry if outside the U	nited States; otherwise provide Sta	ate and Zip	State		Zip Code	Coı	untry
	Code. For schools you a	ttended in the last	3 years, list a person who knew y	on at the sch	ool (instructor, st	tudent, e	etc.). Do not	list neor	ole for
If Yes to			than 3 years ago. For corresponde						
Attending Schools	you while you rec				F				
Selicois	Provide the name I don't know	of person who kn	ows/knew you at school:   Lagrange Lagr	ast name:	First r	name:		tial Onl First N	
OR		ldress for this per	son (including apartment number)		Street		City	THSUN	anne 🗆
Yes to			nited States; otherwise provide Sta		State		Zip Code	Cou	untry
Receiving a	Code.	1 0 11			N. 1 (77)				
Degree or	Provide telephone	number for this p	person.		Number/Exten _Check box if				
Diploma					number	пистна	tional of DSI	v phone	
			on: □ I don't know		Email (Free To	ext)	,		
	Did you receive a		-f.d(-\/1' 1 /\\ ' '	11(7)			YES NO		
	Branch	Provide type Degree/diplo	of degrees(s)/diploma(s) received ma • High School Dip		Other degree/c	linloma			
	If Yes to	• Associate'	s • Bachelor's • Master's • Doc		Other Degree				
	Receiving Degree	• Projession	al Degree (e.g. MD, DVM, JD) •		Month / Year	Date			ated □
			o enter (include education within t	he last 10	YES (Yes add	s N	NO (Required	l to valid	date)
			as more than 10 years ago)?		another entry)				
			es – Employment & Un						
			employment and self-employmen. If the employment activity was n						
			rate entries for employment activity						snow
			h birthday unless to provide a min					J	
(Multiple Entr		A 1911	The second second	р т	IGDIIG G	. 16	7		
	al employment		y duty station □ National Guard/ nent (Non-Federal employment)		Self-employment				
□ Federal Con	ntractor	□ Non-governme	ent employment (excluding self-en	nployment)	1 2	□ Oth	er (Provide e	_	
Other Type Ex	xplanation (Free Te		rovide dates of employment. Fi Reserve, or USPHS Commissione	om Date (Es	timated)	To D	ate (Estimate	d/Prese	nt)
			for this position:     Full-time   P						
		r assigned duty	Duty station (Free Text)		our most recent	Rank	/position (Fr	ee Text)	)
		ng this period.		rank/positi		a.			
		ress of duty statio	n. e United States; otherwise,	Street addı State	ess	City Zip (		Cour	ntry
		e and Zip Code.	Clined States, otherwise,	State		Zip C	oue	Cour	Itiy
	Telephone n				xtension Time I			neck box	ι if
		Von 1 ' 1'	oted on ADO/EDO - 1.1		nal or DSN phone			hoc-	ant
	Branch		ated an APO/FPO address; provident country location or home port/					oase, po	ost,
	Physical Location	Street Address/	Unit/Duty Location:	Î	City or P	ost Nar	ne:		
Branch			r ports in the United States, or cou			Zip C		Cour	
If Employment	Branch APO/FPO	You have indicated address while at	nted an address outside of the Unit	ed States. Do	you or did you	have an	APO/FPO	YES	NO
If Employmen		Branch If Yes	Provide APO/FPO address:	Address	APO/FPO	APO	/FPO State	Zip Co	ode
Duty, Nationa		name of your sup			or name (Free Te	-			
Guard/Reserve			of your supervisor.		or rank/position	`	ext)		
or USPHS Commissione			your supervisor.   I don't know		or email (Free Te				
Corps	TTO VIGO tire		ation of your supervisor.  e United States; otherwise,	Street add	uress	City Zip C	Code	Cour	ntrv
	provide Stat	e and Zip Code.							•
	Provide sup	ervisor telephone	number.		Extension Time			Check bo	ox if
		You have indica	ated an APO/FPO address for you		onal or DSN pho			ither str	eet
	D		ost, embassy, unit, and country loo						
	Branch Physical	data of your sur	pervisor:						
	Location		Unit/Duty Location:	T C+ +			or Post Name		
		Provide state fo country location	r ports in the United States, or	State		Zip C	ode	Cour	ıtry
	Branch		ated an address outside of the Unit	ed States. Di	d/does your supe	ervisor l	nave an	YES	NO
	APO/FPO	APO/FPO addre	ess while at this location?						
	Address	Branch if Yes	Provide APO/FPO address		APO/FPO		/FPO State	Zip Co	ode
Branch	Other Feder	al employment, S	tate Government, Federal Contrac	ctor, Non-gov	ernment employ	ment, o	r Other		

Provide most recent position title. Position (Free Text) If Employment Select the employment status for this position: ☐ Full-time ☐ Part-time Type is Other Provide the name of your employer. Employer name (Free Text) 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 Е Street Address City Provide the work address where you are/were physically located. 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. 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: Address APO/FPO APO/FPO 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. State 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 address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location Branch Physical data of your supervisor: Street Address/Unit/Duty Location: Location City or Post Name: Provide state for ports in the United States, or country location. State and Zip Code or Country Branch 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 Provide the name of your employment 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** address while at this location? APO/FPO **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:

			ss of this verifier			Street address	C	ity			
					es; otherwise, provide		State		Code	Count	
	Provide the	teleph	one number for	this perso	on.	Number/Extension T	ime Day	/ Night E	Both _C	Check bo	ox if
		* 7	1 11 1	4 DO /	EDO 11 C	International or DSN			11		*.1
	Branch					self-employment verifie country location or hon					
	Verifier		sical location dat			country location of non	le port/11	icei iieau	quarter.	FIOVIO	ie
	Physical		et Address/Unit/				C	ity or Po	st Name	2:	
	Location				United States, or coun	atry location.	tate	- 7	Code	Count	ry
	Branch					d States. Does your self				YES	NO
	Verifier	have	e an APO/FPO a	ddress?							
	APO/FPO	Rra	nch if Yes		e APO/FPO address f	or this person:		ddress		APO/I	FPO
	Address		nen n res	APO/I	FPO State		Z	ip Code			
	Unemploym									T	
		name	of someone who	can veri	fy your unemploymen	nt activities and means o	f	Last	name:	First	name:
	support.	- 11	ss of this verifier		1.	C++ - 11		1:4			
					es; otherwise, provide	Street address	State	ity Zin (	Code	Coun	tes/
			one number for			Number/Extension Tim					
Branch	1 Tovide the	teleph	ione number for t	illis perso		International or DSN ph			ii _Ciic	CK DOX 1	
If Employment		You	have indicated a	an APO/		unemployment verifier;			locatio	n data w	ith
Type is	Branch					country location or hon					
Unemployment	Verifier Physical		sical location dat								
	Location		et Address/Unit/					ity or Po			
					United States, or coun		State		Code	Cour	
	Branch				ss outside of the Unite	d States. Does your une	mploym	ent verifi	ier	YES	NO
	Verifier APO/FPO	navo	e an APO/FPO a		e APO/FPO address f	on this namen.	Ι.Α	ddress		APO/I	-PO
	Address	Bra	nch if Yes		FPO State	or this person:		ip Code		APO/I	PU
		reasor	n for leaving the					eason (F	ree Tex	t)	
	For this emp	oloymo	ent have any of t	he follov	ving happened to you	in the last seven (7) yea	ars?	cuson (1	Tee Tex	YES	NO
						nutual agreement follow		ges or			
	allegations	of mis	conduct • Left b	y mutual	agreement following	notice of unsatisfactory	perform	ance			
D I											
Branch						after being told you wou		ed			
If Employment	Branch					s or allegations of misco					
Type is Active	21uncii		Branch	u agreen	Provide the reason f	of unsatisfactory perform	nance	ı	Dancos	ı (Free T	Covt)
Duty, National	If Fired, Qu	it,	If Fired		Provide the leason i					Estimate	
Guard/Reserve,	Left by Mut				Provide the date you					ı (Free T	
USPHS	Agreement,	or	Branch			quit after being told yo	u would	be		Estimate	
Commissioned	Left After Unsatisfacto		If Quit		fired.						
Corps, Other Federal	Performance	•	Branch			or allegations of miscor				es (Free	
employment,	T CITOTINUIC		If Left after Ch	arges		a left following charges	or allega	itions	Date/ I	Estimate	d□
State	(Multiple				of misconduct.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			_	- T	
Government,	Entries		Branch	c ,		s) for unsatisfactory perf				r (Free T Estimate	
Federal	Allowed)		If Left Unsatist performance	lactory	notice of unsatisfact	ı left by mutual agreeme	ent ionov	wing a	Date/ I	Estimate	a⊔
Contractor, Non-				en (7) ve		her reason for leaving to	YES	(Yes ad	ds N	NO (Req	nired
government employment,			report for this			ier reason for leaving to		her entry		o validat	
Self-	For this emp	oloym	ent, in the last se	even (7)	years have you receiv	ed a written warning, be	een offic	ially		YES	NO
Employment,	reprimanded	l, susp				rkplace, such as a violat	ion of se	curity po	olicy?		
Unemployment,	Branch					iplined for misconduct.					
or Other	If Discipline	ed,		month a	nd year you were warr	ned, reprimanded, suspe	nded or		Date/ I	Estimate	d□
	Warned, Reprimande	d or	disciplined.	rancon(c	) for being warned rea	primanded, suspended o	r discipl	inad	Dancor	ı (Free T	Cavt)
	Suspended	u, or			instance of discipline			(Yes ad		VO (Reg	
	(Multiple E	ntries	provide?	e another	mistance of discipline	or a warning to		her entry		o validat	
	Allowed)		Provide						<i>′</i>		/
Do you have an add	litional emplo	yment	activity to enter	?		YES (Yes adds anoth	er entry)	NO	(Require	ed to val	idate)
Section 13b –	<b>Employn</b>	nent	<b>Activities -</b>	- Forn	ner Federal Ser	vice					
Do you have forme	r federal civili	an em	ployment, exclu	ding mili	itary service, NOT ind	licated previously, to rep	ort?			YES	NO
	Forme	r Fede	eral Service Deta	il	-						
Branch			es of federal civil			From Date (Estimated)	То Г	Date (Est	imated/	Present)	
If Yes to Former				ral ageno	ey for which you are/w	vere employed.	Nam				
Federal Service			r position title.		т.	G 11	_	tion title	(Free T	ext)	
			location of the ag			Street address	City		in C : 1		un t
(Multiple Entries					l States; otherwise, pro il civilian employment	ovide State and Zip Cod		Yes ad	ip Code	VO (Req	ıntry
Allowed)			r indicated previ			, cacidding illiniary		her entry		o validat	
Section 13c –				Judy, to	- report.		anot	ciiti y	,   0	, randal	.~/
				oven (7)	voore of amplexment	activities that you have	not res	rionals, 1:	ctod9 (L	Voc	vii 177411
Trave any of the fol	owing napper	1	you in the last 8	12-1	• Fired from a job?	• Ouit a job afte					

be required to add an additional employment in Section 13a)
Fired from a job?
Quit a job after being told you would be fired?
Have you left a job by mutual agreement following charges or allegations of misconduct?
Left a job by mutual agreement following notice of unsatisfactory performance?
Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security

policy?									YES	NO
Section 14	l – Selective	Serv	ice Record							
	a male after De							YE	ES N	O
•	Selective Se									
	Have you re	gistered	with the Selective Service v  The Selective Service v				don't kno			O
Branch	Branch		registered. Note: Selec					noer for per	SOIIS WII	o nave
If Yes to Born	If Yes		Provide registration nur	mber:	•	R	egistratio	n number (l	Free Tex	it)
Male After	Branch		You responded 'No' to l	having registered	with the Selective			Œ T		
12/31/1959	If No Branch		Provide explanation You responded 'I don't	know' to having	registered with the			n (Free Tex	t)	
	If I Don't K	now	Provide explanation	know to naving	registered with the			n (Free Tex	t)	
Section 15	5 – Military	Histo	rv							
	ER served in the	U.S. Mi	llitary?						YES	NO
			having served in the U.S			T = ==				
	Provide the bra $\Box Army \Box Arm$		ervice you served in:	State of service Guard	e, if National	Officer or e		Provide y number.	our serv	ice
			Air National Guard	Provide your st	tatus	□ Officer	icabic	number.		
	□ Marine Corp	os 🗆 Coo	ust Guard	•	□ Active Reserve	□ Enlisted		Number (	Free Te	xt)
	Provide your d	ates of s	arvica	□ Inactive Reserved From Date (Es		To Date (Es	timated/	Dracant)		
			com this instance of U.S. 1					1 1000111)	YES	NO
		You re	esponded 'Yes' to being d							
	Branch		ional Guard. le the type of discharge yo	ou received: □	Honorable □ Disho	norable ¬ Un	der Othe	r than Hono	rable	
Branch	If Yes to				Other (provide type		uci Otiic	i tilali i lollo	naoic	
If Yes to	Discharged		le other discharge type:					xplanation (	Free Te	xt)
Serving in	Rranch If Die		le the date of discharge lis Not Honorable Provid	sted above. le the reason(s) fo	or the discharge		te/Estima	ree Text)		
the U.S.			military service to report			adds another er		NO (Require	ed to val	idate)
Military	In the last 7 ye	e <b>ars</b> , hav	ve you been subject to cou	art martial or othe	er disciplinary proc	edure under th			YES	NO
(Multiple	of Military Jus		MJ), such as Article 15, Cesponded 'Yes' to having				nroadii	a under the	Liniforn	Codo
Entries Allowed)			itary Justice (UCMJ), suc							
Allowed)		Provid	le the date of the court ma	artial or other disc	ciplinary procedure		I	Date (Estima	ated)	
	D		le a description of the Uni	iform Code of M	ilitary Justice (UCN	MJ) offense(s)	for whic	h you	Descri (Free	
	Branch		harged. le the name of the discipli	inary procedure.	such as Court Mart	ial. Article 15.	Captain'	's mast.	Name	i ext)
	If Yes to	Article	e 135 Court of Inquiry, etc	c.					(Free	
	Military Discipline		le the description of the mor convening authority, ad					(title of	Descri (Free	
	Discipline		le the description of the fi					uilty,	Descri	
			not guilty, fine, reduction						(Free	
			last 7 years do you have ce of military discipline to		YES (Yes a	adds another ea	ntry) l	NO (Require	ed to val	idate)
Have you EV	ER served, as a	civilian o	or military member in a fo	oreign country's r	nilitary, intelligenc	e, diplomatic,	security	forces,	YES	NO
militia, other c	lefense force, or					0				
			having <b>EVER</b> served as ces, militia, other defense			foreign countr	y's milita	ary, intellige	ence,	
	During your fo	reign sei	rvice, which organization	were you serving	g under: 🗆 Military					
	☐ Intelligence S Agency, Specia		☐ Diplomatic Service ☐ Se	ecurity Forces	Militia □Other De	efense Forces,	Specify	□ Other Go	vernme	nt
	0 7 1	-	e foreign organization.				Name	(Free Text)		
	Provide your p	eriod of	service.	From Date (	· /		To Da	te (Estimate		nt)
Branch	Provide the nar				r highest position/r	ank held		on held (Fre		
If Yes to			epartment/office in which of the circumstances of yo		ith this organization	1.		on (Free Tea		
Serving in a	Provide a desc	cription o	of the reason for leaving th	his service.			Descri	ption (Free		
Foreign Military		ain conta	act with current or former	associates, collea	agues, or acquainta	nces from your	service	in this	YES	NO
	organization?	You re	esponded 'Yes' to maintai	ining contact with	h current or former	associates, col	leagues.	acquaintand	ces from	your
(Multiple Entries	Branch	service	e in this organization; pro-	vide full name, a	ddress (if known),	official title, le	ngth of a	association,		
Allowed)	DIANCH		tact for each former associate the contact's full name.		r acquaintance with Last name:				Suffix	,
	If Yes to		le the contact's address.		Street address	First name:	City	e name:	Sulli	<u>.</u>
	Maintain Contact	Provid	le Country if outside the U	Inited States; other		State		Code	Cour	itry
	Comact		and Zip Code.	10			0.00	ioiol dd /C	T	`
	(Multiple		le the contact's official tit le the length of your association		ontact. From Da	ate (Estimated)		icial title (F Date (Estim		
	Entries Allowed)	Provid	le the frequency of contac	ct.	Frequency (Free	Text)		,		ĺ
	- Ino (rou)	-	u have an additional forei	gn military	YES (Yes adds a	nother entry)	NO	(Required	to valida	ite)
	Do you have a		e contacts to report? nal foreign military service	ce to report?	YES (Yes adds a	nother entry)	NO	(Required	to valida	ite)
	u nu v c al			o report.	(100 adds a		110	(zeequired)	, amaa	,

		Who Know Yo												
Provide three	people who k	now you well and who	preferably li											
		lectively aware of you												
•		last seven (7) years.	Do not list yo	ur spouse,	former spo	use	(s), other r	elative	s, or a	nyone	liste	d elsewh	ere on	this for
	tries Allowed)	-	I	1/2		-			1.	. 1	***		** 1 11	G 60
Provide dates		From Date (Estimated)	To Date (E	stimated/P	resent)	Pr	ovide full r	name	Las		First		Iiddle	Suffix
Provide rank/		Rank/title (Free Text)	Provide rel	ationchin t	o vou: (Ch	ock.	all that apr	alv) 🗆	nan		nam		ame: xplanat	ion
□ Not applica		Xalik/title (Free Text)			•		Other (Pro		_		Pilei		Free Te	
	e number for t	his nerson	□ I don't l		ocnoonnate		Other (110	VIGC CA	трини	1011)				ie/Exten
rovide priori		ms person	_ 1 4011 01										n Time	
													ight Bo	-
													Check b	
													nternatio	
													SN pho	one
Provide mobi	ile/cell phone i	number for this person	□ I don't l	know									umber elephor	e/Evt
i iovide illobi	ne/cen phone i	iumber for this person	□ I don t	KIIOW										ime Da
													light Bo	
												_	Check b	ox if
													nternatio	
													SN pho	one
Duovido o mo	il adduses for t	hia manaan	= I don't	lrm ovv									umber	naa Tarri
	il address for t	ess for this person.	□ I don't		t address			Cit	w			E	ınan (F	ree Text
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ccognized at	You selected	d "Currently in a civil	marriage." "c	currently in	a legally r	reco	gnized civi	il unior	or les	gally re	ecogn	ized dor	nestic	
		or "Separated." Com												ized civ
	union, or leg	gally recognized dome												
	Provide full	name.	Last	First	Middle		Suffix	Provid	le date	of birt	h.		Date	e (Est.)
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	Provide plac	If the person is for			0.1			City		Coun	,	State or		-
Branch  If In A  Marriage, Civil Union, or Domestic Partnership or Separated	Branch If the persor is Foreign Born	□ DS 1350 Naturalized: Alien RegistratPermanent Res:Certificate of N Derived:Alien RegistratPermanent Res:Certificate of C Not a U.S. CitizerI-551 PermanetI-766 EmploynI-94 Arrival-DeU.S. Visa (red t)I-20 CertificateDS-2019 Certifi □ Other (Provide	dent Card (I- aturalization ion (on Certif dent Card (I- itizenship (N : th Resident lent Authoriz, parture Reco oil number) of Eligibility icate of Eligii	551) (N550 or Nicate of Ci 551) 560 or N56 ation rd	N570) tizenship— 51) mmigrant-F	–uti:	lize USCIS	, CIS, (					ŕ	
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	marriages, le	er names used (such as egally recognized civil s, nicknames, etc., and cable	unions, or le	gally recog	nized dom	esti		Last	name:	_	rst na Maio	ime: den Nam		dle nam
	Dates Used	· · · · · · ·				F	From Date (	Estima	ated)	To	o Date	e (Estim	ated/Pre	sent)
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		rent address, if differer arrent address.	it uiaii your ci	urrent audr	css.							iddress a id Zip C		Ountry
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										nber			
	Provide email a		mail (Fre	ee Text)	Does the p			/FPO address?				YES	NO
	Branch APO/I					APO/			APO State			Zip	
	Branch							ation data with	street add	lress, ba	ase, post,	embas	sy,
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	Location	Provide physical data:	sicai ioca	ition	Street Addre	ss/ullit/duty	iocatioi	n City/Post	Name	State	Zip	Cou	шу
	Are you separa							L			1	YES	NO
		Provide date	of separ	ation.				Date (Esti	mated)		I	L	
	Branch If Computed				e location of	the record.	□ Not A	Applicable					
	If Separated	City						State and	Zip Code	or Cou	ntry		
	Do you have a										,	YES	NO
	Provide inform		y person	from wh	om you are di	ivorced/disso						- 1	G CCI
	Provide the ful	I name.						Last name:	First nan		Middle		Suffix
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Widowed, Divorced/	Provide the dat		narriage,								Date	(Estin	iated)
Dissolved,	Provide the loc	cation.	City	State or	Country		date d	ivorced/dissol	ved, annul	led or	Date	(Estim	iated)
or Annulled						widowed							
	Provide the sta		41	1 -C 1	ivorce/dissolu	_4:		ivorced/Dissol					
(Multiple	<b>Branch</b> If	Provide who	ere the re	cora oi a	ivorce/dissoit	ition or annu	iment is	s located.	City	Cou	and Zip	Code	or
Entries	Divorced/Di	Is this person	n decease	ed?					I don'	t know		YES	NO
Allowed)	ssolved or	Branch If N			t known addr	ess of the per	rson fro	om whom you		and Ci		L	
	Annulled	Deceased			d/dissolved o			lon't know			Code or	Count	ry
	Do you have a						YES	-		NO			
	divorced/dissol						(Yes	s adds another	entry)		uired to		
	tly reside with a											YES	NO
	tion, obligation, f so, complete th									ence (e.	g. a		
roommate).	You have indic					ne c.b., prov	ide eiti.	zensinp inform	iution.				
	Provide the col							Last name:	First na	ne:	Middle	Suf	fix
											name:		
	Provide the dat					Provide the				ity	State		untry
			eign born	n cohabita	int, indicate o	ne type of do	cumen	tation that he	or she poss	sesses a	ind the do	cumei	ıt
		number. Born Abroad	l to II S	Darente:									
		□ FS 240 or		i arcints.									
		□ DS 1350											
		Naturalized:											
						ıralization—ı	utilize (	USCIS, CIS, o	r INS Reg	istratio	n numbei	)	
		Permanen			-331) (N550 or N5	(70)							
		Derived:	or ridia	runzunon	(11330 01 113	70)							
Branch	Branch If	Alien Reg	sistration	(on Certi	ficate of Citiz	enship—util	ize US0	CIS, CIS, or IN	NS Registi	ation n	umber)		
	Cohabitant	Permanen											
If Yes to	is Foreign	Not a U.S. C		enship (N	1560 or N561	)							
Residing With a	Born	I-551 Peri		esident									
Cohabitant		I-766 Em			zation								
(Multiple		I-94 Arriv											
Entries		U.S. Visa											
Allowed)					y for Non-Imi								
		DS-2019 \cdot  \text{Other (Pro		_	ibility of Excl	nange visitoi	r-J1-Sta	itus					
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								if applicable.	1				
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	Provide your co					Not applica			177	,		3.51.1	11
	Provide other r other marriages							Last nan	ie: Firs	st name	:	Mid	
	omer marriages	s, etc., and pro	viue ualt	o cacii ili	une was used	, i not appi	icable	Suffix	N	/Iaiden	Name	nam	<u>.</u>
	Dates Used					From Da	te (Esti				Estimated	/Prese	nt)
	Provide your co	ohabitant's co	untry(ies	) of Citize	enship.	_	_	nabitation		te (Esti			
			• • •		•			rson began.			-		
	Do you have a	n additional co	habitant	to report	?	YES (Ye	s adds a	another entry)	NO	(Requ	ired to va	lidate)	<del></del>

# Section 18 – Relatives

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

Mother 

Stepmother 

Stepmother 

Stepfather 

Father in-law 

Mother-in-law 

Guardian

Provide relative type. (Multiple Entries Allowed)

□ Mother □ Father □ Stepmother □ Stepfather □ Foster parent □ Child (including adopted/foster) □ Stepchild □ Brother □ Sister □ Stepbrother

D 11					Mother-in-l	0								
Provide your relative's	s full name.	Last	F	First	Middle	Suffix	Provide	your r	elative's da	te of	birth.	Dat	e/Estima	nted □
		name:	r	name:	name:									
Provide your relative's		City		State	Country			•	elatives cou					
<b>Branch</b> - If Mother	Provide your me	other's n	naide	en name.	(□ same as li	isted)	Last na	me:	First nam	e:	Middle	•	Suffix	
											name:			
Downsk	Relatives other													
Branch	Has this relative	e used an	y oth	ner name	s?								YES	NO
If Father, Mother,	Branch				used and the			our rela	tive used th	nem (s	such as r	naiden	, name l	oy a
Child, Stepchild, Brother, Sister,	If Other	former	marr	riage, for	mer name, al	ias, or nickn	ame).							
Half-Brother, Half-	Names	Last	F	First	Middle	Suffix	Maiden	name	?				YES	NO
Sister, Step-Brother,	(Multiple	name:	r	name:	name:									
Step-Sister, Step-	Entries	From D	ate		To Date		Provide	the rea	ason(s) why	the r	name		Reaso	n
Mother, Step-Father	Allowed)	(Estima	ated)		(Estimated	/Present)	change	d.	•				(Free	Text)
Would, Step-1 amer		Has this	s rela	ative used	d any addition	nal names?	YES (Y	es add	s another ei	ntry)	NO (	Requir	ed to va	lidate)
Is your relative deceas	sed?												YES	NO
•	Provide your re	lative's c	curre	nt addres	s.		Street a	ddress		Cit	y			
Branch	Provide Country					rwise, provio	le State aı	nd Zip	Code.	Sta	te Z	ip Cod	le C	ountry
If Not Deceased	Does this relativ					- 1				_	on't kno		YES	NO
	Branch If APC				r relative's A	PO/FPO add	dress	Addre	ess AP	O/FP	O AF	PO/FPO	State	Zip
					izenship Doc									
					one type of o		ocumenta	tion an	d documen	t num	ber belo	w.	Expla	nation
Branch					road to U.S.		ocumenta	tion un	a accamen		001 0010	***	(Free	
If Father, Mother, Chi					0 or 545	r dreints.							(1100	10/11)
Sister, Half-Brother, H	· 1	rother,		□ DS 13									1	
Step-Sister, Step-Moth				Naturali										
AND Relative is U.S.					Registration	(on Certific	ate of Na	turaliza	tion—utiliz	ze US	CIS, CIS	S, or		
AND Relative POB is					gistration nur						,	•		
AND Relative is Dece				Perm	anent Reside	nt Card (I-55								
	OR			Certif	icate of Natu			570)						
Relative Current Addr				Derived	:									
AND Relative POB is					Registration		ate of Cit	izenshi	putilize U	SCIS	, CIS, 01	r INS		
AND Relative is U.S.					tion number)									
	OR				anent Reside									
Relative has APO/FPO					ricate of Citiz		0 or N56	1)						
AND Relative POB is AND Relative is U.S.			/ L		(Provide exp		1							
	OR				the documer		Numbe	_						
Relative POB is Forei				Provide	the name of	the court tha	t issued t	he Cert	ificate of N	atural	ization.			
AND Relative is U.S.	~				ame (Free Te									
				Provide	the address of	of the court t	hat issued	the Ce	ertificate of	Natu	ralizatio	n.		
				Street ac	dress	City			State			Zip Co	ode	
		Pr	rovid	le type of	documentat	ion he or she	possesse	s to su	pport U.S.	Ex	planatio	n (Free	Text)	
		re	esider	nce:										
				U.S. Citi										
		_	_I-55	1 Perma	nent Residen	t								
	Branch				yment Autho									
	If Relative has				Departure R									
	U.S. Address			. Visa (re		er)								
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interests, and/or		associates as well as re										
		t you have, or have had									-	221
	Provide the full na	ame of the foreign nation	onal, if known 🗆 I o	don't k	now	Last nai	me: First i	name:	Middle name:	;	Sui	ffix
	Explanation if nar	ne is unknown.			Expla	anation (F	ree Text)	ı	name.			
		ate date of first contact	t. Date/Estimated	d□			cimate date of	last con	tact.	Date/E	Estimat	ted □
	Provide methods	of contact (check all the	at apply)   ☐ In perso	on 🗆 To	elepho	ne 🗆 Ele	ctronic (Such		1,	Explar		
	texting, chat room	is, etc)   Written corres	spondence   Othe	er (Prov	ide ex	planation	)			(Free 7		
		ate frequency of contac	ct.   Daily   We	eekly [	□ Mon	thly $\square$ Q	uarterly $\square$ A	nnually		Explar		
	□ Other (Provide of	e of relationship (select	all that annly)							(Free Texplar		
	□ Professional or	Business   Personal (S	Such as family ties.	. friend	ship, a	ffection.	common inter	ests. etc)		(Free 7		
		vide explanation) □ Ot			- F,	,		,,			/	
Branch	Provide other nam	nes and/or nicknames, a	as appropriate.		Last 1	name:	First name:			Suffix		
If Yes to	D 11 / /	) C :/: 1:			ъ.	1 1 4	C1:4 T 1		ne:	D / /E	٠	. 1
having contact	Provide country(is Provide place of b		Country don't know		City	de date o	birth 🗆 I d	on't kno	untry	Date/E	estimai	iea 🗆
with a Foreign National		ddress.   I don't know	doll t Kilow			t address		Cit				
Tuttonar		f outside the United Sta	ates; otherwise, pro	ovide St			le.	State	Zip C	ode	Cou	ntry
(Multiple		nave an APO/FPO addi					•					
Entries	Branch APO/FPO		n national's APO/F			Addres				FPO S		Zip
Allowed)		of the foreign national		r, or pro	ovide t	he name	of their most i	recent		oyer Na	ame	
		rently employed. $\Box$ I so of the foreign nation		ver or t	arovide	e the addr	ecc Street	address	(Free	City		
		nt employer if not curre				c the addi	Street	addiess		City		
		f outside the United Sta				d Zip Coo	le.	State	Zip C	Code	Cou	ntry
		ional affiliated with a f	oreign government,	, milita	ry, sec	urity, def	ense industry.	or intell	igence s	ervice'	?	
	□ Yes □ No □		4211	34L d	c ·			Б	!4! ^	E E	1	
	Branch Contact Foreign Military		act's relationship wi defense industry, o				nent,	Descr	iption (	Free Te	ext)	
		ave you had, close and					foreign	YES		N	10	
		e last seven (7) years						(Yes a	ıdds		Requi	red to
		n, influence, common i		ligation	? Inclu	ide assoc	iates as well	anothe	er entry)	V	alidate	e)
	as relatives, not pr	reviously listed in Secti	ion 18.									
Section 20a	ı – Foreign Ac	tivities										
		cognized civil union/do								n Y	YES	NO
		roperty, investments, b										l
		in specific geographica ests in companies or di										
U.S. exchange.)		_					_	-				l
		es' to you, your spous										
		d any foreign financial p of corporate entities,										ate
		conomic sectors) in wh										1
	companies or dive	ersified mutual funds o	r diversified ETFs t	that are	e public	cly traded	on a U.S. ex	change.)				
		ll that apply)   Yourse	elf 🗆 Spouse or le	egally r	ecogni	ized civil	union/domest	ic partne	er 🗆 Co	habitar	nt	
	Dependent chile	of financial interest.	Type (Free Text)		Drovi	ida tha da	te acquired		Doto	(Estim	otod)	
		inancial interest was	How Acquired	'			st (in U.S. do	lars) at		(Free T		
Branch	acquired (such as	purchase, gift, etc.)	(Free Text)		time	of acquisi	ition.   Estim	,	0000	(1100 1	0110)	
If Ves to	Provide the curren	nt value (in U.S. dollars	s) or the value at the		contro		Value (f		)			
If Yes to Having		ld, lost or otherwise di		timated		1	C1		1	1 -	, ,	
Foreign		control or ownership	Date (Estimated)				of how interest				Explan Free T	
Financial		owners of this foreign		OWII	crsmp	was sora,	103t Of Other	vise disp	0300 01.		YES	NO
Interests	,	You responded 'Yes		owners	; provi	ide the na	me, address,	citizensh	ip, and r	elation	ship o	f the
(Multiple	Branch	co-owner(s).					1					
Entries	If Yes to	Provide full name of		Last na			name:	Middle	name:	Suf	fix	
Allowed)	Having Co-	Provide co-owner cu Provide Country if o		Street a			la Stata	City State	Zip C	'ode	Co	ountry
	Owners	and Zip Code.	diside the Office S	naies, o	illel wi	ise, provid	ie State	State	Zip C	oue		untry
	(Multiple	Provide co-owner's o	country(ies) of citiz	zenship			Country		1		L	
	Entries Allowed)	Provide the nature of	f your relationship v	with the	e co-ov	wner.	Nature of rela	tionship				
		Are there any addition	onal co-owners of th	his fore	eign		YES	a	NO		1.4	ara 🕡 🕥
	Do you your seas	financial interest? use or legally recognize	ad civil union/doma	actic ==	rtnor		Yes adds and YES	tner entr	y) (R N(	equired	ı to va	ındate)
		use or legally recognize endent children have a					Yes adds and	ther entr		-	d to va	ılidate)
	interests?											
		cognized civil union/do		nabitant	t, or de	ependent o	children <b>EVE</b>	R had an	y foreig	n Y	YES	NO
financial interest		trolled on your behalf?		ing 4 '		on /d	tio mante	hok!+	L 110	m d = : - 1	oh:1.1	
		Yes' to you, your spous d any foreign financial						naonant	or depe	endent (	eniidre	εn
		ll that apply)   Yourse						partner	□ Coha	bitant		
	Dependent childre	en	r	, , ,								
Branch		of financial interest.						Type (Fi				
	Provide the name	of the individual who	controls this finance	cial inte	rest on	your beh	alf.	Last nan	ne:	Firs	t nam	e:

Having	Provide this indiv	vidual's relationship to you.			Relationshi	p (Free Text	t)	
		the financial interest was acquired.			Date (Estin	nated)		
Foreign		(in U.S. dollars) at time of acquisition. □ Estimated			Cost (Free			
Financial		egarding how it was acquired (such as purchase, gift, et				red (Free Te	xt)	
Interests Controlled on		ent value (in U.S. dollars) or value at the time interest we dof.   Estimated	was sold, lo	ost or	Value (Free	e Text)		
Your Behalf		interest was sold, lost, or otherwise disposed of. $\square$ Not	ot applicable	e	Date (Estin	nated)		
0.6 12 1	Provide explanati	ion if interest was sold, lost, or otherwise disposed of.			Explanation	r (Free Text	)	
(Multiple Entries		owners of the foreign financial interest controlled on y		?		7	YES N	
Allowed)	Branch	You responded 'Yes' to there being any co-owners.		-	2 51 1 11	1 0	001	
,	If Yes to Having Co-	Provide full name of co-owner. Last name:  Provide the current address of the co-owner. Simple statement of the co-owner.	I   Street addre	First name:	Middle r City	name: Su	ffix	
	Owners	Provide Country if outside the United States; otherw			State	Zip Code	Count	
	(Multiple	and Zip Code.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ar State	State	Zip code	Count	
	Entries	Provide co-owner's country(ies) of citizenship.		Country				
	Allowed)	Provide the nature of your relationship with the co-o		Relationship	(Free Text)			
		Are there any additional co-owners for this foreign financial interest controlled on your behalf to report?  YES  (Yes adds and				NO (Required	d to valida	
	Do you, your spc	buse or legally recognized civil union/domestic partner,		YES	other entry)	NO	1 to vanda	
	cohabitant, or dep	pendent children have any additional foreign financial ed on your behalf?	. (	(Yes adds an	• *		d to valida	
		ecognized civil union/domestic partner, cohabitant, or d	dependent o	children EVI	ER owned, o	r do	YES N	
you anticipate or		urchase real estate in a foreign country? yes' to you, your spouse or legally recognized civil univ	ion/domost	io nortnor or	shahitant or	danandanta	hildren	
		ed, or anticipate owning, or planning to purchase real e				dependent C	mulell	
		all that apply)   Yourself   Spouse or legally recognize				Cohabitant		
Branch		of real estate property (such as home, business, etc.).		Real es	tate type (Fro	ee Text)		
If Yes to		ion/address of property. Street		(	Country			
Having	Provide the date	of purchase or to be acquired. foreign real estate was or is to be acquired (such as pur	Estimated) equired (Free	Tout				
Foreign Real	etc.).	foreign real estate was of is to be acquired (such as pur	quirea (Free	( lext)				
Estate	Provide the date	sold, if applicable.		Date (E	Estimated)			
(Multiple		(in U.S. dollars) when sold or expected at time of acqui	uisition.	Cost (F	ree Text)			
Entries	□ Estimated					- 1	ZEC N	
Allowed)	Branch	ere any co-owners of this foreign real estate?  You responded 'Yes' to there being any co-owners.					YES N	
	If Yes to	Provide full name of co-owner. Last name:		t name:	Middle nan	ne: Su	ffix	
	Having Co-	Provide co-owner current address. Street address	City	•				
	Owners (Multiple	Provide Country if outside the United States; otherw	State	Zip Code	Count			
	Entries	and Zip Code.  Provide co-owner's country(ies) of citizenship.						
	Allowed)	Provide the nature of your relationship with the co-o	owner.	Nature of rel	elationship (Free Text)			
		Are there any additional co-owners of this foreign re	real '	YES	NO			
		estate?	(	( <mark>Yes adds an</mark> YES	other entry)			
		additional instance of you, your spouse or legally recog estic partner, cohabitant, or dependent children EVER h	other entry)	NO (Required	d to valide			
	CIVII dilloll/dollic		other entry)	(Required	i to vanda			
	owned, or anticip	pate owning, or planning to purchase real estate in a for	reign					
	country?	pate owning, or planning to purchase real estate in a for						
	country?	pouse or legally recognized civil union/domestic partner	er, cohabita				YES N	
received in the l	country?  n, have you, your splast seven (7) years	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educationa	er, cohabita				ES N	
received in the l	country?  n, have you, your sp last seven (7) years fit from a foreign co You responded "	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational puntry?  Yes' that as a U.S. citizen, have you, your spouse or legally the state of	er, cohabita al, medical	, retirement,	social welfar	re, or	ohabitant	
received in the l	country?  n, have you, your splast seven (7) years fit from a foreign co You responded ' or dependent chil retirement, social	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational puntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligible I welfare, or other such benefit from a foreign country;	er, cohabita al, medical, egally recog ole to receiv	, retirement, gnized civil uve in the futu	social welfar mion/domest are, any educ	re, or cic partner, c ational, med	ohabitant, lical,	
received in the l	country?  n, have you, your sp last seven (7) years fit from a foreign co  You responded '' or dependent chil retirement, social Specify: (check a  Dependent chil	bouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational buntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligible I welfare, or other such benefit from a foreign country; all that apply)   Yourself  Spouse or legally recognized.	er, cohabita al, medical egally recog ble to receiv cognized civ	, retirement, gnized civil uve in the futu il union/dom	social welfan union/domest ure, any educ nestic partner	re, or ic partner, cational, med	ohabitant lical, itant	
received in the l other such benef	country?  n, have you, your splast seven (7) years fit from a foreign co  You responded 'or dependent chil retirement, social Specify: (check a Dependent chil Provide the type	bouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational buntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligibled legal welfare, or other such benefit from a foreign country; all that apply)   Yourself  Spouse or legally recognized from the last apply  Provided from the last seven (7) years, or are eligibled legal that apply  Yourself  Spouse or legally recognized from the last apply  Provided from the last seven (7) years, or are eligibled legal that apply  Yourself  Spouse or legally recognized from the last seven (7) years, or are eligibled legal that apply  Yourself  Provided from the future, any education and years of legal that apply  Yourself  Provided from the future, any education and years of legal that apply  Yourself  Provided from the future, any education and years of legal that apply  Yourself  Provided from the future, any education and years of legal that apply  Yourself  Provided from the last years of legal that apply  Yourself  Provided from the legal years of legal	er, cohabita al, medical egally recog ble to receiv gognized civ	nized civil uve in the futuril union/dom	social welfan union/domest ure, any educ nestic partner ne benefit. <i>On</i>	ic partner, cational, med	ohabitant, iical, itant	
received in the l other such benef	country?  n, have you, your splast seven (7) years fit from a foreign co  You responded 'or dependent chil retirement, social Specify: (check a Dependent chil Provide the type Social Welfare, Co	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational puntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligibled legal welfare, or other such benefit from a foreign country; all that apply)    Yourself   Spouse or legally recognized properties of benefit. Educational, Medical, Retirement Other such benefit (Provide explanation)	er, cohabita al, medical egally recog ble to receiv gognized civ vide the fre	nized civil uve in the future il union/domequency of the Continuing	social welfan union/domest ure, any educ nestic partner	ic partner, cational, med	ohabitant, iical, itant	
received in the lother such benef	country?  n, have you, your splast seven (7) years fit from a foreign co  You responded 'or dependent chil retirement, social Specify: (check a Dependent chil Provide the type	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational puntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligibled legal welfare, or other such benefit from a foreign country; all that apply)    Yourself   Spouse or legally recognized properties of benefit. Educational, Medical, Retirement Other such benefit (Provide explanation)	er, cohabita al, medical egally recog ble to receiv gognized civ vide the fre ture benefit, blanation (F	nized civil uve in the future	social welfan union/domest ure, any educ nestic partner ne benefit. Or benefit, Other	re, or  cic partner, c ational, med  Cohab  netime beneger (Provide	ohabitant lical, itant fit, explanatio	
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Branch  If Yes to Having Foreign Benefit  (Multiple Entries	country?  n, have you, your splast seven (7) years fit from a foreign coordependent chil retirement, social Specify: (check a Dependent chil Provide the type Social Welfare, (Carpendent Carpendent C	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational puntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligible lawelfare, or other such benefit from a foreign country; all that apply)    Yourself    Spouse or legally recognition of benefit. Educational, Medical, Retirement of benefit of be	egally recognized civeral for a foreign of the received and a foreign of the received and a foreign of the recognized and foreign of the recognized and foreign of the recognized entitle control for the recognized and foreign of the recognized entitle control for the recognized entitle control fo	n, retirement, gnized civil u ve in the futu il union/dom equency of th Continuing Free Text) d civil union country	social welfan union/domest ure, any educ nestic partner ne benefit. Or benefit, Oth /domestic pa	re, or  icic partner, cational, medical control contro	ohabitant, ical, itant  fit, explanatio itant, or ated)  Text) e Text) NO (Free Text) itant, or	
Branch  If Yes to Having Foreign Benefit  (Multiple Entries	country?  n, have you, your splast seven (7) years fit from a foreign co You responded or dependent chil retirement, social Specify: (check a Dependent chil Provide the type Social Welfare, C Explanation (Free Branch If Onetime Benefit	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational country?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligible lawelfare, or other such benefit from a foreign country; all that apply)	er, cohabita al, medical, medical, medical, medical, egally recognized civ vide the free three benefit, planation (F) recognized in a foreign of the egally recognized ent children to a foreign of the egally recognized and foreign of	n, retirement, gnized civil u ve in the futu il union/dom equency of th Continuing Free Text) d civil union country	social welfan union/domest ure, any educ nestic partner ne benefit. Or benefit, Oth /domestic pa	re, or  cic partner, cational, medical control conditions and control	ohabitant, ical, itant  fit, explanatio itant, or ated)  Text) e Text) NO (Free Text) itant, or	
Branch  If Yes to Having Foreign Benefit  (Multiple Entries	country?  n, have you, your splast seven (7) years fit from a foreign coordependent chil retirement, social Specify: (check a Dependent chil Provide the type Social Welfare, Carpanation (Free Branch If Onetime Benefit  Branch If Future	pouse or legally recognized civil union/domestic partners, or are eligible to receive in the future, any educational puntry?  Yes' that as a U.S. citizen, have you, your spouse or legaldren received in the last seven (7) years, or are eligible lawelfare, or other such benefit from a foreign country; all that apply)    Yourself    Spouse or legally recognideren of benefit. Educational, Medical, Retirement of benefit of benefit. Educational, Medical, Retirement of benefit of benefit. Educational, Medical, Retirement of benefit of benefit of benefit. Educational, Medical, Retirement of benefit benefit from provide the date the benefit was received.  Explorational date of the country providing the benefit from the benefit of benefit	er, cohabita al, medical al, medical al, medical egally recognized civ vide the free ture benefit, oblianation (Fit recognized in a foreign of the egally recognized ent children tion recognized a foreign of the egally recognized and	n, retirement, gnized civil use in the future in the futur	social welfan union/domest ure, any educ nestic partner ne benefit. Or benefit, Oth domestic pa	re, or  icic partner, cational, medical control contro	ohabitant, ical, itant  fit, explanatio itant, or ated)  Text) e Text) NO (Free Text) itant, or	

		Provide the reason this benefit will be rece						Reason (F		/
		As a result of this benefit are you, your spo						YES	NO	
		union/domestic partner, your cohabitant, or way to this foreign country? If yes provide			uren obligatet	ı ın any		Explanation	on (Free	e Text)
		You have indicated that you, your spouse of	or legally r	recogn	ized civil uni	on/dom	estic p	artner, coh	abitant,	or
		dependent children receive a continuing or Provide the date the benefit began.	other ben	efit fro	om a foreign o	country.		Date (Esti	mated)	
		Provide the date the benefit is expected to						Date (Esti		
	Branch If Continuing	Provide the frequency that this benefit is re Annually Quarterly Monthly Wee	kly Ot		rovide explan	ation)		Explanation	on (Free	e Text)
	If Continuing Benefit	Provide the name of the country providing			•			Country		
		Provide the total value (in U.S. dollars) of		t to be	received.	Estimate	ed	Value (Fre		
		Provide the reason this benefit will be rece As a result of this benefit are you, your spo		olly re	cognized civi	i1		Reason (F YES	NO NO	
		union/domestic partner, your cohabitant, or way to this foreign country? If yes provide	r dependei	nt chil				Explanation		
		ouse or legally recognized civil union/domesti- pendent children receive any additional benef			YES (Yes adds	another	entry)	NO (Requir	red to va	alidate)
Have you EVE		I support for any foreign national?							YES	NO
Branch	You responded "	Yes' to providing financial support for any for								
If Yes to Foreign	Provide the name	e of the foreign national you support or have s	upported i	financ	ially. Last		irst ame:	Middl name:		uffix
National	Provide the addre	ess of the foreign national listed above.	Stree	t addr			City	name.		
Support (Multiple	Provide Country	if outside the United States; otherwise, provide	le State an	nd Zip	Code.	S	state	Zip	Co	ountry
Entries		e of your relationship with the foreign national						Code hip (Free T	ext)	
Allowed)		ant (in U.S. dollars) of all financial support presency of your support. Frequency (Free Texture)			ated Amo	unt (Fre			oitizonal	hin
		nally provided financial support for any foreign			YES	ationai	s coun	NO	Juzensi	mp.
					(Yes adds	another	entry)	(Requir	red to va	alidate)
		usiness, Professional Activities,								
		rs provided advice or support to any individua							YES	NO
	it you nave not prev cial U.S. Governme	iously listed as a former employer? (Answer 'nt business.)	No ii ali	i your	advice or sup	port wa	s autno	orized		
		Yes' to having in the last seven (7) years pro					dual as	sociated w	ith a for	reign
		foreign organization that you have not previous ation of advice/support provided.			ription (Free 7					
Branch		e of the individual to whom advice or support			Last name:	First		Middle	Suf	ffix
If Yes to	7 11 1					nam		name:		
Advice or		e of the foreign organization or foreign busine try of origin for the organization or business.	ss with wh	hom th	ie individual i	s assoc	iated.			
Support		s) during which this advice or support was pro	ovided.	From	date (Estima	ted)	To	date		
(Multiple	D 11 1 1				.: (E	TF ()		stimated/P	resent)	
Entries		impensation, if any, was provided for your ser last seven (7) years provided advice or support			pensation (Fre		ÆS		NO	
Allowed)	associated with a	foreign business or other foreign organization	n that you	have	not previously		Yes ad	ds	(Requi	ired to
		employer? (Answer "No" if <b>all</b> your advice of al U.S. Government business.)	or support	was a	uthorized	a	nother	entry)	validat	te)
For this question		ly" means your spouse or legally recognized of	civil union	ı/dom	estic partner, 1	parents.	step-p	arents.	YES	NO
siblings, half an	d step-siblings, chil	dren, step-children, and cohabitant. Have you	ı, your spo	ouse o	r legally recog	gnized o	ivil			
		or any member of your immediate family in to informally, by any foreign government office								
		official U.S. Government business.)	nai oi agei	ncy. (	miswei 140		ic aavi	00		
		Yes' to you, your spouse or legally recognized having in the last seven (7) years been asked								
Branch		ent official or agency.			177		) ( · · · ·		C CC	
If Yes to	Provide the name	of the government official.	Last	name:	First na	me:		e name: y name (Fr	Suffix ree Text	
Foreign		try with which the government official or age	ncy is affi	liated.			rigene	y name (1)	cc rext	.,
Consulting (Multiple	Provide the date	* ` ′			stances of req			imstances	`	ext)
Entries		pouse or legally recognized civil union/domestimmediate family in the last seven (7) years					YES	adds	NO (Requi	ired to
Allowed)		tant, even informally, by any other foreign go				OI	anoth		validat	
	(Answer 'No' if	all the advice or support was authorized pursu			0 ,	ent	entry	)		
Has any foreign	business.)	seven (7) years offered you a job, asked you	to work a	is a co	nsultant, or co	nsider	emnlos	ment	YES	NO
with them?										
Branch		Yes' to any foreign national having in the last insider employment with them.	t seven (7	) year	s offered you	a job, a	isked y	ou to work	as a	
If Yes to		e of the foreign national who made the offer.	Last naı	me:	First name:		Middle	e name:	First	
Offered Job		tion of the position offered.			Free Text)		•	•		
(Multiple Entries		when this offer was extended.	Date (E	stimat	ed) State and Zi	n Cod-	or Ca-	intry		
		ion where this occurred.	City		State and Zi	p coae		шиу		
Allowed)	Did you accent the	Did you accept the offer? Explanation (Free 'Has any additional foreign national, <b>in the last seven (7) years</b> , offered you YES							YES	NO

	a job, asked you to worl	k as a consultant, or co	onsider employment	with	(Yes adds anot	her entry	(Requi	ired to validate)
II ! 4b.a	them?				fi		11-1	YES NO
	last seven (7) years been erve as business consultan			nture with a	ioreign national	not descr	ibed above	YES NO
(own, co own, se	You responded 'Yes' to			nvolved in a	ny other type of b	ousiness	venture with	a foreign
	national not described a				J JI			
	Provide the full name of			e: First n	name: M	iddle nar	ne: Suf	fix
Branch	Provide the full current				address	Cit		
	Provide Country if outs					1		Country
If Yes to Other	Provide the citizenship(				of the business v	enture.	Descripti	on (Free Text)
Foreign	Provide your relationship				rip (Free Text)	m n	(T) (1)	1/0
Business Ventures	Provide the length of tir business venture.	me you have been invo	olved in the	From Date	e (Estimated)	10 D	ate (Estimate	ed/Present)
Ventures	Provide the nature of as	sociation with this hu	siness venture	Nature of	association (Free	Text)		
(Multiple	Provide the position you		omeos ventare.	Position (I		Telley		
Entries	Provide the service you		ce (Free Text)	Provide th	e financial suppo	rt involve	ed. Supp	ort (Free Text)
Allowed)	Provide a description of				Description of	compensa	ation (Free T	Text)
	Have you, in the last se					YES		NO
	with a foreign national i		own, co-own, serve a	is business c	consultant,	(Yes		(Required to
TT 1.41.	provide financial suppo		<u> </u>	1 1			er entry)	validate)
	last seven (7) years attended of those you attended of					ngs outsi	de the	YES NO
U.S.: (DO HOU III)	You responded 'Yes' to					ferences	trade shows	seminars or
	meetings outside the U.		Jours maring attend	or parties	pared in any coll	oronecs,	Luce SHOWS	, 5511111415, 01
	Provide the name and d			Name and	description (Free	(Text)		
Danie 1	Provide the name of spo	onsoring organization.		Organizati	ion name (Free To	ext)		
Branch If Yes to	Provide the city where t		City (Free Text)		e country where t			Country
Attending	Provide the dates for the		From Date (Estim			ate (Esti	mated/Preser	nt)
Foreign	Provide the purpose of t			Purpose (I				
Conferences	Was there any subseque					c ·	1	YES NO
	Branch If Yes to Subsequent	You responded 'Yes event.	s to there having bee	en subseque	nt contact with ar	iy toreigi	i nationals as	s a result of the
(Multiple Entries	Contact	Provide explanation			Explanation (Fre	ee Text)		
Allowed)	(Multiple Entries	Do you have anothe		to report	YES		NO	
7 mowed)	Allowed)	for this event?			(Yes adds anoth		(Required	d to validate)
	Have you in the last se	ven (7) years, attende	d or participated in a	iny addition	al conferences,	YES		NO
	trade show, seminars, or participated in on official			de those you	attended or	(Yes	adds er entry)	(Required to validate)
	participated in on offici	ai business for the O.L				anoui		
For Section 20h				ings half an	d sten-siblings c			
	"Immediate Family" mea	ans your spouse, paren	nts, step-parents, sibl			hildren, s	tep-	YES NO
children, and col		ans your spouse, paren member of your imm	nts, step-parents, sible ediate family <b>in the</b>	last seven (	7) <b>years</b> had any	hildren, s contact w	step- vith a	
children, and col foreign governm its representative	"Immediate Family" mea nabitant. Have you or any ent, its establishment (suc es, whether inside or outside	member of your immeth as embassy, consula de the U.S.? (Answer	ats, step-parents, sible ediate family in the ate, agency, military 'No' if the contact w	last seven (' service, inte vas for routin	7) years had any elligence or securine visa application	hildren, s contact w ity servic ns and bo	step- vith a e, etc.) or order	
children, and coh foreign governm its representative crossings related	"Immediate Family" mea nabitant. Have you or any ent, its establishment (suc es, whether inside or outsi to either official U.S. Go	member of your immeth as embassy, consulate the U.S.? (Answer vernment travel, forei	ats, step-parents, sible ediate family in the ate, agency, military 'No' if the contact w	last seven (' service, inte vas for routin	7) years had any elligence or securine visa application	hildren, s contact w ity servic ns and bo	step- vith a e, etc.) or order	
children, and coh foreign governm its representative crossings related	"Immediate Family" mea nabitant. Have you or any ent, its establishment (suc es, whether inside or outsi to either official U.S. Go a U.S. Government milit	ans your spouse, paren member of your immeh as embassy, consula de the U.S.? (Answer overnment travel, forei ary duty.)	ats, step-parents, sible ediate family in the ate, agency, military 'No' if the contact very gn travel on a U.S. p	last seven ('service, intervas for routing passport, or a	7) years had any elligence or securine visa applications a U.S. military	hildren, s contact w ity servic ns and bo service n	step- vith a e, etc.) or order nember in	YES NO
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	Provide the address of the sponsored foreign national	l while residing	in the U.S	S.					
	Street address and city	1 f:	:1			and Zip Code	- T4)		
	Provide the purpose of stay in the U.S. for the sponsor Provide the purpose of your sponsorship for the spon	sored foreign nat	ational		Purpos	se of stay (Fre	thin (Free	Text)	
	Have you <b>in the last seven (7) years</b> sponsored any	additional foreign	gn nationa	al to come to	YES		NO	Text)	
	the U.S. as a student, for work, or for permanent resid	dence?			(Yes ad		(Required	l to	
Have you EV	ER held political office in a foreign country?				another	er entry)	validate) YES	NO	
Branch	You responded 'Yes' to having EVER held political	office in a forei	ign counti	v			IES	NO	
If Yes to Held		Position (Fre		,,					
Political	Provide the dates you held political office.	From Date (		,		To Date (Estin		sent)	
Office	Provide the name of the country involved.			for these activiti Current eligibil		Reasons (Free	Text)		
(Multiple Entries	Provide your current eligibility to hold political offic Have you <b>EVER</b> held any additional political office	ity (Free	NO NO						
Allowed)	Have you EVEK held any additional political office	ner entry		d to valid	late)				
Have you EV	ER voted in the election of a foreign country?					7 ( 11 -	YES	NO	
Branch	You responded 'Yes' to having EVER voted in the e	election of a fore	eign coun	try.		Date (Estimate			
If Yes to		Provide the date you voted in the foreign election.							
Voting in Foreign	Provide the name of the country involved. Provide your current eligibility to vote in a foreign of		n(s) for th	ese activities.		Reasons (Free Current eligib		Text)	
Election	Do you have other instances of voting in the election	of a foreign co	untry to re	eport?		YES	NO	( TCAL)	
(Multiple		, and the second	,	1	C	Yes adds	(Requi	red to	
Entries Allowed)						nother	validat	æ)	
,					e	entry)			
	oc – Foreign Countries You have Visited	d							
	eled outside the U.S. in the last past seven (7) years? el in the last seven (7) years been solely for U.S. Govern	mant huginaga/r	militamy av	variance againment	nt on of	fficial	YES YES	NO NO	
	rders (i.e., no personal trips in conjunction with the official				ent on or	iliciai	IES	NO	
government	Your response indicates you have traveled outside the U				han sole	ely U.S. Gove	rnment	l.	
	business. Provide information about all such trips made		ited States	including perso	nal trips	s made in con	junction v	with	
	Provide the country visited. Provide the dates of y		e country	From Date (1	Ectimata	d) To De	ate (Estim	natad)	
	Provide the total number of days involved in the visit.					/		iaicu)	
	Provide the purpose of the travel to this country (Check			iness/professiona		Volunteer ac			
Branch	□ Education □ Tourism □ Trade shows, conference					Other	1	1	
Branch	While traveling to, or in this country, were you question					Explanation	YES	NO	
If Yes to	than for normal customs requirements) by the local cust entering or leaving this country? If yes provide explana		service o	Ificials when	(1	Free Text)			
Having	While traveling to or in this country, were you involved		er with th	e police? If yes	Е	Explanation	YES	NO	
Traveled Outside the	provide explanation.					Free Text)			
U.S. on	While traveling to or in this country, were you contacted					Explanation	YES	NO	
Other than	suspected of being involved or associated with foreign i organizations? If yes provide explanation.	ntelligence, teri	rorist, seci	arity, or military	(1	Free Text)			
Official Business	While traveling to, or in this country, were you involved	d in any counter	intelligen	ce or security	Е	Explanation	YES	NO	
Business	issues not reported? If yes provide explanation.				(1	Free Text)			
(Multiple	While traveling to or in this country, were you contacted					Explanation	YES	NO	
Entries Allowed)	excessive knowledge of or undue interest in you or your While traveling to or in this country, were you contacted					Free Text) Explanation	YES	NO	
Timo mod)	obtain classified information or unclassified, sensitive in					Free Text)	1123	110	
	While traveling to, or in this country, were you threaten					Explanation	YES	NO	
	cooperate with a foreign government official or foreign	intelligence or	security so	ervice? If yes	(1	Free Text)			
	provide explanation.  Respond for the time frame of the last seven (7) years,	beginning with	the most	recent and work	ing back	cwards (Do.n.	ot list trip	s that	
	ONLY involved travel on official U.S. Government bus								
	made in conjunction with the official U.S. Government					10			
	Do you have additional travel outside the U.S. in the lar years for other than solely U.S. Government business o		YES (Yes ad	ds another entry		NO Required to v	ralidate)		
	government orders?	ii oiiiciai	(10s au	as another chilly	'   (1	required to V	andatt)		

# 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

,		disorder?						
		ing EVER been diagnosed by a phys	sician or other					
	Identify the diagnosis or hea					alth conditio	n (Free Text)	
Branch	Provide the dates of diagnos	sis.		,	th/Year)	(1	o Date Month/Year)	
If Yes to EVER been diagnosed by		and telephone number of the health c				T	Estimated/Present) Telephone Number Free Text)	
a physician or other	whom you have discussed s			Ì	address a	ì	,	
nealth professional	currently treating you for su condition.	ch diagnosis, or with whom you hav		ch		0	r Country	
(Multiple Entries Allowed)	agency/organization/facility where counseling/treatment	was provided			or same a (Free Tex	xt) or (I	Telephone Number or same as above (Free Text)	
	Provide the address of any a where counseling/treatment				address a ne as abov	re o	state and Zip Code or Country or same as above	
	Was the counseling/treatme explanation.	nt effective in managing your sympto	oms? Provide	YES		NO (Provide explanation (Required validate)		
	physician or other health pro- licensed clinical social work schizophrenia, schizoaffecti	nstance where you EVER had been diagnosed by a offessional (for example, a psychiatrist, psychologist, er, or nurse practitioner) with psychotic disorder, we disorder, delusional disorder, bipolar mood lity disorder, or antisocial personality disorder?			(Yes adds er entry)	N	IO (Required to alidate)	
	In the last seven years, have with a medical professional	there been any occasions when you before altering or discontinuing, or f ent for any of the listed diagnoses?	did not consul				O (Required to alidate)	
Branch	Are you currently in treatme	ent?		YES		NO (Red	quired to validate)	
Branch f Yes to currently in reatment. Multiple Entries Pr	healthcare professional prov		Name (Free Text	1)		Text)	Number (Free	
	Provide the address of the h such treatment.	ress and city	Country					
						Ĭ		
21F) Do you h	treatment?	ealth condition that substantially ad	YES (Y another	entry)		Country equired to va		
your judgment, oday?  Note: If your judgmental health of other condition to counseling as a paying been see the condition of the counseling as a paying been see the counseling as a paying been seen a paying been seen a paying been seen as a paying been seen a payi	treatment?  tave a mental health or other condition, then you she requiring treatment. For exact result of service as a first result of ser	ealth condition that substantially adveven if you are not experiencing succeptaints is not substantially adverse ould answer "no" even if you have a sumple, if you are in need of emotional ponder, service in a military combate domestic violence, or marital issues	another lversely affect h symptoms  ly affected by mental health l or mental he environment, but your	entry) as YES a a or alth		Ĭ		
your judgment, oday? Note: If your junental health oother condition counseling as a paving been see yudgment, relia	treatment?  tave a mental health or other condition, then you she requiring treatment. For exact result of service as a first resually assaulted or a victim of bility or trustworthiness is no	ealth condition that substantially adverse even if you are not experiencing such a could answer "no" even if you have a sumple, if you are in need of emotiona ponder, service in a military combate domestic violence, or marital issues a substantially adversely affected, the	another versely affect h symptoms  ly affected by mental health l or mental he environment, , but your m answer "no.	entry) es YES a a a or alth	3	equired to va	NO (Required validate)	
your judgment, today?  Note: If your jumental health oo tother condition counseling as a having been see judgment, relia.  Branch	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustwo or other condition, then you she requiring treatment. For exact result of service as a first result of service as a first result of trustworthiness is not you responded 'Yes' to have	ealth condition that substantially adveven if you are not experiencing succeptaints is not substantially adverse ould answer "no" even if you have a sumple, if you are in need of emotional ponder, service in a military combate domestic violence, or marital issues	another versely affect h symptoms  ly affected by mental health l or mental he environment, , but your m answer "no.	entry) es YES a a a or alth	3	equired to va	NO (Required validate)	
your judgment, oday?  Note: If your judgmental health of other condition as a awing been second granch of Yes to having a mental health condition hat	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworthiness are condition, then you she requiring treatment. For exact and the service as a first resurably assaulted or a victim of bility or trustworthiness is no You responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, suc	ealth condition that substantially adverse even if you are not experiencing such a could answer "no" even if you have a sumple, if you are in need of emotiona ponder, service in a military combate domestic violence, or marital issues a substantially adversely affected, the	another versely affect h symptoms  ly affected by mental health l or mental he environment, , but your m answer "no.	a a or alth  NO (Provide explanatic (Required	cts your ju	equired to va	NO (Required validate)  ability, or	
our judgment, oday?  Note: If your judgmental health outher condition younseling as a gaving been second granch of Yes to having a mental health ondition that dversely	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworthiness are condition, then you she requiring treatment. For exact and the service as a first resurably assaulted or a victim of bility or trustworthiness is no You responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, suc	ealth condition that substantially adverse even if you are not experiencing succeptations in the substantially adverse ould answer "no" even if you have a supple, if you are in need of emotional ponder, service in a military combate a domestic violence, or marital issues a substantially adversely affected, the fing a mental health condition that succeptation? (You may choose not to answer the consultation or treatment will not ered to be a positive action.)	another versely affect h symptoms  ly affected by mental health l or mental he environment, h but your n answer "no. bstantially adv	a YES  a YES  a YES  NO (Provide explanatic (Required validate)	cts your ju	equired to va	NO (Required validate)  ability, or  I decline to answer (Required)	
rour judgment, oday?  Note: If your judgment health health on ther condition rounseling as a naving been segudgment, relia.  Branch f Yes to naving a mental health condition that deversely uffects your udgment,	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworther condition, then you she requiring treatment. For exact result of service as a first resually assaulted or a victim of bility or trustworthiness is not You responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, suc disqualify you and is considered.	ealth condition that substantially adverse even if you are not experiencing such prefix or substantially adverse ould answer "no" even if you have a supple, if you are in need of emotional ponder, service in a military combate addressic violence, or marital issues a substantially adversely affected, the ring a mental health condition that surpose you currently receiving counseling on? (You may choose not to answer the consultation or treatment will not	another versely affect h symptoms  ly affected by mental health l or mental he environment, , but your m answer "no. bstantially adv  YES  ounseling or t To Date (Mo	entry)  Is YES  a or alth  NO (Provide explanatic (Required validate) reatment.	cts your ju	adgment, reli xplanation Free Text)	NO (Required to validate)  Ability, or  I decline to answer (Require to validate)  Month/Year)	
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rour judgment, oday?  Note: If your judgmental health on their condition rounseling as a awing been sexuadgment, relia.  Branch f Yes to having a mental health condition hat diffects your udgment, eliability, or rustworthine s.	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworther condition, then you she requiring treatment. For exact result of service as a first resually assaulted or a victim of bility or trustworthiness is not You responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, suc disqualify you and is considered.	ealth condition that substantially adverse even if you are not experiencing such prthiness is not substantially adverse ould answer "no" even if you have a sumple, if you are in need of emotional ponder, service in a military combate domestic violence, or marital issues a substantially adversely affected, the ring a mental health condition that survivou currently receiving counseling on? (You may choose not to answer the consultation or treatment will not ered to be a positive action.)  Provide the following about your conditions are provided the dates of counseling or treatment.  Provide the name, address, and telephone number of the health	another versely affect h symptoms  ly affected by mental health l or mental he environment, , but your m answer "no. bstantially adv  YES  ounseling or t To Date (Mo	entry)  Is YES  a or alth  NO (Provide explanatic (Required validate) reatment.	cts your ju	required to va	NO (Required validate)  ability, or  I decline to answer (Require to validate)  Month/Year)	
your judgment, oday?  Note: If your judgmental health of other condition founseling as a aving been sexual gment, relia.  Branch of Yes to having a mental health condition hat diversely uffects your udgment, eliability, or rustworthine is.  Multiple Entries	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworthiness or other condition, then you she requiring treatment. For exact a result of service as a first resuxually assaulted or a victim of bility or trustworthiness is not you responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, such disqualify you and is considered the process of the pro	ealth condition that substantially adverse even if you are not experiencing such a condition and the problem of	another lyersely affect h symptoms  ly affected by amental health l or mental he environment, , but your en answer "no. bstantially adv  YES  Ounseling or t To Date (Mo (Estimated) Name (Free Text)	entry)  a a a or alth  NO (Provide explanatic (Required validate) reatment. onth/Year)	cts your ju E (F	equired to va	NO (Required validate)  ability, or  I decline to answer (Require to validate)  Month/Year) I/Present) Number (Free Textilia)	
your judgment, oday?  Note: If your judgmental health of other condition founseling as a aving been sexual gment, relia.  Branch of Yes to having a mental health condition hat diversely uffects your udgment, eliability, or rustworthine is.  Multiple Entries	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworthiness or other condition, then you she requiring treatment. For exact a result of service as a first resulty of service as a first resually assaulted or a victim of bility or trustworthiness is not you responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, such disqualify you and is considered the process of the proce	ealth condition that substantially adverse even if you are not experiencing such prefix of the first and the problem of the first and the problem of the first and the fir	another Iversely affect h symptoms  Ily affected by mental health l or mental he environment, but your m answer "no. bstantially adv  YES  Ounseling or t To Date (Mo (Estimated) Name (Free Text)	entry)  a a a or alth  NO (Provide explanatic (Required validate) reatment. onth/Year)	cts your ju E (F	equired to va	ability, or  I decline to answer (Require to validate)  Month/Year) I/Present) Number (Free Textility Code or Country) Number or same a	
your judgment, today?  Note: If your jumental health of the condition counseling as a having been serindgment, relia	treatment?  tave a mental health or other hereliability, or trustworthiness adgment, reliability, or trustworthiness for other condition, then you she requiring treatment. For exact result of service as a first resulty assaulted or a victim of bility or trustworthiness is not you responded 'Yes' to have trustworthiness.  Did you ever receive or are or treatment for that condition this question. However, such disqualify you and is considered the process of the process	ealth condition that substantially adverse even if you are not experiencing such orthiness is not substantially adverse ould answer "no" even if you have a supple, if you are in need of emotional ponder, service in a military combate domestic violence, or marital issues a substantially adversely affected, the ring a mental health condition that survivou currently receiving counseling on? (You may choose not to answer he consultation or treatment will not hered to be a positive action.)  Provide the following about your control 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	another ly affected by affected by affected by affected by affected by affected by affected heavironmental health or mental he environmental health affected by af	entry)  Is YES  a or alth  NO (Provide explanatic (Required validate)  reatment.  onth/Year)	cts your ju E (F	required to value and the sequired to value	NO (Required to validate)  I decline to answer (Require to validate)  Month/Year) I/Present) Number (Free Text)  Number or same as 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).

Frovide the name of the court.  Provide the name of the court.  Provide the location of the court.  Street address and city  State and Zip Code or Country  Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.  Multiple  Entries  Were you gestered as a roughl of this offense?  Were you gestered as a roughl of this offense?  Were you gestered as a roughl of this offense?  Were you gestered as a roughl of this offense?	• In the last seve	en (7) years have yo	ou been or are	e you currentl	y on proba	ation or parole?		,.				
Provide the date of offense.  Date (Estimated)  Provide a description of the specific nature of the offense.  Did this offense involve any of the following? (Check at ll that apply)  Did this offense involve any of the following? (Check at ll that apply)  Did this offense involve any of the following? (Check at ll that apply)  Did this offense involve any of the following? (Check at ll that apply)  Did this offense involve any of the following? (Check at ll that apply)  Did this offense involve any of the following? (Check at ll that apply)  Did this offense involve all the provide the location where the offense occurred.  Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police  Provide the location where the offense occurred.  Streat address and city  Officer, sheriff, marshal or any other tryes of pass enforcement official?  Branch  If yes to Being Arrested/Cited Summoned  As a result of this offense were you charged, convicted, currently availing trial, and/or ordered to appear in court  Provide the name of the law enforcement agency.  As a result of this offense were you charged, convicted, currently availing trial, and/or ordered to appear in court  Provide the name of the court.  Provide the lame of the court.  Provide the name of the court.  Provide the lame of the court.  Provide the l	Are you current	uy on unai or awain	ing a trial on	cilililiai cilai	ges:					YES	NO	
Specific nature of the offense.   Specific nature of the offense of the specific nature of the offense of the specific natur										125	110	
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?  I movel refreatment or explosives?  I movele alcohol or drugs?  Provide the location where the offense occurred. Street address and city. State and Zip Code or Country Were you arrested, summoned, cited, or did your necive a ficket to appear as a result of this offense by any police YES NO officer, sheriff, marshal or any other type of law enforcement official?  Branch If Yes to Being Arrestac/Cited/ summoning agency  As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Branch I No to Charged or Convicted  For You be the came of the law the formation of the court. Street address and city State and Zip Code or Country Provide the name of the location of the law of the court. Street address and city State and Zip Code or Country Provide the name of the location of the law of the provided in a criminal proceeding against you?  Branch I No to Charged or Convicted  For You to the house of the law country of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street address and city State and Zip Code or Country Provide the famine of the court. Street add		Provide the date of	of offense.	Date (Estima	ted)			Descr	ription (Free Te	ext)		
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Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?  Branch If Yes to Being Arrested/Cited/ Summoned As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Branch If No You responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Branch If No You responded 'No' to "As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Convicted Provide Explanation Explanation Free Text)  Court information  Provide the name of the court. Provide the location of the court. Street address and city State and Zip Code or Country Provide all the charges brought against you for this offense, and the outcome of each charged offense (such a goulty, found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty four pleaded guilty, found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty for or pleaded guilty, found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty for or pleaded guilty, found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty found not-guilty, charged proped or "nolle prox," etc.) If you were found guilty found not-guilty, charged proped or "nolle prox," etc.)								-				
Branch If Yes to Branch Convicted   Provide the name of the law enforcement agency that arrested cited/summoned you.   Name (Free Text)		Were you arrested	d, summoned	, cited, or did	you receiv	e a ticket to appear as	•					
If Yes to Being Arrested Cited   Provide the name of the law enforcement agency that arrested cited summoned you.   Name (Free Text)												
Are sted/Cited/ Summond Are a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Branch 16 No To Charged or Convicted  Convicted  Convicted  Felony/Misdemanor Convicted  Branch  If Yes to Charged or Convicted  Convicted  Branch  If Yes to Charged or Conviction detail  Provide a description of the sentence.  Were you sentenced to imprisonment for a term exceeding 1 year?  YES NO  Were you incarcerated as a result of this offense?  Were you incarcerated as a result of this offense?  If the conviction resulted in imprisonment for a term exceeding 1 year?  YES NO  If the conviction resulted in probation or parole, (Not Applicable a)  If Conviction resulted in probation or parole, (Not Applicable a)  To Date (Estimated)  To Dat							1/2:1/		Laz	Œ Œ		
Summoned enforcement agency.  As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court   YES   NO    Branch   If No to Charged to appear in court in a criminal proceeding against you?  Frovide Explanation   Explanation   Explanation (Free Text)    Provide Explanation   Provide all the charges brought against you for this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Frovide Explanation   Explanation (Free Text)    Provide the pame of the court.   Street address and city   Name of court (Free Text)    Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "holle pros," etc.). If you were found guilty of or pleaded guilty to a lesser offense. Flestory-Misdemeanor, Pethory Misdemeanor, Pethory Misdemeanor, Other   Charge   Charge (Free Text)    Were you sentenced as a result of this offense?  Felony-Misdemeanor of Pethory Misdemeanor, Other   Charge   Charge (Free Text)    Were you sentenced as a result of this offense?  Form Date (Estimated)    Form Date (Estimated)    From Dat										1		
As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  Branch If No to Charged or Convicted  Fives to the Above Happening  Multiple antries  Branch  If Yes to Charged or Convicted  Branch  If Yes to Being  Sentenced  Branch  If Yes to Being  Sentenced  Branch  If No to Being  Sentenced  Do you have any other offenses where any of the following has happened to you?  In the last seven (7) years have you been arsested by any police officer, shriff, 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 sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentenced for a crime in any court? (Include all qualifying charges, convictions, or sentenced in a Federal, state, local, military, or non-U.S. court even if previously listed		State and Exp of									Ly	
Branch   If No to Charged or Convicted   Provide Explanation   Provide texplanation   Provide the name of the court.   Name of court (Free Text)   Provide the location of the court.   Provide the name of the court.   Provide the location of the court.   Provide a location of the court in a criminal proceeding against your for this offense?   Provide and location of the court.   Provide a location of the court in a criminal proceeding against your for his offense, and the location of the court in a criminal proceeding against your for his offense, and the location of the court in a criminal proceeding against your for his offense, and the location of the court in a criminal proceeding against your for his offense, and the location of provide provide provide provide Explanation (Free Text)      Do you have any other o		As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in									NO	
to Charged or Convicted Provide Explanation   Explanation (Free Text)      Convicted Provide Explanation   Explanation (Free Text)											1/	
Court information		to Charged or	ordered to	appear in cou							and/or	
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Provide the location of the court.	Branch							N.T.	C + (F	T ()		
Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc.). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.    Felony/Misdemeanor   Felony, Misdemeanor, Other   Charge   Charge (Free Text)										` /		
found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, hist separately both the original charge and the lesser offense.  Felony/Misdemeanor   Charge   Char	If Yes to the						,					
Send   Branch   Branch   If yes to Being   Sentenced   Branch   If won viction resulted in imprisonment provide the dates of probation or parole, (Not Applicable   )   To Date (Estimated)   To Dat												
Doutcome   Outcome   Out	Happening									-		
Were you sentenced as a result of this offense?   YES   NO	(Multiple			demeanor			- U		Charge (	Free Tex	t)	
Conviction detail	Entries			, 1			Date (Month/Y	ear)		MEG	NO	
Provide a description of the sentence.   Were you sentenced to imprisonment for a term exceeding 1 year?   YES   NO   Were you incarcerated as a result of that sentence for not less than 1 year?   YES   NO   If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated. (Not Applicable   To Date (Estimated)   To	Allowed)	Branch	were you s			nis offense?				YES	NO	
Charged or Convicted    Franch   If Yes to Being Sentenced   Sentenced   Sentenced   Were you incarcerated as a result of that sentence for not less than 1 year?   YES NO		If Yes to				ion of the sentence						
Convicted   If Yes to Being Sentenced   Were you incarcerated as a result of that sentence for not less than 1 year?   YES   NO			Branch				or a term exceedin	g 1 yea	ur?	YES	NO	
Sentenced   that you actually were incarcerated. (Not Applicable   )   To Date (Estimated/Present)								_ ,				
Branch   Trial detail   Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal   YES   NO									From Date (Es	timated)		
dates of probation or parole. (Not Applicable □ )    To Date (Estimated/Present)			Sentenced									
Branch If No to Being Sentenced Provide Explanation  If he 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 a Federal, state, local, military, or non-U.S. court even if previously listed on this form.)  Branch If No to Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal YES NO  YES (Yes adds another entry)  NO (Required to validate)												
If No to Being Sentenced Provide Explanation Explanation (Free Text)  Do you have any other offenses where any of the following has happened to you?  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 include citations involving 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 a 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?  Are you currently on trial or awaiting a trial on criminal charges?			Dronoh			of parole. (Not Appli	icable []		10 Date (Estin	iated/Pre	esent)	
Being Sentenced Provide Explanation Explanation (Free Text)  Do you have any other offenses where any of the following has happened to you?  • 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 include citations involving 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 a 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?  • Are you currently on trial or awaiting a trial on criminal charges?						on trial, awaiting a tr	ial, or awaiting ser	ntencin	g on criminal	YES	NO	
Do you have any other offenses where any of the following has happened to you?  • 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 include citations involving 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 a 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?  • Are you currently on trial or awaiting a trial on criminal charges?							iai, or a warring ser		.g on enning	125	1.0	
• 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 include citations involving 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 a 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?  • Are you currently on trial or awaiting a trial on criminal charges?							Explan	ation (	Free Text)	•	•	
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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 a 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?  • Are you currently on trial or awaiting a trial on criminal charges?												
crime in any court? (Include all qualifying charges, convictions, or sentences in a Federal, state, local, military, or non-U.S. court even if previously listed on this form.)  • In the last seven (7) years have you been or are you currently on probation or parole?  • Are you currently on trial or awaiting a trial on criminal charges?		any other type of	law enforcem	nent official?	·	• •						
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• In the last seven (7) years have you been or are you currently on probation or parole? • Are you currently on trial or awaiting a trial on criminal charges?												
Are you currently on trial or awaiting a trial on criminal charges?			•			•	*					
							ii or paroie.					
Have your EVED been apprinted in any agent of the United States of a prince continued to immunication the town avgording 1 years for the towns.		offenses already lis	ted, have you	<b>EVER</b> had t	he followi				<u> </u>			

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?
- $\bullet$  Have you  $\ensuremath{\mathbf{EVER}}$  been charged with an offense involving firearms or explosives?
- Have you EVER been charged with an offense involving alcohol or drugs?

,			8					YES	NO
	Provide the date of					Date (Estima			
	Provide a descript	tion of the spec	cific nature of the	e offense.		Description	of nature of offens	se (Free T	ext)
	Did this offense in								
	□ Domestic viole:								
	recognized civil u		partner, former	spouse or legally	recognized civil	union/domesti	ic partner, or some	one with	whom
	you share a child								
	☐ Involve firearm		s?						
	□ Involve alcohol	or drugs?							
								YES	NO
	Provide the name						irt (Free Text)		
	Provide the locati			et address and ci			p Code or Country		
	Provide all the ch								
	not-guilty, or char				ound guilty of or	pleaded guilty	to a lesser offense	, list both	the
	original charge an				C		CI CE T		
	Felony/Misdemea	inor	Felony, Misden		Charge		Charge (Free Te	xt)	
D1	Outcome	me Outcome (Free Text) Date Month/Year you sentenced as a result of these charges?						VEC	NO
Branch	were you sentenc			·				YES	NO
If Yes to the		Conviction I					C	4: (E	T4)
Above			escription of the s entenced to impri			0	Sentence descrip		
Happening	Branch		YES	NO					
Trappening	If Yes to Being		carcerated as a re				Enam Data (Eat)	YES	NO
(Multiple	Sentenced		ction resulted in i			iat you	From Date (Esti		-4)
Entries			e incarcerated. (N			4F	To Date (Estima From Date (Esti		11)
Allowed)			ne conviction resulted in probation or parole, provide the dates of						
,		probation or parole. (Not Applicable   To Date (							
	Branch	Trial detail			- divine and an		1 -1 f41-!-	VEC	NO
	If No to Being		Are you currently on trial, awaiting a trial, or awaiting sentencing on crimin offense?					YES	NO
	Sentenced	Provide Exp	lanation		Evel	anation (Free 7	Fort)		
	Do you have any			following has F			YES	NO	
	• Have you <b>EVEI</b>						(Yes adds	(Requi	red to
	imprisonment for						another entry)	validat	
	sentence for not le						unother entry)	vanda	)
	military court, eve				3113 111 1 Cuciui, su	, 10041, 01			
	• Have you EVEI				le those under the	Uniform			
	Code of Military .								
	<ul> <li>Have you EVEI</li> </ul>								
	violence (such as								
	legally recognized					ed civil			
	union/domestic pa								
	Have you EVEI					?			
	• Have you EVEI							7.770	110
Is there currently	a domestic violence					,	. 1	YES	NO
Branch	You responded 'Y	es to currentl	iy naving a dome	suc violence pro	nective order or r	estraining orde	r issued against y	ou.	
If Yes to	Durani da anno la marti				F1	(E T4)			
Domestic	Provide explanation Provide the date to		annad		Explanation				
Violence				ad the ander	Date (Estim				
(Multiple	Provide the least				Street addre	art (Free Text)	State and Zin Co	da or Coi	unter :
Entries	Provide the locati Do you have anot				YES	ss and city	State and Zip Co	de or Cot	шиу
Allowed)	restraining order					nother entry)		ed to valid	lata)
		•		•	(1 cs adds a	nother entry)	(Requir	Ca to vanc	iate)
	- Illegal Use o								
	ference to this section								
as evidence agair	ist you in a subsequ	ent criminal p	roceeding. As to	this particular se	ection, this applie	s whether or no	ot you are currentl	y employe	ed by
	rnment. The following				or controlled subs	stances or drug	or controlled sub	stance act	ivity in
	Federal laws, even								
	(7) years, have you							YES	NO
	g, snorting, inhaling								
Branch	You answered 'Y		. , ,	0 0	,				
***	Provide the type of				Explanation if				
If Yes to	□ Cocaine or crac	, and a second s					speed, crystal me		
Illegally Using	□ THC (Such as n	narijuana, wee	ea, pot, hashish, e	etc.) □ Den	ressants (Such a	s barbiturates,	methagualone, tr	anguilizer	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.)

r use while you were ertion directly and immedirectly and immedir use while possessing antend to use this drug of explanation of why you have an additional instance to enter?  In have you been involved any handling or sale of any wered 'Yes' to in the lang, production, transfer, the type of drug or continue or crack cocaine (Such as marijuana, weeine (Such as special K, prinogenic (Such as LSD, prinogenic (Such as LSD, prinogenic (Such as Such as LSD, prinogenic (Such as LSD, prinogenic (Such as LSD, prinogenic (Such as Such as ISD, prinogenic (Such as LSD, prinoge	or controlled substance in the intend or do not intend to nee(s) of illegal use of a dread in the illegal purchase, ray drug or controlled substance steven (7) years having, shipping, receiving, hand rolled substance.  ch as rock, freebase, etc.)  ed, pot, hashish, etc.)	he future? use this drug or controlled rug or controlled nanufacture, cultivationance? been involved in the ling or sale of a drug. If other explanation  Stimulants (Such of	rolled substance in YES Yes adds another on, trafficking, prillegal purchase, or controlled substance in (Free Text)	n the future entry) roduction,	e. NO (Requi	(Free to v	
r use while possessing antend to use this drug of explanation of why you have an additional instance to enter?  have you been involve g, handling or sale of an wered 'Yes' to in the lang, production, transfer, the type of drug or continue or crack cocaine (Such as marijuana, wee ine (Such as special K, tinogenic (Such as LSD, tinogenic (Suc	a security clearance? or controlled substance in the intend or do not intend to noce(s) of illegal use of a dread in the illegal purchase, may drug or controlled substance steven (7) years having shipping, receiving, hand rolled substance.  ch as rock, freebase, etc.) ed, pot, hashish, etc.)	he future? use this drug or contrary or controlled (manufacture, cultivation ance? been involved in the ling or sale of a drug of the future of the sale of the sa	YES Yes adds another on, trafficking, pr illegal purchase, or controlled subs n (Free Text)	entry) roduction,	NO (Requi	YES Expla (Free	NO nation Text)
ntend to use this drug of explanation of why you have an additional instance to enter?  have you been involve g, handling or sale of an wered 'Yes' to in the lang, production, transfer the type of drug or continue or crack cocaine (Such as marijuana, weeine (Such as special K, tinogenic (Such as LSD, tinogenic (Such as LSD,	or controlled substance in the intend or do not intend to nee(s) of illegal use of a dread in the illegal purchase, ray drug or controlled substance steven (7) years having, shipping, receiving, hand rolled substance.  ch as rock, freebase, etc.)  ed, pot, hashish, etc.)	use this drug or contrug or controlled (manufacture, cultivation ance?) been involved in the ling or sale of a drug If other explanation   Stimulants (Such a)	YES Yes adds another on, trafficking, pr illegal purchase, or controlled subs n (Free Text)	entry) roduction,	NO (Requi	Expla (Free ired to v	nation Text) alidate)
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g, handling or sale of an wered 'Yes' to in the lang, production, transfer, the type of drug or contine or crack cocaine (Such as marijuana, weeine (Such as special K, prinogenic (Such as LSD,	ny drug or controlled substats seven (7) years having shipping, receiving, hand rolled substance. ch as rock, freebase, etc.) ed, pot, hashish, etc.)	been involved in the ling or sale of a drug If other explanation Stimulants (Such a	illegal purchase, or controlled subs n (Free Text)	manufactur	re, cultiv		NO
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ine (Such as special K, inogenic (Such as LSD,		□ Depressants (Such	as amphetamines, h as barbiturates,				
		□ Narcotics (Such a □ Steroids (Such as			, heroin,	etc.)	
nts (Such as toluene, an	nyl nitrate, etc.)	□ Other (Provide e.		eic.)			
an estimate of the mont	h Date (Estimated)	Provide an estimat		d Date	e (Estima	ated)	
of first involvement.  nature of and frequency	of activity.	year of most recen Nature of activity				$\overline{}$	
the reason(s) why you e	engaged in the activity.	Reason(s) (Free Te	ext)				
	ou were employed as a law nd immediately affecting the		prosecutor, or co	urtroom of	ficial,	YES	NO
	ssessing a security clearan					YES	NO
ntend to engage in this						YES	NO
	licated that you plan to eng rafficking, production, tran				Explanatio	on (Free	Text)
ctivity of a drug or c	controlled substance in the	future. Provide expla	nation.				
	nce(s) of having been invo king, production, transfer,			YES (Yes add	lo.	NO	ired to
g or controlled substance	- 1	sinpping, receiving, r	landing of sale	another e		valida	
	illegally involved with a d	rug or controlled subs	stance while posse	essing a sec	curity	YES	NO
usly listed?	EVER illegally used or ot	herwise been involve	d with a drug or o	controlled s	enhetance	while	
	other than previously liste		d with a drug of c	controlled s	iuostanee	WIIIC	
a description of your in			Description (Fr				
the dates of involvement	nt/use. From Date (Esper of times you used and/o		To Date (Estim Estimate (Free		nt)		
	stance while possessing a s		,	TCAt)			
	nce(s) of the illegal use or ille possessing a security cl		YES (Yes adds anoth	har antru)	NO (Page)	ired to v	olidoto)
	involved with a drug or co				(Requi	YES	NO
?	cial; or while in a position			•	•		
	<b>EVER</b> illegally used, or o officer, prosecutor, or cou						ecting
c safety other than prev	viously listed.			in overy une		accij aii	eeung
a description of the drug the dates of involvement	gs or controlled substances	s used and your involved Date (Estimated)		cription (F Date (Estin			
	of times you used and/or v			mate (Free		sciit)	
d substance while empl		1	11 1	ATE C		NO	
iave an additional insta-	nce(s) of illegal use or involved as enforcement officer, property			YES (Yes add	s	NO (Requir	ed to
			?	another e	entry)	validate	
e while employed as a l a position directly and i	immediately affecting the			er or not th	.e	YES	NO
e while employed as a language and in a position directly and in have you intentionally			gardless of wheth	er or not th			
e while employed as a laposition directly and in have you intentionally you or someone else?	engaged in the misuse of past seven (7) years having	prescription drugs, reg			on drugs	, regard	less of
e while employed as a laposition directly and is have you intentionally you or someone else? The drugs were prescribed the drugs were prescribed the name of the prescription.	engaged in the misuse of plast seven (7) years having the for you or someone else otion drug that you misused	prescription drugs, reg g intentionally engage e. d.	d in the misuse o	f prescripti g names (F	Free Text	)	less of
e while employed as a laposition directly and is have you intentionally you or someone else? The drugs were prescribed the name of the prescripthe dates of involvements.	engaged in the misuse of plast seven (7) years having sed for you or someone else option drug that you misused it in the above. From	orescription drugs, reg g intentionally engage e. d. n Date (Estimated)	d in the misuse o	f prescripti g names (F Date (Estin	Free Text	)	less of
e while employed as a laposition directly and is a position directly and is have you intentionally you or someone else? Sonded 'Yes' to in the latter drugs were prescribthen ame of the prescripthe dates of involvement the reason(s) for and circle.	engaged in the misuse of plast seven (7) years having sed for you or someone else of the distribution of the distribution of the distribution of the misuse of the misuse of the misuse of the misuse	orescription drugs, reg g intentionally engage e. d. n Date (Estimated) of the prescription dr	d in the misuse o  Dru  To I  ug. Rea	f prescripti g names (F Date (Estin sons (Free	Free Text nated/Pre Text)	)	NO
e while employed as a laposition directly and is a position directly and is have you intentionally you or someone else? Conded 'Yes' to in the latter drugs were prescribthen ame of the prescripthed ates of involvement the reason(s) for and cirr involvement while you in a position directly ar	last seven (7) years having sed for you or someone else of in the above. From recumstances of the misuse of the misuse of the way were employed as a law and immediately affecting the second of the misuse of the m	g intentionally engage e. d. n Date (Estimated) of the prescription drenforcement officer, ne public safety?	d in the misuse o  Dru  To I  ug. Rea	f prescripti g names (F Date (Estin sons (Free	Free Text nated/Pre Text)	esent) YES	NO
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e while employed as a laposition directly and is a position directly and is have you intentionally you or someone else? The drugs were prescribed the name of the prescripthe dates of involvement the reason(s) for and cirrinvolvement while you in a position directly arr involvement while ponave an additional instantant	last seven (7) years having the defer you or someone else to the in the above. From recumstances of the misuse of	g intentionally engage e. d. n Date (Estimated) of the prescription drienforcement officer, ne public safety? ce?	d in the misuse o  Dru  To I  ug. Rea	f prescripti g names (F Date (Estin sons (Free urtroom of	Free Text nated/Pre Text) ficial,	esent) YES	NO NO
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e while employed as a laposition directly and is a position directly and is have you intentionally you or someone else? Sonded 'Yes' to in the latter drugs were prescribe the name of the prescripted dates of involvement the reason(s) for and cirrinvolvement while you in a position directly arrinvolvement while position drugs in the last pred, advised, or asked to conded 'Yes' to having ugs or controlled substate.	engaged in the misuse of plast seven (7) years having bed for you or someone else of the plast seven (7) years having bed for you or someone else of the plast seven (7) years to enter the plast seven (8) years to enter? The plast seven (10) years to enter	intentionally engage e. d. n Date (Estimated) of the prescription dr enforcement officer, ne public safety? ce? aging in the misuse ment as a result of you sed, or asked to seek of	d in the misuse o  Dru To l ug. Rea prosecutor, or con  YES (Yes adds another illegal use of decounseling or trea	g names (F Date (Estin sons (Free urtroom of her entry) rugs or	Free Text nated/Pre Text) fficial, NO (Requi	YES YES YES YES YES YES YES YES	NO NO alidate) NO egal
t t	shave you intentionally you or someone else? ponded 'Yes' to in the l the drugs were prescrib the name of the prescrip the dates of involvement the reason(s) for and cin ar involvement while you in a position directly and ar involvement while poor	shave you intentionally engaged in the misuse of pyou or someone else?  ponded 'Yes' to in the last seven (7) years having the drugs were prescribed for you or someone else the name of the prescription drug that you misuse the dates of involvement in the above.  From the reason(s) for and circumstances of the misuse are involvement while you were employed as a law in a position directly and immediately affecting that in involvement while possessing a security clearant	ponded 'Yes' to in the last seven (7) years having intentionally engage the drugs were prescribed for you or someone else.  the name of the prescription drug that you misused.  the dates of involvement in the above. From Date (Estimated) the reason(s) for and circumstances of the misuse of the prescription dr	you or someone else?  ponded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of the drugs were prescribed for you or someone else.  the name of the prescription drug that you misused.  the dates of involvement in the above.  From Date (Estimated)  To I the reason(s) for and circumstances of the misuse of the prescription drug.  Read in involvement while you were employed as a law enforcement officer, prosecutor, or contain a position directly and immediately affecting the public safety?  In involvement while possessing a security clearance?	ponded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription the drugs were prescribed for you or someone else.  the name of the prescription drug that you misused.  the dates of involvement in the above.  From Date (Estimated)  To Date (Estimated)  Reasons (Free are involvement while you were employed as a law enforcement officer, prosecutor, or courtroom of in a position directly and immediately affecting the public safety?  To Date (Estimated)	ponded 'Yes' to in the last seven (7) years having intentionally engaged in the misuse of prescription drugs the drugs were prescribed for you or someone else.  the name of the prescription drug that you misused.  the dates of involvement in the above.  From Date (Estimated)  To Date (Estimated/Prescription drug.)  The reason(s) for and circumstances of the misuse of the prescription drug.  The reasons (Free Text)  The reason (Free Text)  To Date (Estimated)  To Date (Estimated/Prescription drug.)  To Date (Estimated/Prescription drug.)	the name of the prescription drug that you misused.  the dates of involvement in the above.  From Date (Estimated)  To Date (Estimated/Present)  The reason(s) for and circumstances of the misuse of the prescription drug.  To Date (Estimated/Present)  Reasons (Free Text)  To Date (Estimated/Present)  Reasons (Free Text)  To Date (Estimated/Present)  To Date (Estimated/Present)

the Misuse of						□ A court official / j				
Drugs						by any of the above		1		
0.6.10.1	Provide explanati		tion (Free Text			to receive counselin				NO
(Multiple Entries	Branch If No	You have indica	ted that you did	d not receive treatn	nent. I	Provide explanation.		Explanation	(Free Tex	xt)
Allowed)	to Action Taken	Provide the type	of drug or oon	trallad substance f	or whi	ch you were treated.				
7 mowed)				ich as rock, freeba						
				mines, speed, cryst						
				ed, pot, hashish, et		, , , ,				
				ırates, methaqualo		nquilizers, etc.)				
		□ Ketamine (Suc								
				orphine, codeine, h						
	Branch	□ Hallucinogeni □ Steroids (Such		O, PCP, mushroom:	s, etc.)					
	branch	,		myl nitrate, etc.)			4			
	If Yes to Action	□ Other (Provide								
	Taken	Explanation (Fre		Provide the nam	ne of th	e treatment	Nam	e (Free Text)	)	
		`	,	provider. (Last n	name, I	First name)				
				atment provider.		address and city		and Zip Coc		
		Provide a telepho	one number for	the treatment prov	vider.			ber/Extensio		
								t Both _Che	eck box if	f
		D			Data i	Engar (Entire et al.)		national	1/D	*)
		Provide the date: Did you success:		the tweetment?	Date !	From (Estimated)	Date	To (Estimate	YES	NO
		Branch If No		dicated that you die	d not s	uccessfully	Evnl	anation (Free		NO
		to Successful		treatment. Provide			LAPI	anation (1 icc	(ICAL)	
		Treatment	complete the		Compile					
	Do you have anot	ther instance of have	ving been order	ed, advised, or ask	ced to	YES		NO		
		rolled substance co				(Yes adds ano		ry) (Requi	ired to val	
Have you EVER			tment as a resu	lt of your use of a	drug o	r controlled substance	ce?		YES	NO
	Voluntary treatme		1 1							
		of drug or controlle				ch as amphetamines	. amaad	l omiotal mot		oto )
		ck cocaine (Such a narijuana, weed, p				cn as amphetamines Such as barbiturates				
Branch		narijuana, weea, p n as special K, jet, (				ch as opium, morphi				, e.e.,
If Yes to		(Such as LSD, PC				n as the clear, juice,		,,	,	
Voluntarily	□ Inhalants (Such	as toluene, amyl r	nitrate, etc.)	□ Other (	(Provid	de explanation):				
Seeking Treatment for		of the treatment pr						e (Free Text)		
the Misuse of	Provide the addre	ss for this treatmer	nt provider.	Street address ar	nd city		State	and Zip Coc	le or Com	ntrv
					na en					
	Provide a telepho	ne number for the	treatment provi	ider.	11d 010j		Num	ber/Extensio	n Time I	Day
Drugs	Provide a telepho	ne number for the	treatment provi	ider.	<u> 011)</u>		Num Nigh	ber/Extensiont Both _Ch	n Time I	Day
Drugs (Multiple			treatment provi		Ĭ		Num Nigh Inter	ber/Extension at Both _Che national	n Time I eck box if	Day f
Drugs (Multiple Entries	Provide the dates	of treatment.		Date From (Esti	Ĭ		Num Nigh Inter	ber/Extensiont Both _Ch	n Time I eck box if ed/Presen	Day f
Drugs (Multiple	Provide the dates	of treatment.	reatment?		imated	)	Num Nigh Inter Date	ber/Extension at Both _Che national	n Time I eck box if ed/Present YES	Day f t)
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Drugs (Multiple Entries	Provide the dates Did you successfu Branch If No to Successful Treatn Do you have anot	of treatment. ully complete the true You have i treatment, ther instance of EV	reatment? indicated that y Provide explan /ER voluntarily	Date From (Esti ou did not you suc- ation.	imated ecessfu	lly complete the	Num Nigh Inter Date  Expl	aber/Extension that Both _Chonational To (Estimate anation (Free NO	n Time I eck box if	Day f t) NO
Drugs (Multiple Entries Allowed)	Provide the dates Did you successfu Branch If No to Successful Treatn Do you have anot or treatment as a re-	of treatment.  ully complete the truly you have intent treatment, ther instance of EV result of your use of the treatment.	reatment? indicated that y Provide explan /ER voluntarily	Date From (Esti ou did not you suc- ation.	imated ecessfu	) Ily complete the	Num Nigh Inter Date  Expl	aber/Extension the Both _Chonational To (Estimate anation (Free	n Time I eck box if	Day f t) NO
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Orugs (Multiple Entries Allowed)  Section 24 - In the last sever	Provide the dates Did you successfu Branch If No to Successful Treatn Do you have anot or treatment as a n  - Use of Alcoh (7) years has your	of treatment.  ully complete the treatment.  You have it treatment.  ther instance of EV result of your use of the treatment.  use of alcohol had	reatment? indicated that y Provide explan /ER voluntarily of a drug or con	Date From (Esti ou did not you suc ation. y seeking counselin strolled substance?	ccessfu	lly complete the YES (Yes adds another emance, your profess:	Num Nigh Inter Date  Expl	ber/Extensio at Both _Che national To (Estimate anation (Free	n Time I eck box if	Day f t) NO
Orugs (Multiple Entries Allowed)  Section 24 - In the last sever	Provide the dates Did you successfu Branch If No to Successful Treatn Do you have anot or treatment as a n  - Use of Alcoh n (7) years has your ur finances, or resul	of treatment.  ally complete the treatment.  You have it treatment.  ther instance of EV result of your use of alcohol had ted in intervention.	reatment? indicated that y Provide explan /ER voluntarily of a drug or con d a negative imp	Date From (Esti ou did not you suc- ation. y seeking counselin- trolled substance? pact on your work ement/public safety	ecessful ng perform	lly complete the YES (Yes adds another emance, your professionnel?	Num Nigh Inter Date Expl  entry)	ber/Extensio at Both _Che national To (Estimate anation (Free	n Time Leck box iffect box if box iffect box if bo	Day  Oay  t)  NO  NO
Multiple Entries Allowed)  Section 24 - In the last sever relationships, yo	Provide the dates Did you successfu Branch If No to Successful Treatn Do you have anot or treatment as a r  - Use of Alcoh (7) years has your ur finances, or resul You responded 'Y	of treatment.  ally complete the treatment.  You have interest instance of EV result of your use of alcohol had ted in intervention (see 'to your alcohol 'es' to your alcohol.	reatment? indicated that y Provide explan /ER voluntarily of a drug or con d a negative im by law enforce ol use having ha	Date From (Esti rou did not you suc- ation. y seeking counselir atrolled substance? pact on your work ement/public safety and a negative impact	performy persoct on y	lly complete the YES (Yes adds another emance, your professonnel?	Num Nigh Inter Date  Expl  ional or  ce, you	ber/Extensio at Both _Che national To (Estimate anation (Free	n Time Leck box iffect box if box iffect box if bo	Day  Oay  t)  NO  NO
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Multiple Entries Allowed)  Section 24- In the last sever relationships, yo  Branch If negative impact  (Multiple Entries Allowed)  Have you EVER  Branch If Yes to Ordered to Seek Counseling (Multiple Entries	Provide the dates Did you successful Branch If No to Successful Treatm Do you have anot or treatment as a real of the control	You have i treatment.  You have i treatment, there instance of EV result of your use of alcohol had ted in intervention (Yes' to your alcohor finances, or result hyear when this notation of the circum nvolvement or use cohol had other negersonal relationship ic safety personnel ised, or asked to see (Yes' to having beer ollowing ordered, advised, or (Free Text) Di You responded (Explain the rease You responded Provide the dates treatment.	reatment? indicated that y Provide explan /ER voluntarily of a drug or con I a negative impact by law enforce of use having ha lted in interven egative impact instances and the cative impacts of sos, your finance it? ek counseling of n ordered, advi advised, or aske or, or employee or asked to see id you take active instances or not takives of counseling ons for not takives of counseling sof counseling	ou did not you suctation.  y seeking counselirationled substance?  pact on your work ement/public safety and a negative impaction by law enforce occurred.  on your work performs, or resulted in information to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to see ed you to seek counseling or treatment as a resed or asked to seek counseling or treatment as a research your work performs to seek counseling or treatment as a research your work performs to seek counseling or treatment as a research your work performs the property of the propert	performance tervent ling or k counsel lek country lek	Illy complete the YES (Yes adds another e mance, your professionel? our work performan public safety person te (Estimated) ovide circumstances ovide negative impact our by law  Tyour use of alcohol aseling or treatment as a re to by any of the above treatment? seling or treatment. ing or treatment. ing or treatment. inseling or treatment. inseling or treatment. inseling or treatment. inseling or treatment.	Num Nigh Inter Date  Expl  ional or  ce, you nel.  (Free T t (Free Tet (Free	ber/Extensio the Both _Che national To (Estimate anation (Free NO (Required repersonal reprofessional reprofess	r Time Leck box iff ed/Present YES Text)  I to validate YES I or person  atted/Present NO (Require validate YES e of alcohol? (() esssional / judge Explanati YES ree Text)	NO nate) NO nonal seent) NO NO NO NO NO NO NO NO Seent)

	If Yes to Taking Action	Provide tl	ne full address of	f the counse	eling/treatme	ent provi	der.	Provide telej	phone 1	number.	Number/ ension T	Гіте
											Day Nigl _Check b Internation	box if
		Street add	lress and city	State and	d Zip Code o	r Countr	ry			I	1111011111111	
			uccessfully com	plete the tro	eatment prog	gram?					YES	NO
			ıl Completion	the treati	ment prograr	n. Provi	_	cessfully com planation	pleted	Explana	ation (Free	e Text)
	Do you have addi						YES		ontwy)	NO	ad to vali	data)
Have you EVER	to seek counseling voluntarily sought						(Yes	s adds another	entry)	(Requir	ed to valid	NO NO
114.0 you 2 , 21	You responded 'Y										120	110
	Provide the dates	of counseli	ng or treatment.			From I	Date (l	Estimated)		ate (Estima		
Branch	Provide the name Provide the full a					Stroot o	oddros	s and city		selor name and Zip Co		
If Yes to	Provide telephone		Number/Ext					e the treatmer			YES	NO
to Seeking	1		ension Time I		,	,	1		1 0			
Counseling			Night Both									
(Multiple			_Check box if International				4					
Entries	Branch	You answ	ered 'No' to hav	ing succes	sfully compl	eted the	treatn	nent	Expla	anation (Fr	ee Text)	
Allowed)	If Unsuccessful		Provide explana			Lyre	7			NO		
	Do you have addi counseling or trea							another entry	)	NO (Required	to validat	e)
	received counselin								ready 1	isted on	YES	NO
this form?	You responded 'Y	Zoo' to hovi	ng EVED raggiy	od council	ing or treatm	ant as a	rogul6	of your use o	falaah	o1		
-	Provide the name					iciii as a	resun	or your use o		selor name	(Free Te	xt)
Branch	Provide the full a				Street add	lress and	l city	County		and Zip C		
If Yes to	provider. Provide the name	-£/		1 <sup>1</sup>	: /4	4	: 4	1	A	(I	T(1)	
to Receiving	Provide the fiame									cy name (I	riee Text)	
Counseling	Street address and		y/organization w	nere couris	ching treatme			Code or Cou		<u> </u>		
(Multiple	Provide the date of	ounseling o	or Date (	Estimated)		Provid	e the	date counselin		Date (Esti	mated/Pre	sent)
Entries	treatment began.	11 1	1:		40	or treat			(F /	T. ()	MEG	LNO
Allowed)	Did you successfu Did you receive a							for Yes or No lds another en		NO (Requ	YES	NO lidate)
	time?	1001101 101111	or counseling of	trout trout		110 (		<u> </u>	437	rio (requ	1100 10 10	
Section 25 –	Investigation	ns and C	Clearance R	ecord	7							
Has the U.S. Gov	ernment (or a forei				our backgrou	ınd and/o	or grai	nted you a sec	urity cl	earance	YES	NO
eligibility/access		1 (37 ) 4 - 41-	e U.S. Governm				:	:4:4-1-	1	-11 -	1/ 1	<u> </u>
			arance eligibility		neigh govern	iment) n	aving	investigated y	our ba	ckground a	ilia/or ilav	mg
	Provide the inv		□ U.S. D	epartment	of Defense					ment of Sta		
	agency:		U.S. O	ffice of Per	rsonnel Man	agement		□ Feder of bureau)	ral Bur	eau of Inve	estigation	
Branch	Explanation or	name of			of Homeland			or bureau)				
If Yes to Having	government (F		□ Foreign	n governme	ent, (Provide	name of	f gove	rnment) 🗆 🗈	I don't	know		
Ever Been Investigated				Provide ex	1						-	
III v o o i guica	Date the invest	igation was	completed.  That issued the	clearance		't know	lifforo	nt from the		Date (Esti Name (Fre		
(Multiple Entries	investigating a		y that issued the	cicarance	chgiointy/ac	ccss II u	iiiicici	nt from the		rvaine (11e	c rext)	
Allowed)			eligibility/acces							Date (Esti	mated)	
	Provide the leveligibility/acce				fidential tmented Info	□ Secr		<ul> <li>□ Top Sec</li> <li>□ Q</li> </ul>		□ L	□ I don't	know
	Explanation (F	_		by foreign		Jimation	(SCI)			explanation		KIIOW
	Do you have a	nother inves	stigation to enter	?	YES (	Yes adds	anoth	er entry)		NO (Requ		lidate)
	had a security clea					nded, or	revok	ed? (Note: Ar	admir	istrative	YES	NO
downgrade or adi	Vou responded		aving <b>EVER</b> had			igibility/	/acces	s authorization	n denie	d suspend	ed or revo	oked
Branch			learance eligibil								(Estimate	
If Yes to Denied			gency that took tl					•		Name (Fre	ee Text)	
(Multiple Entries			the circumstance					ion action.		Explanatio	on (Free T	ext)
Allowed)			ed, revoked or su s authorization to		ecurity		/ES Yes a	lds another en	itrv)	NO (Required	to validat	e)
Have you EVER	been debarred from	n governme	ent employment?	)					) /	(	YES	NO
Branch			aving EVER bee				nploy	ment.				
If Yes to	_		overnment agenc	y taking de	ebarment acti	ion.			$\dashv$	Agency na		
Debarment (Multiple Entries	Provide the dat		ment occurred. the circumstance	es of the de	barment				+	Date (Esti		e text)
Allowed)			ernment debarme			ES (Yes	s adds	another entry	)	NO (Requ		
Section 26	Financial Re				,	•			ı			
	(7) <b>years</b> have you		ition under any o	hapter of th	he bankrupte	v code?					YES	NO
and the section			ng filed a netition					1			1 1 2 5	1.10

	If Yes to	Select the applicable bankruptcy petition type:   Chapter 7   Chapter 7	11 o	Chapter 12	□ Chapter 13	
	Having Filed	Provide the bankruptcy court docket/account number.			per (Free Text)	
	Bankruptcy	Provide the date bankruptcy was filed.		te (Estimate		
	Banarapiej			te (Estimate		
	(Multiple	Provide date of bankruptcy discharge.   Not Applicable			/	
	Entries	Provide the total amount (in U.S. dollars) involved in the bankruptcy.   □ Estimated		nount (Free		
		Provide the name debt is recorded under.  Last First		ddle	Suffix	
	Allowed)	Provide the name of the court involved.	Co	urt Name (I	Free Text)	
		Provide the address of the court involved.  Street address and City	Sta	te and Zip (	Code or Country	
		Provide the name of the trustee for this bankruptcy.	Na	me (Free To	ext)	
		Provide the address of the trustee for this bankruntov	1	,		
		If Chapter 13 Street address and City	Sta	te and Zin (	Code or Country	
		, , , , , , , , , , , , , , , , , , ,		ree Text)	YES NO	
	-		iation (1	NO		
		, , , ,	-41			\
ŀ		chapter of the bankruptcy code? (Yes adds an	otner er	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) 7	Γο Date (Es	timated/Present)	)
	Financial	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.	1	Amount	(Free Text)	
	Problems Due	Provide a description of your financial problems due to gambling.	I	Description	(Free Text)	
	to Gambling	If you have taken any action(s) to rectify your financial problems due to gambling, provide a	I	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) l	NO (Requir	ed to validate)	
	Allowed)	due to gambling?	57	(		
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	9	YES NO	_
ŀ	III the mot seven	You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when require				
		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)				
				D	(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)	
	Ĭ	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.	<u> </u>		
	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 validate	:e)
		(7) years have you been counseled, warned, or disciplined for violating the terms of agreemen	t for a tr	avel or	YES NO	)
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.		ency (Free		
	If Yes to	Provide the address of the agency or company.  Street address and City	Sta	te and Zip (	Code or Country	
	Violation of	Provide the date of your counseling, warning, or disciplinary action.	Mo	onth/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	An	nount (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 to	O
		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				)
	difficulties?	y unitarily, or seeming assistance from, a create counseling service or only similar resource to re	.501,0 ).	Jul 1111411010	120 110	•
J	Branch	You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling ser	vice or a	other simila	r resource to	
1	branch	resolve your financial difficulties.	vice or v	outer simila	r resource to	
ı	If Yes to	Provide explanation (Free Text) Provide the name of the credit counseling organization	or recon	irce N	Name (Free Text)	<u> </u>
		Provide the phone number of the credit counseling organization.		er / Ext	valle (Free Text)	
	Seeking Credit	Provide the phone number of the credit counseling organization.  Provide the location of the credit counseling organization.			¹tata	
	Counseling		City		State	
ı	(Multiple	As a result of this counseling provide a description of any action(s) you have taken to	Descri	iption (Free	Text)	
ľ	Entries	resolve your financial difficulties. If you have not taken any action(s) provide explanation.	NEC /	Yes adds	NO (D : 1	
	Allowed)	Are you currently utilizing, or seeking assistance from any other credit counseling service	`		NO (Required	
ŀ		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. 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 c1- 1	fing 1	blicati C	
		en (7) years, you had a lien placed against your property for failing to pay taxes or other debts.	menude	mianciai 0	ongations for	
J		the sole debtor, as well as those for which you were a cosigner or guarantor).	tor a-	uo11 es 41	for which	
J	<ul> <li>i ou are current</li> </ul>	ly delinquent on any Federal debt. (Include financial obligations for which you are the sole deb	tor, as v	ven as those	tor which you	
	oro o cocica	guaranter)				
	are a cosigner or	guarantor).			VEC NO	_
ļ	are a cosigner or				YES NO	)
	are a cosigner or	You answered 'Yes' to having experienced one or more of the previously stated financial issu		(Free Text)		)

#### 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)

- $\Box$  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

				1L5 NO
Provide the associated loan / account number(s) involved.			Loan / acc	count number (Free Text)
Identify/describe the type of property involved (if any).			Property t	type (Free Text)
	Provide the amount (in U.S. dollars) of the financial is	sue. □ Estimated	Amount (	Free Text)
	Provide the reason(s) for the financial issue.		Reasons (	Free Text)
Provide the current status of the financial issue.			Status (Fr	ee Text)
Provide the date the financial issue began.			Date (Esti	imated)
Provide date the financial issue was resolved. □ Not 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 withholdings			s,	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?

- 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 num	ber (Free	Text)
Identify/describe the type of property involved (if any).	Property type (Free	Text)	
Provide the amount (in U.S. dollars) of the financial issue. □ 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 date the financial issue was resolved. □ Not resolved	Date (Estimated)		
Provide the date the financial issue began.	Date (Estimated)		
Provide a description of any action(s) you have taken to satisfy this debt (such as withholding	gs, Description	ı (Free Te	ext)
frequency and amount of payments, etc.). If you have not taken any action(s) provide explana	ation.		

# **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

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Terrorist	Provide the dates of your involvement with the organization. From Date (Estimated)  To Date (Estimated/Present)					
Organization	Provide all positions held in the organization, if any. □ No positions held Positions (Free Text)  Provide all contributions made to the organization, if any. □ No contributions made Contributions (Free Text)					
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Allowed)	5 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				NO	1.4
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II EXTED 1	specific intent to further such activities to report?		ar	nother entry)	validat	
*	nowingly engaged in any acts of terrorism?				YES	NO
Branch If Yes Engaging in	You responded 'Yes' to <b>EVER</b> having knowingly engaged in a Describe the nature and reasons for the activity.	Nature and reasons (	T T.	4)		
Terrorism					4 - 1/D	
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Branch If Yes to	by force.	errorism of activities design	eu to ove	erunow the C.	S. Gover	IIIIIeiit
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Branch	the United States Government, and which engaged in activities					
Drunen	that end or with the specific intent to further such activities.		7	<u>.</u>		
If Yes to being	Provide the full name of the organization.	Organization name (Free	Text)			
Member of	Provide the address/location of the organization.	Street address and City	Sta	te and Zip Cod	le or Cou	intry
Organization	Provide the dates of your involvement with the organization.	From Date (Estimated)		Date (Estimate		
Using Violence	Provide all positions held in the organization, if any.	positions held	I	Positions (Free	Text)	
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U.S. Govt.	Provide a description of the nature of and reasons for your invo	lvement with the organizati	on. I	Description (Fi	ree Text)	
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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 ( <i>mm/dd/yyyy</i> )
Oignature (Oign in link)	Tall harrie (Type of print logicity)	Date signed (IIIII/ad/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 of	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)