# **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 a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

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

#### Authority to Request this Information

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

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478

#### The Investigative Process

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

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

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

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

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

#### Instructions for Completing this Form

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

2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted

3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.

4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes. 6. For telephone numbers in the U.S., ensure that the area code is included.

7. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e. 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box

### Final Determination on Your Eligibility

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

#### Penalties for Inaccurate or False Statements

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

#### Disclosure Information

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

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

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

Office of Personnel Management (OPM) Routine Uses

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

a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.

c. To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.

e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.

g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.

h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.

i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.

j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

I. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.

m. To disclose information to the National Archives and Records Administration for use in records management inspections.

n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:

- (1) OPM, or any component thereof; or
- (2) Any employee of OPM in his or her official capacity; or
- (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or

(4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.

o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.

p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.

q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.

r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.

s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.

t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.

v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.

w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.

x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.

y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.

z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.

aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of the request representation is relevant and necessary to the extent that the information is relevant and necessary to the requesting agency to the extent that the information is relevant and necessary to the requesting agency to the extent that the information is relevant and necessary to the requesting agency to the extent that the information is relevant and necessary to the requesting agency to the extent that the information is relevant and necessary to the extent the information is relevant and necessary to the requesting agency to the extent that the information is relevant and necessary to the extent that the information is relevant and necessary to the extent the in

the requesting agency's decision on the matter.

#### Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to 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 -----

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

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

## Agency Use Block "AUB"

Investigating agency user of	nly Codes: (F	IPC CODES)	Case Nun	nber:					
FOR COMPETITIVE SER	VICE INITIAL APPOINTMENTS ONLY	: WHEN THE OF3	06, RESUME, ANE	OTHER INFOR	MATION				
PROVIDED IN THE HIRIN	NG PROCESS APPEARS TO BE DISCR	EPANT WITH INF	ORMATION PROV	IDED ON THIS	QUESTIONNAIRE,				
THOSE DISCREPANT DO	CUMENTS MUST BE FORWARDED V	VITH THIS QUEST	TIONNAIRE TO OP	M FOR ACTION	J.				
A – Type of Investigation	B – Extra coverage / advanced results	C – Sensitivity lev	vel	D – Access / El	igibility				
E – Nature of action code	F – Date of action	G – Geographic le	ocation	H - Position co	de				
I – Position title	J – SON (Submitting Office Number )								
K - Location of Official Per	rsonnel Folder _ None _ NPRC _ At SOM	N_e-OPF_Other	Other address / we	eb address of e-O	PF Zip Code				
L-SOI (Security Office Ide	entifier)								
M - Location of Security Fo	older _ None _ NPI _ At SOI _ Other		Other address		Zip Code				
N – IPAC O – TAS	P – Obligating document number	Q - BETC	R – Accounting d	ata and /or Agenc	y case number				
S – Investigative requirement	nt _Initial _Reinvestigation T - Requ	esting Official: Nan	ne, Title, Signature,	Email Address, 7	elephone, Date				
U - Secondary Requesting	Official: Name, Title, Email Address, Tele	ephone Number	V - Applicant Affil	iation _FED_CIV	/_CON_MIL_Other				
W - Deployment/PCS (if In	nminent):								
From-To Dates, Estimated, Permanent Relocation, Reason(s) for temporary duty assignment or PCS, point of contact at location, Telephone number									
(Include Ext.), Address/Uni	(Include Ext.), Address/Unit/Duty location (Include City or Post Name)								
Agency Special Instructions	s for the Investigative Service Provider:			Cage Code	Contracting Number				

## **Beginning of Questionnaire**

FOR REFERENCE ONLY, NOT A FORM FOR COMPLETION													
Section 1 –	Full Name												
Provide your full	name. If you have onl	ly initials i	n your name	, prov	vide then	n and indicate "I	nitial	only". If	Last	Fii	rst	Middle	Suffix
	a middle name, indicat	e "No Mic	idle Name".	If yo	u are a "J	Ir.," "Sr.," etc. er	nter th	is under	name	e: na	me:	name:	
Suffix.					_								
	Date of Birth												
Provide your date		e	Estima	ited 🗆									
Section 3 – I	Place of Birth												
Provide your Place	ce of birth. City	1		Co	ounty		Stat	e			Count	try	
Section 4 –	SSN												
Provide your U.S	S. Social Security Num	ıber. 🗆	Not applical	ble _									
Section 5 –	Other Names U	sed											
Provide your othe	er names used and the	period of	time you use	d the	m (for ex	ample: your ma	iden n	ame, name	e(s) by a	former	marri	iage(s), for	mer
	), or nickname(s)).												
Have you used an												YE	S NO
Branch	Provide your other n												"T 141 - 1
If Yes to	marriage(s), former name(s), alias(es), or nickname(s)]. If you have only initials in your name, provide them and indicate "Initial only." If you do not have a middle name, indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.												
"Other	Provide other name u		Last name:	Fir		Middle	Suff		Maiden		c. chu	YES	
Names"	The flue outer hand t		Lust mannet	nar		name:	bull			mainer		12.	, 110
Multiple	Provide dates used.					From Date (Es	stimate	ed)		To Da	te (Es	timated/Pro	esent)
(Multiple Entries	Provide the reason(s)			d.		Reason: (Free	Text)						
Allowed)	Summary of other na												
	Do you have addition					Yes (Yes adds	anoth	er entry)		No (Re	quire	d to pass va	ulidation)
	Your Identifyin	ig Infor	mation										
Provide your Ide	ntifying Information	Height	(feet)	(inc	hes)	Weight (in pou	unds)		Hair Co	lor	Eye	Color S	Sex (M/F)
Section 7 –	Your Contact I	nforma	tion										
	ntact numbers. At leas	t one telep	hone numbe	r is re	equired.	Additional num	bers p	rovided ma	ay assist	in the	compl	etion of yo	ur
background inves													
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	Email addresses may be used as a contact method, and identify subject												
in records.	and identify subject												
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"passport"	Provide the name in which p	assport was fi			Last	First nam	e: N	liddle name		
Section 9 –	Citizenshin				name:					
	at reflects your current citizens	hip status and	l click Save.							
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	You answered that you are a			h, born	to U.S. pa	rent(s) in a fo	reign cou	ntry.		
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to U.S. Parents	Provide the name in which d		issued.		Las	st name: 1	First name	: Mide	ile name:	S
in a Foreign	Provide your Certificate of C							ficate Num		
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	You answered that you are a		.S. citizen.							
	Provide the date of entry into	the U.S.					Date		Estima	
	Provide the location of entry						City			Sta
	Provide country(ies) of prior	citizenship.					Count	ry (Allows		
	Do/did you have a U.S. alien					~			YES	
Branch	Branch If Yes		r U.S. alien regis ation USCIS, CI				Alien R Text)	egistration	Number (	Free
Citizenship Naturalized	Provide your Certificate of N		number (N550 or	N570).				ate of Natu	ralization	numl
U.S. Citizen	Provide the name of the cour	t that issues th	a Cartificate of N	Intractio	Tation		(Free T	,		
	Provide the name of the course			/		Street	Court	Free Text) Sta	te	Zip
	Provide the date the Certifica				anzation.	Street	Date -		te Estimated	
	Provide the name in which the			-	ued L	ast name:	First nan		ile name:	
	Provide the basis of naturalized									anatio
	- Other (Provide explanation									
<b>D</b> 1	You answered that you are a				T			1 (7)	<b>—</b>	
Branch	Provide your alien registration utilize USCIS, CIS or INS re			tizenshi	p—	Alien Regis	tration nu	mber. (Fre	e Text)	
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Citizenship	riovide your remainent ices	lucint Card IId				Text)	condent c	ard numbe	1 (1 551)	,i ice
Derived	Provide your Certificate of C	itizenship nu	mber (N560 or N	561)		Certificate of	of Citizens	ship numbe	r (N560 o	r N56
		-				(Free Text)				
	Provide the name in which the	e document v	vas issued.			Last name:	First		ddle	Su
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	Not a U.S. Citizen									
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Citizenship	Provide document expiration			1.04	11 C 17:	Date (red foil num		stimated $\Box$	Π-	10m - 1
Not a U.S.	Provide type of document is number, I-20, DS-2019, etc.)		.s. visa-red Ioil	1-94, Other	U.S. VISA	(red foil num explanation)	ver), 1-20,	<i>D</i> 3-2019,	Exp	olanat
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	Provide the date document	Date		ed□		ocument expi		Date		stimat
	was issued.				date.					
Section 10	- Dual/Multiple Citiz	anchin &	Foreign Dec	enor4	Inform	nation				
	ave you EVER held dual/mult			sport	1110ff	uauon			YE	S
Branch	You answered "Yes" to havi			tizenchi	in				IE	5
DIAIICII	Provide country of citizenshi					me did you h	old citize	ashin with t	his count	rv?
										· J ·
Dual/Multiple	Provide the date range that y	ou held this ci	tizenshin heginn	ing with	h the date i	it was	from Date	1 17	) Date	
Dual/Multiple Citizenship	Provide the date range that y acquired through its terminat						From Date Estimated		Date stimated/	Prese

(Multiple				nounce your fo	oreigr	n citizenship?								YES	NO
Entries Allowed)	Provide expl Branch	lanation: (Fre		) Do you currentl	v hol	d citizenshin	with th	is c	ountry?					YES	NO
/ mowed)	If Present/C	urrent		Provide explana	*		with th		ountry?					1125	NO
	Summary of	dual/multip		enships you ha											
	Select Coun				1.0				s of Citizensh			Action			
Have you EVEL				enship to provi		a country of			(Yes adds an	other	entry)	NO <mark>(R</mark>	equire		
Have you EVE				been issued a						ountr	v other t	han the l	ILS	YES	NO
				e passport (or i				101	uuvei) by a c	Cou			0.5.		
Branch	Provide the	date the pass	port (o	r identity card)	was	issued.				Date		I	Estima		
branch				or identity card						City				Count	•
Foreign	Provide the	name in whic	ch pass	port (or identit	y car	d) was issued	:			Last nam		irst ame:	Mid nam		Suffix
Passport (or	Provide the	passport (or i	identity	( card) number.								ree Text		с.	
Identity Card)	Provide the	passport (or i	identity	( card) expiration	on da					Date		I	Estima		
(Multiple		VER used th		port (or identity					an thin	C		Eng. 1		YES	NO
Entries Allowed)		ntries Allowe	d) p	Provide the cou passport (or ide each.	ntity	card) and the				Cou	itry	From I (Estim			Date st/Pres)
	Do you have report?	e an additiona	al forei	gn passport (or	iden	tity card) to		YF (Y	ES fes adds anoth	ner ent	ry)	NO (Requi	red to	validat	e)
Section 11	- Where Y	ou Have	Live	ed											
List the places w	here you have	lived beginn	ing wi	th your present	resid	lence and wo	rking b	ack	10 years. Re	esiden	es for tl	ne entire	perio	d must	be
accounted for wi were not physica residence before	ally located the	ere. If you spl	lit your	time between	one o	or more reside	ences d	urin	g a time perio						
You are not requ	ired to list tem	porary locat	ions of	less than 90 da	ays th	nat did not ser	ve as y	our	permanent or	r maili	ng addr	ess.			
For any address	in the last 3 ye	ars, provide	a perso	on who knew ye	ou at	that address,	and wh	io pi	referably still	lives	in that a	rea. Do	not lis	t people	e who
knew you for res	sidences comp	letely outside	e this 3	year period, ar	nd do	not list your	spouse	, col	habitant or ot	her re	latives a	s the ver	ifier f	or perio	ods of
residence. Enter residence	information (	Multiple Ent	rias Ali	lowed)											
Provide dates of		Multiple Ent	nes Al	lowed)		From Date	(Estima	ated	)		To Dat	e (Estim	ated/I	Present)	)
Is/was this resid		d by you □I	Rented	or leased by yo	ou 🗅					xplan		Explan			
Provide the stree		11 1 10	1			Street addre	ess and				<u>a</u> .				
Provide the coun State and Zip Co		he United Sta	ites; otl	herwise provide	9	State		Z	Cip Code		Countr	У			
Branch	You have in	dicated an A	PO/FP	O address; prov	vide	physical locat	ion dat	a wi	ith street add	ress, b	ase, pos	t, embas	sy, un	it, and	country
Physical Location		ome port/fle ss/Unit/Duty		Iquarter. Prov	ide p	hysical locati	on data	ı:			City or	Post Na	me		
Louisi				d States, or Cou	untry	location.					2	nd Zip C		r Count	try
Branch				outside of the U											1
APO/FPO Address	Do/did you Branch If Y			address while a O/FPO address			Addres	c	APO or FP	0		PO State	a Cod	YES	NO Code
/ Iddiess				, landlord (if re								r0 Stat	e Cou	z Zip	Code
	Provide the		Last		Midd				date of last c			D	ate		
			name		name		N	. 1	1 5	1 1			stimate		
	Provide you	r relationsnip	to this	s person (check	all t	nat apply)			bor						e
				nformation for		erson :									
				for this person	: 1	Number/Ext	Prov	ide	daytime pho	ne nui	nber for	this per	son:		er/Exte
						nsion Check box								nsion Chea	ck box
						f								_Clict if	
Branch						nternational									ational
David 1171						_I don't mow								_I dor know	
Person Who Knew you	Provide cell	mobile phon	e num	ber for this per			Nun	nber	Extension	Check	box if i	nternatio	onal	KIIUW	
				*			_I de	on't	know						
(if address dates within		ail address for		person: erson (includin	0.000	artment	_	· ·	Free Text) I d ddress	don't l	cnow □ City				
last 3 years)	number).	ci audi 688 101	i uns p	erson (menualli	5 apr	atment	Sue	u al	101000		City				
	Provide the o	country if out te and Zip Co		e United States	; oth	erwise	State	e			Zip Co	de	Co	untry	
	Ť			ed an APO/FPO	) add	ress; provide	physic	al lo	ocation data v	vith st	reet add	ress, bas	e, pos	t, emba	ssy,
	Branch Physical	unit, and co	ountry	location or hor	ne po						tion dat	a:	-		
	Location			nit/Duty Locati			. 1e'	00				Post Na		- C-	haw 1
				ports in United ed an address of			locati	on.			State a	nd Zip C	ode o	r Count	ury
	Branch			who knew you l			addres	s?						YES	NO
	APO/FPO Address	Branch Yo	ou have	e indicated that	the p	erson who ki	new you	u we							
Den 1		Branch If		Provide APO/	FPO		Addres		APO or FP			O State			Code
Do you have an		ou Went					1 ES ()	r es a	adds another	entry)		NO (R	equire	eu to va	ndate)
a															

			less to provide a minimum of two	years educat	ion history. (Mul	tiple Entries Allowe	
	ded any schools in			• 1	1 10	2	YES NO
Branch If No t	o Attending Schoo Provide the dates		Have you received a degree or d From Date (Estimated)	iploma more	To Date (Estin		YES NO
-			describe your school.  □ High S	School D C		/Military College	
	Select the most ap		□ Vocational/Technical/Trade Se			stance/Extension/O	nline School
	Provide the name	of the school:			Name (Free Te	ext)	
			nool. For correspondence/distance		Street address	City	
		*	he address where the records are r ool address, refer to	naintained.			
	http://ope.ed.gov/a						
			nited States; otherwise provide St	ate and Zip	State	Zip Code	Country
Branch	Code.						
If Yes to			3 years, list a person who knew y				
Attending	you while you rec		than 3 years ago. For correspondent	ence/distance,	/extension/online	schools, list someol	le who knew
Schools				ast name:	First n	ame: Ini	itial Only 🗆
OR	I don't know						First Name □
on			son (including apartment number)		Street	City	Country
Yes to	Code.	y 11 outside the U	nited States; otherwise provide St	ate and Zip	State	Zip Code	Country
Receiving a Degree or	Provide telephone	number for this	person.		Number/Exten	sion Time Day Nig	ht Both
Diploma	*				_	International or DSN	√ phone
I · · · ·	D		···· - T. J?4 ]		number		
	Did you receive a		on: 🗆 I don't know		Email (Free Te	YES NO	
	<i>v</i>		of degrees(s)/diploma(s) received	and date(s)	awarded:	110	
	Branch If Yes to	Degree/diplo	oma • High School Dip	oloma	Other degree/d	iploma	
	Receiving Degree		s • Bachelor's • Master's • Doc		Other Degree (		
-	Do you have addit		<i>al Degree (e.g. MD, DVM, JD)</i> • o enter (include education within		Month / Year YES (Yes adds		Estimated
	•		as more than 10 years ago)?	ule last 10	another entry)	NO (Required	(to validate)
Section 13		* *	es – Employment & Un	omnlovm			
			employment and self-employment			and working back 10	vears The
			. If the employment activity was r				
each change of	military duty statio	on. Provide sepa	rate entries for employment activi	ties with the s	same employer bu	ut having different p	
		t before your 18	h birthday unless to provide a min	nimum of 2 y	ears employment	history.	
(Multiple Entri		Active militar	ry duty station 🗆 National Guard	Reserve 🗆 I	ISPHS Commiss	ioned Corps	
□ Other Federa			nent (Non-Federal employment)			□ Unemployment	
□ Federal Cont			ent employment (excluding self-e			□ Other (Provide e	1 /
Other Type Exp	planation (Free Tex			rom Date (Es	timated)	To Date (Estimate	d/Present)
	Select the en	n national Guard	Reserve, or USPHS Commission for this position:  □ Full-time □ I	Part-time			
		r assigned duty	Duty station (Free Text)		our most recent	Rank/position (Fr	ee Text)
		g this period.		rank/positi	on title.	· ·	,
		ress of duty static		Street add	ress	City	
		ntry if outside the and Zip Code.	e United States; otherwise,	State		Zip Code	Country
	Telephone n			Number/E	xtension Time D	ay Night Both _Ch	neck box if
				Internation	nal or DSN phone	e number	
	Branch		ated an APO/FPO address; provid				base, post,
	Physical		and country location or home port Unit/Duty Location:	neer neadqua		ost Name:	
Branch	Location		r ports in the United States, or co	untry location		Zip Code	Country
	Branch	You have indic	ated an address outside of the Uni				YES NO
If Employment		address while a		4.11			
Type is Active Duty, National		Branch If Yes name of your sup			APO/FPO or name (Free Te	APO/FPO State	Zip Code
Guard/Reserve			of your supervisor.		or rank/position (	,	
or USPHS	Provide the		your supervisor.  □ I don't know		or email (Free Te		
Commissioned	Tiovide the		ation of your supervisor.	Street ad	dress	City	
Corps		ntry if outside the e and Zip Code.	e United States; otherwise,	State		Zip Code	Country
		ervisor telephone	number	Number/	Extension Time	Day Night Both _0	heck box if
				Internatio	onal or DSN phor	ne number	
			ated an APO/FPO address for you				
	Branch	address, base, p data of your su	ost, embassy, unit, and country lo	cation or hon	he port/fleet head	quarter. Provide phy	sical location
	Physical		Unit/Duty Location:			City or Post Name	e:
	Location		r ports in the United States, or	State		Zip Code	Country
		country location	1.				
	Branch APO/FPO		ated an address outside of the Uni ess while at this location?	ted States. Di	d/does your supe	rvisor have an	YES NO
	APO/FPO Address	Branch if Yes	Provide APO/FPO address	: Address	APO/FPO	APO/FPO State	Zip Code
Branch			tate Government, Federal Contra AFT PRE-DECISIONAL DE				
		DR	AFT PRE-DECISIONAL DE	LIBERATIVE			

		st recent position title.				Position (Free T	ext)
If Employment			his position: $\Box$ Full-time $\Box$ Pa	art-time	<u>.</u>		
Type is Other	Provide the	name of your employe	r.			Employer name	(Free Text)
Federal	Provide the	address of employer.		Street ad	ldress	City	
employment,		untry if outside the Uni	ted States: otherwise	State		Zip Code	Country
State		te and Zip Code.		State		Lip coue	country
Government,		phone number.				Number/Extensi	on Time Day
Federal	1 lovide tele	phone number.				Night Both _Cl	
Contractor, Non-						0 –	
government						International or	DSN phone
employment, or					1 0 1 1 10	number	
Other			h this Employer - Provide addi				
Oulei			e physical location (for examp				
			d enter information concerning				
	dates, positi	on titles, and supervise	ors for the two previous period	s of employ	yment as entries be	elow). Not Applic	able □
	(Multiple E	ntries Allowed)					
	Dates of em	ployment	From Date (Estimated)		To Date (Estimate	ed/Present)	
	Position title	e	Position (Free Text)		Supervisor	Supervisor	(Free Text)
			different than your employer'		- of the set		Y NO
	15/ Wub your	physical work address	different than your employer	s uddress.			E
							S
		Durant die 4h ei eine als is d			te d	Cture of A distant	
			dress where you are/were phys			Street Addre	
			utside the United States; other	wise,	State	Zip Code	Country
		provide State and Zi	*				
		Provide telephone n			Number/Ext.		
	Ducuch		an APO/FPO address; provide				
	Branch Dhysical		ountry location or home port/f				
	Physical	Street Address/Unit/				City or Post Nan	
	Location		ts in the United States, or cour	ntry location	n. State	Zip Code	Country
			an address outside of the Unite				YES NO
	Branch	address while at this		d States. D	o you or and you n		ILS NO
	APO/FPO	address while at this	Provide APO/FPO address:				7.01
	Address	Branch if Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO	Zip Code
						State	
		name of your supervis					name (Free Text)
	Provide the	position title of your s	upervisor.			Supervisor p	osition (Free
						Text)	
	Provide the	email address of your	supervisor. □ I don't know			Supervisor e	email (Free Text)
		physical work location		Street ad	Idress	City	
			ted States; otherwise, provide				Country
		telephone number for		State and Z	np code.   State		ension Time
	Provide the	telephone number for	uns supervisor.		~		
						, 0	Both _Check
							ational or DSN
						phone numb	
			an APO/FPO address for your				
	Branch		embassy, unit, and country loca	ation or hoi	me port/fleet headd	quarter. Provide pl	hysical location
	Physical	data of your supervis	sor:				
	Location	Street Address/Unit/	Duty Location:			City or Post Nan	ne:
		Provide state for por	ts in the United States, or cour	ntry location	n.	State and Zip Co	de or Country
	Branch		an address outside of the Unite			rvisor have an	YES NO
	APO/FPO		while at this location?				
	Address	Branch if Yes	Provide APO/FPO address:	Address	APO/FPO	APO/FPO State	Zip Code
			Hovide Al O/H O addless:	Audress	AL U/ I'FU	ALO/TTO State	Zip Code
	Self-Employ					Desition (E	
		st recent position title.	1 1,1	D		Position (Free Te	ext)
		mployment status for the		Part-time			
	Provide the	name of your employn	nent				Employment
							ame (Free Text)
		address of employmen			Street addr	ess C	City
	Provide Cou	untry if outside the Uni	ted States; otherwise, provide	State and Z	Zip Code. Stat	e Zip Code	Country
		phone number.	· · · · · · ·		· ·	Number/Extensi	
		F				Night Both Cl	
						International or	
						number	Doivpilone
	To compare the second			1.1		number	VEC NO
	is your phys		erent than your employment ac			<u> </u>	YES NO
			dress where you are/were phys			Street address	
			outside the United States; other	wise, provi	de State	Zip Code	Country
	Branch	State and Zip Code.					
Branch	Physical	Provide telephone n	umber:			Number/Extensi	
	Location					Night Both _Ch	
If Employment						International or	DSN phone
Type is Self-						number	
Employment		You have indicated	an APO/FPO address; provide	physical lo	cation data with e		s, base, post.
	Branch		ountry location or home port/f				
	Physical	Street Address/Unit/			inter Trovide pily	City or Post Nan	
	Location	Provide state for per	ts in the United States, or cour	try location	n. State		
	Der 1	You have state for por	ts in the United States, or cour	a state D	n. State	Zip Code	Country
	Branch		an address outside of the Unite	o states. D	o you or aid you h	ave an APO/FPO	YES NO
	APO/FPO	address while at this			100/		
	Address	Branch if Yes	Provide APO/FPO address:	Address		APO/FPO State	Zip Code
	Provide the	name of someone that	can verify your self-employm		Last name:		First name:

Provide Co Provide thBranch Verifier Physical LocationBranch Verifier Physical LocationBranch Verifier APO/FPO AddressUnemploy Provide th support.Branch If EmploymentIf Employment Type is UnemploymentBranch Provide th support.Branch Provide th support.Branch Provide th support.Branch Provide th Support.Branch Verifier Physical LocationBranch Verifier APO/FPO AddressBranch Verifier Physical LocationBranch Verifier APO/FPO AddressBranch Verifier APO/FPO AddressBranch USPHS Commissioned Corps, Other Federal employment, StateMathematical (Multiple	<ul> <li>telephone number i</li> <li>You have indicat either street address/U</li> <li>Provide state for</li> <li>You have indicat have an APO/FP</li> <li>Branch if Yes</li> <li>Branch of someone v</li> <li>address of this veri</li> <li>puntry if outside the</li> <li>telephone number i</li> <li>You have indicat either street address/U</li> <li>Provide state for</li> <li>You have indicat either street address/U</li> <li>Provide state for</li> <li>You have indicat have an APO/FP</li> <li>Branch if Yes</li> <li>Provide state for</li> <li>You have indicat have an APO/FP</li> <li>Branch if Yes</li> <li>Provide state for</li> <li>You have indicat have an APO/FP</li> <li>Branch if Yes</li> <li>Select the t <i>Left by mu</i></li> <li><i>Left by mu</i></li> <li><i>Left by mu</i></li> </ul>	United State: for this perso neted an APO/F ress, base, poor n data for this Jnit/Duty Loc r ports in the U er ports in the U Provide APO/F who can verif ifier. United State: for this perso neted an APO/F ress, base, poor neted an APO/F the dat for this Jnit/Duty Loc r ports in the U ted an address? Provide APO/F the employm of the follow d you would eft by mutual type of incide utual agreem	s; otherwise, provide State ar nn. Num Inter FPO address for your self-em st, embassy, unit, and country s person. cation: United States, or country loca ss outside of the United States e APO/FPO address for this p PO State Street a s; otherwise, provide State ar on. Number Internat FPO address for your unempl st, embassy, unit, and country s person: cation: United States, or country loca ss outside of the United States e APO/FPO address for your unempl st, embassy, unit, and country s person: cation: United States, or country loca ss outside of the United States e APO/FPO address for this p PO State	aber/Extension Tin national or DSN pl uployment verifier; y location or home ation. Stat s. Does your self er person: ities and means of address and Zip Code. Sta r/Extension Time i tional or DSN phor loyment verifier; pr y location or home ation. Sta s. Does your unemp person:	ne Day Night none number provide physi port/fleet hea City or P e Zip nployment ve Address Zip Code Las City ate Zip Day Night Bo number ovide physica port/fleet hea City or P ate Zip poloyment veri Address Zip Code S? g charges or	cal locati dquarter. ost Name Code rifier t name: Code th _Chee th _Chee dquarter. ost Name fier	ion data Provid e: Countr YES APO/F First Coun cck box i n data w Provid	x if with le ry NO PPO name: if ith le			
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government		t <b>seven (7) ye</b> this employm	ears do you have another reas	son for leaving to	YES (Yes a another entr		NO (Required to a validate				
employment, Self- For this en			years have you received a wr	ritten warning, beer		y) [ŭ	o validat YES	NO			
			misconduct in the workplace			olicy?		L			
Unemployment, Branch		7 1	ed, suspended, or disciplined								
or Other If Disciplin			nd year you were warned, rep	orimanded, suspend	ed or	Date/ H	Estimate	d□			
Warned, Reprimant	ed or Provide		) for being warned, reprimand	ded suspended or a	lisciplined	Resor	n (Free T	'evt)			
Suspended			instance of discipline or a wa		YES (Yes a		NO (Reg				
(Multiple I	20 900		and a superprine of a w		another entr		o validat				
Allowed)							1 / 2	• • •			
Do you have an additional empl				(Yes adds another	entry) NO	(Require	ed to val	idate)			
Section 13b – Employ				• • •	(0)		17DO	370			
Do you have former federal civi	lian employment, ex er Federal Service D		tary service, NOT indicated p	previously, to repor	τ?		YES	NO			
	de dates of federal c		ovment. From D	Date (Estimated)	To Date (Es	timated/I	Present)				
Prov			cy for which you are/were em		Name						
If Yes to Former Prov	de your position title	le.		•	Position title	e (Free T	ext)				
Prov	de the location of th		Street a		City						
			States; otherwise, provide St			Zip Code		intry			
Anowen			l civilian employment, exclud	aing military	YES (Yes a		NO (Request of the second seco				
			report /		another entr	y) to	o validat	e)			
Section 13c – Employ	ce, NOT indicated p		1				0 3 7				
TT 0.1 0.11 1 1	ce, NOT indicated part <b>nent Record</b>	previously, to	•	· .1 . ·							
	ce, NOT indicated pr ment Record ened to you in the la	ast seven (7)	years at employment activiti			would h					
be required to add an additional	ce, NOT indicated pr <b>ment Record</b> ened to you <b>in the la</b> employment in Sect	ast seven (7) tion 13a)	<ul><li>years at employment activiti</li><li>Fired from a job?</li></ul>	ies that you have no • Quit a job after b		would b	c mea.				
	ened to you in the la employment in Sect agreement following	ast seven (7) tion 13a) g charges or a	years at employment activiti • Fired from a job? allegations of misconduct?			would b	e meu.				

							YES
		e Service Record					
Were you bor		ecember 31, 1959?				YI	ES N
		ervice Registration					
	Have you re	egistered with the Selective Service			lon't kı		
Branch	Branch		website, <u>www.sss.gov</u> , can help prov ctive Service Number is not your So			umber for per	sons wn
	If Yes	Provide registration nu				tion number (	Free Tex
If Yes to Bor	n Branch		having registered with the Selective				
Male After	If No	Provide explanation				ion (Free Tex	t)
12/31/1959	Branch	You responded 'I don't	know' to having registered with the				,
	If I Don't K	now Provide explanation		E	planat	ion (Free Tex	t)
Section 1	5 – Military	History					
	<b>ER</b> served in the						YES
		1 'Yes' to having served in the U.	S. Military:				
	Provide the bra	anch of service you served in:	State of service, if National	Officer or e		: Provide y	our serv
		ny National Guard	Guard	🗆 Not Appli	cable	number.	
		Force  Air National Guard	Provide your status	Officer     Faliated			
	D Marine Corp	os □ Coast Guard	□ Active Duty □ Active Reserve □ Inactive Reserve	Enlisted		Number (	Free Te
	Provide your d	lates of service.	From Date (Estimated)	To Date (Es	timate	d/Present)	
			military service, to include Reserves			d/11050110)	YES
	, , , , , , , , , , , , , , , , , , ,		discharged from U.S. military servic			3	
	Branch	or National Guard.					
Branch			ou received:  □ Honorable □ Disho		der Oth	ner than Hono	orable
Dranch	If Yes to		Bad Conduct	/	1	1 .1	
If Yes to	Discharged	Provide other discharge type: Provide the date of discharge li	stad abova			explanation ( nated $\square$	Free Te
Serving in	Branch If Di		de the reason(s) for the discharge.			(Free Text)	
the U.S.		dditional military service to report		adds another er		NO (Require	ed to val
Military	In the last 7 v	ears. have you been subject to co	urt martial or other disciplinary proc	edure under the	e Unifo	orm Code	YES
(Multiple	of Military Jus	tice (UCMJ), such as Article 15,	Captain's mast, Article 135 Court of	Inquiry, etc?			
Entries		You responded 'Yes' to having	g been subject to court martial or othe	er disciplinary	proced	ure under the	Uniform
Allowed)			ch as Article 15, Captain's mast, Art		of Inqu		
			artial or other disciplinary procedure			Date (Estim	,
			iform Code of Military Justice (UC)	MJ) offense(s)	for whi	ich you	Descri
	Branch	were charged.	inary procedure, such as Court Mart	ial Article 15	Cantai	n's most	(Free Name
	If Yes to	Article 135 Court of Inquiry, et		iai, Aiticle 15,	Captai	n s mast,	(Free
	Military		nilitary court or other authority in wl	hich you were	charge	d (title of	Descri
	Discipline	court or convening authority, a	ddress, to include city and state or co	ountry if overse	as).		(Free
			inal outcome of the disciplinary proc	cedure, such as	found	guilty,	Descri
		found not guilty, fine, reduction In the last 7 years do you have		adds another er		NO (Dequir	(Free
		instance of military discipline t		adds another er	iuy)	NO (Require	ed to var
Have you EV	<b>ER</b> served, as a (		oreign country's military, intelligenc	e. diplomatic.	security	v forces.	YES
•	defense force, or	government agency?		*			
	You responded	d 'Yes' to having EVER served a	s a civilian or military member, in a	foreign country	y's mili	itary, intellige	ence,
		curity forces, militia, other defens					
			were you serving under:  Military				
			Security Forces   Militia  Other De	eiense Forces, S	specify	$\Box$ Other Go	overnme
	Agency, Speci	me of the foreign organization.			Nam	e (Free Text)	
	<ul> <li>PTOVIDE The na.</li> </ul>		From Date (Estimated)			Date (Estimate	
		enou of service.				tion held (Fre	
Branch	Provide your p	me of the country.	Provide your highest position/r	ank held			,
	Provide your p Provide the nat		Provide your highest position/r	ank held	Divi	sion (Free Te	
If Yes to	Provide your p Provide the nam Provide the di Provide a desc	me of the country. vision/department/office in which cription of the circumstances of ye	Provide your highest position/r n you served. our association with this organization		Desc	cription (Free	
If Yes to Serving in a	Provide your p Provide the nat Provide the di Provide a desc Provide a desc	me of the country. vision/department/office in which cription of the circumstances of y cription of the reason for leaving t	Provide your highest position/n n you served. our association with this organization this service.	n.	Desc Desc	cription (Free cription (Free	Text)
If Yes to Serving in a Foreign	Provide your p Provide the nat Provide the di Provide a desc Provide a desc Do you mainta	me of the country. vision/department/office in which cription of the circumstances of y cription of the reason for leaving t	Provide your highest position/r n you served. our association with this organization	n.	Desc Desc	cription (Free cription (Free	
If Yes to Serving in a	Provide your p Provide the nat Provide the di Provide a desc Provide a desc	me of the country. vision/department/office in which cription of the circumstances of yo cription of the reason for leaving to ain contact with current or former	Provide your highest position/n n you served. our association with this organization this service.	n. nces from your	Desc Desc servic	cription (Free cription (Free e in this	Text) YES
If Yes to Serving in a Foreign	Provide your p Provide the nat Provide the di Provide a desc Provide a desc Do you mainta	me of the country. vision/department/office in which cription of the circumstances of yo cription of the reason for leaving to ain contact with current or former You responded 'Yes' to mainta	Provide your highest position/n n you served. our association with this organization this service. r associates, colleagues, or acquainta uning contact with current or former	n. nces from your associates, col	Desc Desc servic	cription (Free cription (Free e in this s, acquaintance	Text) YES
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the nat Provide the di Provide a desc Provide a desc Do you mainta	me of the country. vision/department/office in which cription of the circumstances of ye cription of the reason for leaving t ain contact with current or former You responded 'Yes' to mainta service in this organization; pro-	Provide your highest position/n n you served. our association with this organization this service. r associates, colleagues, or acquainta uning contact with current or former ovide full name, address (if known),	n. nces from your associates, col official title, le	Desc Desc servic leagues	cription (Free cription (Free e in this s, acquaintance f association,	Text) YES
If Yes to Serving in a Foreign Military (Multiple	Provide your p Provide the na Provide the di Provide a desc Provide a desc Do you mainta organization? Branch	me of the country. vision/department/office in which cription of the circumstances of your cription of the reason for leaving to ain contact with current or former You responded 'Yes' to maintate service in this organization; pro- of contact for each former asso	Provide your highest position/n n you served. our association with this organization this service. r associates, colleagues, or acquainta uning contact with current or former ovide full name, address (if known), ciate, colleague or acquaintance with	n. nces from your associates, col official title, le 1 whom you ma	Desc Desc servic leagues ngth of aintain	cription (Free cription (Free e in this s, acquaintand f association, contact.	Text) YES ces from and freq
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the na Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to	me of the country. vision/department/office in which cription of the circumstances of yo cription of the reason for leaving to ain contact with current or former You responded 'Yes' to mainta service in this organization; pro- of contact for each former asso Provide the contact's full name	Provide your highest position/n n you served. our association with this organization this service. r associates, colleagues, or acquainta uning contact with current or former ovide full name, address (if known), ciate, colleague or acquaintance with	n. nces from your associates, col official title, le	Desc Desc servic leagues ngth of aintain Mide	cription (Free cription (Free e in this s, acquaintance f association,	Text) YES
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the na Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to Maintain	me of the country. vision/department/office in which cription of the circumstances of your cription of the reason for leaving to ain contact with current or former You responded 'Yes' to maintat service in this organization; pro- of contact for each former asso Provide the contact's full name Provide the contact's address.	Provide your highest position/n n you served. our association with this organization this service. cassociates, colleagues, or acquainta uning contact with current or former ovide full name, address (if known), ciate, colleague or acquaintance with e. Last name: Street address	n. nces from your associates, col official title, le 1 whom you ma	Desc Desc servic leagues ngth of aintain Mide City	ription (Free cription (Free e in this s, acquaintand f association, contact. dle name:	Text) YES ces from and freq Suffix
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the na Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to	me of the country. vision/department/office in which cription of the circumstances of your cription of the reason for leaving to ain contact with current or former You responded 'Yes' to maintat service in this organization; pro- of contact for each former asso Provide the contact's full name Provide the contact's address.	Provide your highest position/n n you served. our association with this organization this service. r associates, colleagues, or acquainta uning contact with current or former ovide full name, address (if known), ciate, colleague or acquaintance with c. Last name:	n. nces from your associates, col official title, le n whom you ma First name:	Desc Desc servic leagues ngth of aintain Mide City	cription (Free cription (Free e in this s, acquaintand f association, contact.	Text) YES ces from and freq
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the nau Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to Maintain Contact	me of the country. vision/department/office in which cription of the circumstances of your cription of the reason for leaving to ain contact with current or former You responded 'Yes' to maintat service in this organization; pro- of contact for each former asso Provide the contact's full name Provide the contact's address. Provide Country if outside the U	Provide your highest position/n n you served. our association with this organization this service. • associates, colleagues, or acquainta uning contact with current or former povide full name, address (if known), ciate, colleague or acquaintance with b. Last name: Street address United States; otherwise, provide	n. nces from your associates, col official title, le n whom you ma First name:	Desc Desc servic leagues ngth of aintain Midd City Zi	ription (Free cription (Free e in this s, acquaintand f association, contact. dle name:	Text) YES ces from and freq Suffix Cour
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the nau Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to Maintain Contact (Multiple	me of the country. vision/department/office in which cription of the circumstances of your pription of the reason for leaving to ain contact with current or former You responded 'Yes' to mainta service in this organization; pro- of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's address.	Provide your highest position/n n you served. our association with this organization this service. - associates, colleagues, or acquainta anining contact with current or former by de full name, address (if known), ciate, colleague or acquaintance with b. Last name: Street address United States; otherwise, provide tte. ciation with the contact. From Da	n. nces from your associates, col official title, le whom you ma First name: State State	Desc Desc servic leagues ngth of aintain Mide City Zi	ription (Free cription (Free e in this s, acquaintand f association, contact. dle name: ip Code	Text) YES ces from and freq Suffiz Court ree Text
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the nau Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to Maintain Contact (Multiple Entries	me of the country. vision/department/office in which cription of the circumstances of your pription of the reason for leaving to ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of contact	Provide your highest position/n n you served. our association with this organization this service. - associates, colleagues, or acquaintat anining contact with current or former ovide full name, address (if known), ciate, colleague or acquaintance with e. Last name: Street address United States; otherwise, provide tte. ciation with the contact. From Da ct. Frequency (Free	n. nces from your associates, col official title, le whom you ma First name: State State ate (Estimated) Text)	Desc Desc servic leagues ngth of aintain Midd City Zi O O	ription (Free eription (Free e in this s, acquaintance f association, contact. dle name: ip Code fficial title (F o Date (Estim	Text) YES ces from and freq Suffix Cour ree Text aated/Pre
If Yes to Serving in a Foreign Military (Multiple Entries	Provide your p Provide the nau Provide the di Provide a desc Provide a desc Do you mainta organization? Branch If Yes to Maintain Contact (Multiple	me of the country. vision/department/office in which cription of the circumstances of your pription of the reason for leaving to ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's address. Provide the contact's official ti State and Zip Code. Provide the length of your asso	Provide your highest position/n n you served. our association with this organization this service. - associates, colleagues, or acquaintat anining contact with current or former ovide full name, address (if known), ciate, colleague or acquaintance with e. Last name: Street address United States; otherwise, provide tte. ciation with the contact. From Da ct. Frequency (Free	n. nces from your associates, col official title, le whom you ma First name: State State ate (Estimated) Text)	Desc Desc servic leagues ngth of aintain Midd City Zi O O	rription (Free cription (Free e in this s, acquaintand f association, contact. dle name: ip Code fficial title (F	Text) YES ces from and freq Suffix Cour ree Text aated/Pre

Section 16 – P											
Provide three people											
associates, etc., who											
with you covers at le (Multiple Entries All		t seven (7) years.	Do not list your s	spouse, forme	er spou	se (s), other r	elatives, or <b>an</b>	yone lis	sted else	ewhere on	this f
Provide dates known		n Date	To Date (Estir	noted/Presen	t) ]	Provide full r	ame Last	E	ïrst	Middle	Sut
1 Iovide dates kilowii		imated)	TO Date (Estit	nateu/1 resen	0		name		ame:	name:	Su
Provide rank/title.	· ·	k/title (Free Text)	Provide relation	onship to you	: (Chec	ck all that apr				Explanat	ion
$\square$ Not applicable			□ Work associ							(Free Te	
Provide phone numb	er for this	person.	🗆 I don't kno	W		<u>`````````````````````````````````````</u>		/		Telephor	ne/Ext
										on Time	
										Night Bo	
										_Check I	
										DSN pho	
										number	,110
Provide mobile/cell p	hone num	ber for this person	. 🗆 I don't kno	W						Telephor	ne/Ex
										ension T	
										Night Bo	
										_Check l	
										Internation DSN photos	
										number	me
Provide e-mail addre	ss for this	person.	□ I don't kno	)W						Email (F	ree T
Provide home or wor				Street add	ress		City				
Provide Country if or	utside the U	United States; othe	erwise, provide St	tate and Zip	Code.		St	ate	Zi	ip Code	Cou
Do you have an addi	tional perso	on who knows you	well to list?	YES (Yes	adds a	nother entry)	NO (Requi	ired to y	validate)	)	
Section 17 – M	[arital/]	Relationshin	Status								
Provide your current				1 marriage 1	egally r	recognized ci	vil union or le	oally re	coonize	ed domestic	
partnership:  Never											
recognized domestic	partnershi	ip or legally recog	nized civil union	□ Separatea	. □ Ann	ulled Dive	orced/Dissolve	d 🗆 Wi	idowed		
You	selected "C	Currently in a civil	marriage," "curr	rently in a leg	gally ree	cognized civi	l union or lega	ally reco	ognized		
		"Separated." Com							iage, leg	gally recogr	nized
		y recognized dome								D	(F) (
PTOVI	de full nan	ne.		First Mic name: nam		Suffix	Provide date of	of Dirth.		Date	e (Est
Provi	de place of	f birth	name. n	lame. nan	ie.		City	County	Stat	te or Countr	<b>1</b> 37
11011		If the person is fo	reign born provi	de one type	of docu						
Branch If In A Marriage, Civil Union, or Domestic Partnership or Separated	person reign	Permanent Res Certificate of N Derived: Alien Registrat Permanent Res Certificate of C Not a U.S. Citizer 1-551 Permanen 1-94 Arrival-Do U.S. Visa (red 1-20 Certificate DS-2019 Certifi	nt Resident nent Authorizatio eparture Record foil number) e of Eligibility for ficate of Eligibili	1) 550 or N570, te of Citizen: 1) 0 or N561) on r Non-Immig	ship—u rant-F1	itilize USCIS	, CIS, or INS I	-			
Separated	4	□ Other (Provide									
	_	Explanation (Free	e Text)				ocument numb			ber (Free T	/
						Provide d date, if ap	ocument expir	ation	Date	of expiration	on
						uate, 11 ap	pheable.		Estin	nated	
Provi	de U.S. So	cial Security Num	ber. □ Not app	olicable					Louin		
		ames used (such as			er marri	iages, civil	Last name:	First	name:	Mid	dle na
marri partn □ No	ages, legal erships, nic t applicable	lly recognized civil cknames, etc., and	l unions, or legall	ly recognized	l domes	stic	Suffix	□ N.	Iaiden N	Name	
	Used	( ) ( <b>C</b> · · · · · · · · · · · · · · · · · · ·				From Date (				timated/Pre	sent)
Provi	de country	v(ies) of Citizenshi	р.			Provide date entered into		Date	e (Estim	ated)	
							vil union, or				
	de locatior					City	County		e or Cou		
		address, if differen	nt than your curre	ent address.				-		ss and City	
		nt address.								p Code or (	
Provi	de telepho	ne number. $\Box U$	se my current tel	ephone numl	ber					t Extension	
										Both _Che	
		וח	DAFT DDE-DE					inter	nationa	l or DSN p	aone

									n	umber				
	Provide email a	address I	Email (Fi	ree Text)	Does the	person have an	APO/F	PO address	?			YE	ES	NO
	Branch APO/I					APO/F			APO Sta			Zij		
	Branch					provide physic et headquarter.	al locatio	on data with	n street a	ddress,	base, po	ost, er	nbas	sy,
	Physical Location	Provide phy data:	sical loc	cation	Street Add	ress/unit/duty lo	ocation	City/Post	Name	Stat	e Zip		Cou	ntry
	Are you separa	ited?										YI	ES	NO
		Provide date	e of sepa	ration.				Date (Est	imated)					
	Branch	If legally se	parated,	provide th	e location o	f the record.	Not Ap	plicable						
	If Separated	City	•	•			<sup>1</sup>	State and	Zip Coo	le or Co	ountry			
	Do you have a	person from	whom yo	ou are divo	orced/dissolv	ved, annulled, or	r widow	ed to report	?			YE	ES	NO
	Provide inform	ation about a	ny perso	n from wh	om you are	divorced/dissol	ved, ann	ulled, or wi	idowed.					
	Provide the ful	l name.					La	st name:	First n	ame:	Middle name:	e		Suffix
	Provide the dat	e of birth					Da	ate (Estima	ted		nume.			
Branch	Provide the pla						Ci		Sta	te	C	ountr	v	
	1	ide the country(ies) of citizenship.									ountr	-		
If	Provide the tele			1								I don		ow
Widowed,	Provide the dat	te your civil i	narriage	, civil unio	on, or domes	tic partnership	was lega	lly recogni	zed.		Da	Date (Estimated		
Divorced/ Dissolved,	Provide the loc	ation.	City	State or	r Country	Provide the widowed	date dive	orced/disso	lved, anı	nulled o	r Da	ate (E	lstim	ated)
or Annulled	Provide the sta	tua				widowed		orced/Disso	luad - V	Vidomo	d – Ann	ullad		
	Branch		ara tha r	ecord of d	ivorce/disso	lution or annul					ate and $\overline{2}$		-	)r
(Multiple Entries	Branch If	1 IOVIDE WI			110100/01550		lient is i	ocated.	Ch	·	ountry	лрС	oue	Л
Allowed)	Divorced/Di	Is this perso								on't kno	W	YE	ES	NO
	ssolved or	Branch If				dress of the pers			Stre	eet and	City			
	Annulled	Deceased				or annulled.		't know	Sta		Zip Code	or C	ount	ry
	Do you have a						YES			N	9			
	divorced/dissol	,	,		1			dds another		× 1	equired			/
	tly reside with a											YE	ES	NO
	tion, obligation,									nience	e.g. a			
roommate)?	f so, complete th					the U.S., provi	ae citize	nsnip infor	mation.			<u> </u>		
	You have indic	2		y nave a co	onabitant.				L Etheri		MC 1	11-	C.	C'
	Provide the col	nabitant full n	ame.					ast name:	First 1	name:	Midd name		Suf	IIX
	Provide the dat	e of hirth		Date (F	(batimated)	Provide the r	lace of l	nirth		City	State		Col	intry

										name:	
		Provide the date of bir		Date (Est			e place of bi		Cit	/	Country
	Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed)	Branch If Cohabitant is Foreign Born	our foreign born er. Abroad to U.S. 240 or 545 1350 alized: en Registration manent Reside tificate of Natu ed:	n cohabitan Parents: (on Certifi nt Card (I-5 pralization ( r (on Certifi nt Card (I-5 zenship (N5 Resident t Authoriza rture Recor Fuumber) Eligibility te of Eligib planation)	t, indicate cate of Nat (51) N550 or N cate of Citi (51) (60 or N56 tion d for Non-In	uralization- 570) zenship—ut 1)	-utilize USC ilize USCIS Student or-J1-Status Provide o	on that he or sh CIS, CIS, or INS , CIS, or INS R	S Registrat	tration numbe	ree Text)
		Provide your cohabitat Provide other names u						Last name:	Einst	name:	Middle
		other marriages, etc., a	55	· · · · · · · · · · · · · · · · · · ·		,	2				name:
								Suffix		iden Name	1/0
		Dates Used Provide your cohabita	at'a accomtantica	) of Citizon	ahin		ate (Estimate date cohabi	/		ate (Estimate (Estimated)	d/Present)
		Provide your conabita	nt's country(les	s) of Chizen	isnip.		g with person		Date	(Estimated)	
		Do you have an additi	onal cohabitant	to report?		YES ()	es adds ano	ther entry)	NO (	Required to v	alidate)
[	Section 18	8 – Relatives									
	each type.) C Brother □ Sis	pe of relative applicable heck <b>all</b> that apply. $\Box$ M ter $\Box$ Stepbrother $\Box$ Ste	fother □ Fathe psister □ Half	r 🗆 Stepmo	other 🗆 Ste	pfather 🗆 F	oster parent	Child (inclue	ding ado	opted/foster)	

Provide your relative's place of birth. City State County Provide your relatives country(ise) of city-markers. Branch Provide your nother's made name. (Lasten and the period of time that your relatives used them (such as maiden, name). Test Number (Provide your relative used any other names used and the period of time that your relative used them (such as maiden, name by a Provide other names used and the period of time that your relative used them (such as maiden, name by a Provide other name). Test Number (Provide User name, slag, or aickname). Test Number (Stern Ster, Parker Names, Stere, Tahler Names, Takler Names, Stere, Tahler Names, Stere, Stere	Provide your relative's	<i>other</i> □ <i>Half-sist</i> full name.	er □ Fath Last name:	er-in-law First name:	□ <i>Mother-in-</i> Middle name:	<i>law</i> □ <i>Guard</i> Suffix	<i>ian</i> Provide your r	elative's date	of birth.	Date/	Estimate	ed □
Branch         Hi Mother         Provide your mother's maken nume: (a same as lated)         Last name:         It is an more         Middle         Middle           Branch         Hast his relative worder animes used.         Hast his relative worder animes used.         TYES         N           Branch         Branch         Freme minge of animes used.         Branch         YES         N           Branch         Branch         Freme minge of animes of animes.         Derive of anime minge.         YES         N           Branch         Branch         Branch         Freme minge of animes of anime of anim of animo of anime of anime of anim of anime of anime of anim of	Provide your relative's	place of birth.					Provide your r	elatives coun	try(ies) of ci	tizenshi	p.	
Branch Child, Step-Maid, Horiter, Harder, Moher, Horiter, Hor		Provide your mo			. (□ same as ]	listed)			Middle			
If Faller, Mother, Child, Sepehith, Barton, Martin, Ma	Dronah											
Child, Sepchild, Bronder, Star, Marken, Star, Marken, Star, Ster, Sher, Marken, Sher, Sher, Sher, Marken, Sher, Sher, Sher, Marken, Sher, Sher, Sher, Marken, Sher, Sher, Marken, Sher, Sher												NO
Broche, Sier, Hartson, Marine, Last, Free, Marine, Marine Marine, Maria, Maria, Maria, Marine, Marine, Marine, Marine, Marine, Marine,								tive used the	m (such as n	naiden, r	name by	а
Half-Borden, Half- Ster, Ster, Ster, Ster, Ster, Ster, Marken, Ster, Ster, Ster, Marken, Ster, Ster, Ster, Marken, Marken, Ster, Ster, Marken, Ster, Marken, Marken, Ster, Ster, Marken, Ster, Ster, Marken, Ster, Ster, Marken, Marken, Ster, Ster, Marken, Ster, Ster, Marken, Ster, Ster, Marken, Ster, Marken, Marken, Ster, Ster, Marken, Marken, Ster, Marken, M												
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Step-Sizer, Step-Moher, Step-Allowed         Provide free means(s) why the many         Reason           By our relative decensed?         Has this relative used any additional name?         YES (Yes adds another famp). Wol Required to Validate the Units of												
Nother, Step-Tatter         City         City         City         City         City         City         City         City         City         NO         NO <th>-</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ason(s) why t</td> <td>he name</td> <td></td> <td></td> <td></td>	-							ason(s) why t	he name			
Branch         Its Click         Its Click         Its Click           Branch         Provide Courrelative scatters:         Street address:         Click         VIS         N           If Not Decessed         Provide Courrelative is current address:         Street address:         Click         VIS         N           If Not Decessed         Decession         Street address:         Address		Allowed)		/	, ,	/					`	
Branch         Provide courrelative's current address         Steet address         City           Provide courrelative have an APO/FPO address?         Just 2/10/Cold         Courrelative have address         Just 2/10/Cold         Courrelative is APO/FPO address?         Just 2/10/Cold         Courrelative is APO/FPO address?         Just 2/10/Cold         Courrelative have address         Courerelative have address         Courrelative have address </td <th></th> <td></td> <td>Has this i</td> <td>relative use</td> <td>ed any addition</td> <td>onal names?</td> <td>YES (Yes add</td> <td>s another enti</td> <td>ry) NO (F</td> <td></td> <td></td> <td></td>			Has this i	relative use	ed any addition	onal names?	YES (Yes add	s another enti	ry) NO (F			
Branch If Not Decession         Provide Commy If outside the United States: otherwise, provide State and Zip Code         State         Zips Code         Cont           Branch If APO/IPO         Dest this relative how an APO/IPO address         Address         APO/IPO 3atter         Zip         Code         Cont           Branch If APO/IPO         S. Citizensity Documentation         Idam's Marco         APO/IPO State         Zip           Stort, Bif-Brocher, Half Sister, Stor-Phother, Half	Is your relative decease						n				YES	NO
If Not Deceased       Does this relative have an APO/FPO address?       Idon't know VFS N         Branch If APO/FPO       Provide your relative's AVD/FPO address?       Address       APD/FPO PO         If Faher, Moher, Child, Stepchild, Brother, Sister, Half-Brother, Half-Sister, Kep-Brother, AND Relative PO hoter, Step-Faher AND Relative PO hoter, Step-Faher AND Relative PO his Foreign       Not address?       Feplanatic Powel on the system of the syst												
Branch         If APO/FPO         Provide your relatives APO/FPO address         Address         APO/FPO         APO/FPO 3(ate         Z           Branch         If Scitter, Mother, Child, Stepchild, Brother, Step, Kill-Flow, Hulf, Sites, PenDeuber, Step, Kill-Flow, Hulf, Sites, PenDeuber, AND Relative IUS. Citizen         Fordide one type of citizenship documentation and document number below: tr BS 240 or 545         Explanatic firm Abrore phy transmis.         Explanatic firm Abrore phy transmis.         Explanatic firm Abrore phy transmis.         Explanatic firm Abrore phy transmis.           AND Relative IUS. Citizen         — OR Relative Cara PO/FPO Address in U.S. AND Relative IUS. Citizen         — OR Relative Cara PO/FPO Address in U.S. AND Relative IUS. Citizen         — Dermaant Resident Card (1551) — Certificate of Naturalization (NS50 or NS61) — Derived: — Alten Registration number)         — Permaant Resident Card (1551) — Certificate of Citizenship-sutilize USCIS, CIS, or INS Registration number)         — Permaant Resident Card (1551) — Certificate of Citizenship-sutilize USCIS, CIS, or INS Registration number)         — Permaant Resident Card (1551) — Certificate of Citizenship-sutilize USCIS, CIS, or INS Registration number)         — Permaant Resident Card (1551) — Certificate of Citizenship (NS00 or NS61)         — Other Resident Card (1551) — Certificate of Citizenship (NS00 or NS61)         — Derivate hype Citizens           AND Relative IUS. Citizen         — Other Resident Card (1551)         — Certificate of Citizenship (NS0 are 3), Citizens         _ Derivate hype Citizens         _ Derivate hype Citizens         _ Derivate hype Citizens </td <th></th> <td></td> <td></td> <td></td> <td></td> <td>erwise, prović</td> <td>le State and Zip</td> <td>Code.</td> <td></td> <td></td> <td></td> <td></td>						erwise, prović	le State and Zip	Code.				
Branch       U.S. Citizenship Documentation         If Faher, Moher, Child, Stepchild, Brother, Sister, Half-Brother, Half-Sister, Step-Brother, Half-Sister, Step-Brother, AND Relative DOE is foreign       Figure 1992         AND Relative DOB is foreign       Control Certificate of Naturalization—outlize USCIS, CIS, or INS Registration (non Certificate of Citizenship-autilize USCIS, CIS, or INS Registration number)       Figure 1992         AND Relative Do is foreign       AND Relative of Do is foreign       Allen Registration (non Certificate of Citizenship-autilize USCIS, CIS, or INS Registration number)       Permanent Resident Card (-551)         —Certificate of Naturalization (SS0 on NS70)       Derived:       Allen Registration (non Certificate of Citizenship-autilize USCIS, CIS, or INS Registration number)         AND Relative DB is foreign       AND Relative of DB is foreign       Pervide the adverse of the court that issued the Certificate of Naturalization.         Court Name (Thee Text)       Provide the adverse of the court that issued the Certificate of Naturalization.         Court Name (Thee Text)       Provide the adverse of the court that issued the Certificate of Naturalization.         Court Name (Thee Text)       Provide the adverse of the court that issued the Certificate of Naturalization.         Court Name (Thee Text)       Provide the adverse of the court that issued the Certificate of Naturalization.         Citizenship       Provide the adverse of the court that issued the Certificate of Naturalization.         Citizenship	If Not Deceased											NO
Branch       Provide one type of citizenship documentation and document number below:       Explanatic Born Abroad to U.S. Parents:       Explanation Dis Distribute Distrib		Branch If APC	D/FPO I				lress Addre	ess APO	/FPO AP	O/FPO S	State	Zip
Branch IT Father, Moher, Child, Stepchild, Brother, Sister, Half-Brother, Half-Sister, Step-Brother, Styp-Sister, Step-Andber, Step-Father AND Relative Study. Child Stepchild, Brother, Styp-Sister, Step-Andber, Step-Father AND Relative DB is Foreign AND Relative DB is Foreign AND Relative Box Storeign AND Relative Storeign												
If Function       If Show and Sold       If	<b>D</b>						ocumentation an	d document r	number below			
Sister, Half-Brother, Half-Sister, Step-Brother, AND Relative is U.S. Citizen AND Relative Si U.S. Citizen AND Relative Current Address is in U.S. AND Relative U.S. Citizen 		1.0. 1.11.D	.1			. Parents:					(Free T	ext)
Step-Sister, Step-Futher AND Relative IUS, Citizen ADD Relative iUS, Citizen - OR Relative Care Address in US, AND Relative IUS, Citizen - OR Relative Care Address in US, Citizen IUS, Citizen - Provide the Socient III Suscell Te Care (14551) - Continente of Citizenships-utilize USCIS, CIS, or INS Registration (no Certificate of Citizenships-utilize USCIS, CIS, or INS Registration (no Certificate of Citizenships-utilize USCIS, CIS, or INS Registration (no Certificate of Citizenships-utilize USCIS, CIS, or INS Registration number) - Provide the document number - Street address - City State Zip Code - Tresidence - Citizen: 	· · · · · ·	· <b>I</b> · ·	· ·									
AND Relative is U.S. Citizen AND Relative is U.S. Addres Branch If Relative has U.S. Addres AND Relative is Not Provide the address of the contact.       And Certificate of Naturalization. Branch If Relative has U.S. Via (ref Ceria) Provide the address of the contact.       Explanation (Free Text) Provide the address of the contact.         Provide the address of contact.       Document Number (Free Text) Provide the address of contact.       Document Number (Free Text) Provide the address of contact.         Provide the address of contact.       Document Number (Free Text) Provide the address of contact.       Document Number (Free Text) Provide the address of contact.         Provide the address of contact.       Document Number (Free Text) Provide the address of contact.       Document Number (Free Text) Provide the address of contact.		· •	rouler,									
AND Relative DOB is Foreign AND Relative is DOB is Foreign AND Relative is U.S. Chizen INS Registration number) 												
AND Relative is Deceased      OR							ate of Naturaliza	tion—utilize	USCIS, CIS	, or		
are OR       Chinadani Address is in U.S.         AND Relative FOB is Foreign       Andress is in U.S.         AND Relative POB is Foreign		U U										
Relative Current Address is in U.S.       Control Mathematication (no Certificate of Chizenship-utilize USCIS, CIS, or INS         AND Relative is U.S. Citizen       — Alien Registration (on Certificate of Chizenship-utilize USCIS, CIS, or INS         Relative has APO/FPO Address       AND Relative is U.S. Citizen         AND Relative is U.S. Citizen       — Pernancent Resident Card (1-551)         — Centrificate of Citizenship (NS60 or NS61)       — Other (Provide explanation)         AND Relative is U.S. Citizen       — Provide the address of the court that issued the Certificate of Naturalization.         Relative POB is Foreign       — Provide the address of the court that issued the Certificate of Naturalization.         Relative POB is Foreign       — Provide the address of the court that issued the Certificate of Naturalization.         — Provide the address of the court that issued the Certificate of Naturalization.       — Explanation (Free Text)         Provide the address of the court that issued the Certificate of Naturalization.       — Explanation (Free Text)         Provide the address of the court and mumber.       — Explanation (Free Text)         - Soft Pernite address       — Provide the address of the court.       — Decument Number (Free Text)         - Diver (Provide explanation)       — Provide the address of first contact.       — Date/Fistimated □         - Provide the address of contact.       — Date/Fistimated □       — Provide approximate fade of first contact.								7				
AND Relative POB is Foreign AND Relative is US. Citizen - OR Relative has APO PFO Address - OR Relative is US. Citizen OR Relative is IS No Deceased       Provide the document number. Or Nor a US. Citizen:     						uralization (N	(550 or N570)					
AND Relative is U.S. Citizen      OR      OR      OR         Relative has APO/FPO Address      OR      OR      OR         AND Relative IOB is Foreign      OR										DIC		
OR		U U					ate of Citizenshi	putilize US	CIS, CIS, or	IINS		
Relative has APO/FPO Address AND Relative is U.S. Citizen				Registr	ation number	(I 55	(1)					
AND Relative POB is Foreign AND Relative is U.S. Citizen 												
AND Relative is U.S. Citizen       □ Order (Unive Capitalization)       Number (Free Text)         Provide the document number.       Provide the document number.       Court that issued the Certificate of Naturalization.         Street address       City       State       Zip Code         Provide the documentation he or she possesses to support U.S.       Explanation (Free Text)         Provide the documentation he or she possesses to support U.S.       Explanation (Free Text)         Provide the document Resident							0 of N501)					
Provide the audo Quarket in thin the issued the Certificate of Naturalization.         Relative POB is Foreign AND Relative is U.S. Citizen         Provide the audo the court that issued the Certificate of Naturalization.         Stream         Branch         If Relative the audo the court that issued the Certificate of Naturalization.         Stream         Branch         If Relative the audous at the court that issued the Certificate of Naturalization.         Stream         Branch         If Relative the audous at the court that issued the Certificate of Naturalization.         Stream         Devide the audous at the court that issued the Certificate of Naturalization.         Stream         Branch         If Relative the ast U.S. Address         Provide the court that mumber.         Document Number (Free Text)         -12:0 Certificate of Eligibility of Exchange Visitor-11-Status         Diher (Provide explanation)         Provide the document number.         Dotate/Estimated □         AND         Relative does not have U.S.         Relative is Not         Deceased         Provide the address of their most recent employer of rovide methods of contact (beck all that apply) □ In person         If Relative has         Foreign Address		U U					Normali en (Erree	Trent				
AND Relative is U.S. Citizen       Court Name (Free Text)         Provide the address of the court that issued the Certificate of Naturalization.       Street address         Branch       Freineth       Freineth         If Relative has       U.S. Citizen:       4.756 Employment Authorization         -1-766 Employment Authorization       -104 Arrival-Departure Record       Explanation (Free Text)         -1-766 Employment Authorization       -194 Arrival-Departure Record       -1.50 Certificate of Eligibility of Exchange Visitor-J1-Status         -0 Other (Provide explanation)       Provide the document number.       Document Number (Free Text)         -52.019 Certificate of Eligibility of Exchange Visitor-J1-Status       Obter (Provide explanation)         -0 Other (Provide explanation)       Provide the document number.       Document Number (Free Text)         -1700 Employment Autorization       Provide the document authorization       Date/Estimated □         -1700 Employment Autorization       Provide the document authorization       Date/Estimated □         -1700 Employment Autorization       Provide the document autorization       Explanation (Free Text)         -1700 Employment Autorization       Provide the document autorization       Explanation (Free Text)         -1700 Employment Autorization       Provide the document autorization       Explanation (Free Text)         -1700 Employment Autor		OR										
AND Relative is 0.3. Cluizen       Provide the address of the court that issued the Certificate of Naturalization.	Relative POB is Foreig	gn					t issued the Cert	incate of Nat	uralization.			
Street address       City       State       Zip Code         Provide type of documentation he or she possesses to support U.S. residence:       Provide type of documentation he or she possesses to support U.S. residence:       Explanation (Free Text)         Branch       If Relative has       L-7-66 Employment Authorization       Provide type of documentation he or she possesses to support U.S.       Explanation (Free Text)         Branch       If Relative has       L-3.531 Permanent Resident       L-7-66 Employment Authorization       Document Number (Free Text)         -120 Certificate of Eligibility for Non-Immigrant-FI-Student       Document Number (Free Text)       Expiration date.       Expiration date.         -201 Certificate of Eligibility of Exchange Visitor-JI-Status       Provide document expiration date.       Expiration date.       Provide type provimate date of first contact.       Date/Estimated □         Provide approximate date of first contact.       Date/Estimated □       Provide methods of contact (check all that apply) □ In person       Explanation         Provide methods of contact (check all that apply) □ ln person       Provide approximate frequency of contact □ Date/Estimated □       Explanation         Provide address of current employer, or provide the name of their most recent employer if not currently employed (if known). □ 1 don't know       Provide country if outside the United States cotherwise, provide State and Zip Code.       State       Zip Code       Count	AND Relative is U.S.	Citizen			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
Branch If Relative has U.S. Address       Provide type of documentation he or she possesses to support U.S. residence: Not a U.S. Citizen: 												
Branch If Relative has       Provide Cournert employer, or provide the address of their most recent employer if not currently employed. (if Know)						Į,				1		
Branch If Relative has U.S. Address       Not a U.S. Citizen: 1-55 IPermanent Resident 1-56 Employment Authorization 1-94 Arrival-Departure Resord US. Visa (red foil number) 1-20 Certificate of Eligibility of Non-Immigrant-F1-Student DS-2019 Certificate of Eligibility of Exchange Visitor-J1-Status Other (Provide explanation)         Branch If Relative does not have U.S.       Provide for document expiration date.       Document Number (Free Text) 				¥ 1	of documenta	tion he or she	possesses to sup	pport U.S.	Explanation	h (Free 'I	'ext)	
Branch If Relative has U.S. Address												
Branch If Relative has U.S. Address       I-766 Employment Authorization I-94 Arrival-Departure Record U.S. Visa (red foil number) I-20 Certificate of Eligibility for Non-Immigrant-FI-Student D-2019 Certificate of Eligibility of Exchange Visitor-JI-Status D-Other (Provide explanation)         Branch If Relative does not have U.S.       Provide document number.       Document Number (Free Text)         Provide document expiration date.       Expiration date.       Expiration date.         Estimated												
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Branch       Provide document number.       Document Number (Free Text         Branch       Provide document expiration date.       Expiration date.         ft Relative does not have U.S.       Provide approximate date of first contact.       Date/Estimated □         Citizenship AND       Frovide nembods of contact (check all that apply) □ In person       Expiration date.       Expiration date.         Provide approximate date of first contact.       Date/Estimated □       Provide approximate date of last contact.       Date/Estimated □         ND       If Relative has Foreign Address       Provide approximate frequency of contact (beck all that apply) □ In person       Explanation       (Free Text)         Provide approximate frequency of contact □       Date/Estimated □       Provide approximate frequency of contact □       Date/Estimated □         Provide Approximate frequency of contact (beck all that apply) □ In person       Explanation (Free Text)       Imonthy □ Quarterly □ Annually □ Other (Provide explanation)       Imonthy □ Quarterly □ Annually □ Other (Provide explanation)       Imonthy □ Quarterly □ Annually □ Other (Provide explanation)       Imon currently employed (if know).       Imonthy □ Quarterly □ Annually □ Other (Provide explanation)       Imon currently employed.		0.5. Address					Immigrant-F1-S	tudent				
Branch <ul> <li>Other (Provide explanation)</li> <li>Provide the document number.</li> <li>Document Number (Free Text</li> <li>Expiration date.</li> <li>Explanation</li> <li>(Free Text)</li> <li>Provide approximate frequency of contact</li> <li>Date/Estimated in the apply of the approximate frequency of contact in the provide explanation</li> <li>Provide Approximate frequency of contact in the apply in the explanation</li> <li>Provide the address of current employer, or provide the name of their most recent employer if not currently employed (if known).</li> <li>I don't know</li> <li>Provide country if outside the United States; otherwise, provide State and Zip Code.</li> <li>State Zip Code Count</li> <li>Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?</li> <li>B</li></ul>												
Branch       Provide the document number.       Document Number (Free Text         If Relative does not have U.S.       Provide approximate date of first contact.       Date/Estimated □         State       State       Date/Estimated □         Provide approximate date of last contact.       Date/Estimated □         Provide approximate date of last contact.       Date/Estimated □         Provide approximate date of last contact.       Date/Estimated □         Provide methods of contact (check all that apply) □ In person       Explanation         If Relative has       Provide approximate frequency of contact □ Daily □ Weekly       Explanation (Free Text)         Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). □ I don't know       Employer Name (Free Text)         Provide Country if outside the United States; otherwise, provide State and Zip Code.       State       Zip Code       Count         Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?       Branch - If Relative has       Describe the relative's relationship with the foreign government, military, Description (Free Text)         Section 19 – Foreign Contacts       YES (Yes adds another entry)       NO (Required to validate)         Aforeign national is defined as any person who is not a citizen or national of the U.S.       NO												
Branch       Provide document expiration date.       Expiration date.       Expiration date.       Expiration date.       Estimated									Document N	Number	(Free T	ext)
If Relative does not have U.S.       Provide approximate date of first contact.       Date/Estimated □         Citizenship AND       Branch       If Relative has       Provide approximate date of first contact.       Date/Estimated □         Foreign Address       Provide approximate date of first contact.       Date/Estimated □       Explanation         Provide provide methods of contact (check all that apply) □ In person       Explanation       (Free Text)         Provide Approximate frequency of contact □ Daily □ Weekly       Explanation (Free Text)       Explanation (Free Text)         Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). □ I don't know       Employer Name (Free Text)         Provide Country if outside the United States; otherwise, provide State and Zip Code.       State       Zip Code       Count         Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?       Idon't know       YES       No         Do you have an additional relative to enter?       YES (Yes adds another entry)       NO (Required to validate)         Section 19 – Foreign Contacts       Aforeign national is defined as any person who is not a citizen or national of the U.S.       Herein additional relative to enter?       YES (Yes adds another entry)       NO (Required to validate)												
If Relative does not have U.S. Citizenship AND       Branch If Relative has Foreign Address       Provide approximate date of first contact.       Date/Estimated □         If Relative is Not Deceased       Branch If Relative has Foreign Address       Provide approximate date of last contact.       Date/Estimated □         Provide approximate date of last contact.       Date/Estimated □       Explanation         Provide approximate frequency of contact       Date/Estimated □         Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). □ I don't know       Employer Name (Free Text)         Provide the address of current employer, or provide the address of their most recent employer if not currently employed. □ I don't know       Street address       City         Provide Country if outside the United States; otherwise, provide State and Zip Code.       State       Zip Code       Count         Is this relative has Foreign Affiliation       Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service?       Id on't know       YES       No         Do you have an additional relative to enter?       YES (Yes adds another entry)       NO (Required to validate)         Section 19 – Foreign Contacts       Aforeign national is defined as any person who is not a citizen or national of the U.S.       No	Branch		Pro			m date.			Expiration (	late.		
have U.S.       Provide approximate date of last contact.       Date/Estimated □         Citizenship AND       Branch If Relative has Foreign Address       Provide approximate date of last contact. (check all that apply) □ In person □ Telephone □ Electronic (Such as e-mail, texting, chat rooms, etc.) □ Written correspondence □ Other (Provide explanation)       Explanation (Free Text)         Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). □ I don't know       Employer Name (Free Text)         Provide the address of current employer, or provide the address of their most recent employer if not currently employed. □ I don't know       Street address       City         Provide the address of current employer, or provide the address of their most recent employer if not currently employed. □ I don't know       Street address       City         Provide Country if outside the United States; otherwise, provide State and Zip Code.       State       Zip Code       Count         Is this relative affiliation       Describe the relative's relationship with the foreign government, military, foreign movement, or intelligence service?       Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.       NO (Required to validate)         Do you have an additional relative to enter?       YES (Yes adds another entry)       NO (Required to validate)	Branch		Pro			Jii date.						
Citizenship AND Relative is Not Deceased       Branch If Relative has Foreign Address       Provide methods of contact (check all that apply) □ ln person □ Telephone □ Electronic (Such as e-mail, texting, chat rooms, etc.) □ Written correspondence □ Other (Provide explanation)       Explanation (Free Text)         Provide Approximate frequency of contact □ Daily □ Weekly □ Monthly □ Quarterly □ Annually □ Other (Provide explanation)       Explanation (Free Text)         Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). □ I don't know       Employer Name (Free Text)         Provide Country if outside the United States; otherwise, provide State and Zip Code.       State       Zip Code       Count         Is this relative affiliated with a foreign government, military, foreign Adfiliation       Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service?       Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.       No (Required to validate)         Do you have an additional relative to enter?       YES (Yes adds another entry)       NO (Required to validate)         Section 19 – Foreign Contacts       A foreign national is defined as any person who is not a citizen or national of the U.S.       No				vide appro	ximate date o		t.		Estimated_	_		
AND Relative is Not Deceased       If Relative has Foreign Address <ul> <li>Telephone = Electronic (Such as e-mail, faxing, char rooms, etc.) = Written correspondence = Other (Provide explanation)</li> <li>Provide Approximate frequency of contact = Daily = Weekly = Monthly = Quarterly = Annually = Other (Provide explanation)             <li>Free Text)               <li>Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). = I don't know</li> <li>Provide Country if outside the United States; otherwise, provide State and Zip Code.</li> <li>State</li> <li>Zip Code</li> <li>Country if outside the United States; otherwise, provide State and Zip Code.</li> <li>State</li> <li>Zip Code</li> <li>Country if outside the United States; otherwise, provide State and Zip Code.</li> <li>State</li> <li>Zip Code</li> <li>Country if outside the unitelligence service?</li> <li>Branch - If Relative has Foreign Affiliation</li> <li>Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.</li> <li>YES (Yes adds another entry)</li> <li>NO (Required to validate)</li> </li></li></ul>	If Relative does not		Pro			of first contac			Estimated Date/Estima	- ated □		
Relative is Not       If Relative has       etc.)       Written correspondence       Other (Provide explanation)       Explanation (Free Text)         Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).       I don't know       Employer Name (Free Text)         Provide the address of current employer, or provide the address of their most recent employer if not currently employed (if known).       I don't know       Street address       City         Provide country if outside the United States; otherwise, provide State and Zip Code.       State       Zip Code       Count         Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?       I don't know       YES       Nu         Do you have an additional relative to enter?       YES (Yes adds another entry)       NO (Required to validate)       Street or validate)         Section 19 – Foreign Contacts       A foreign national is defined as any person who is not a citizen or national of the U.S.       Street str	If Relative does not have U.S.		Pro Pro	vide appro	ximate date o	of first contact	•	erson	Estimated Date/Estima Date/Estima	- ated □ ated □		
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Do you have, or have you had close and/or continuing contact with a foreign national within the last seven (7) years with whom VES I NO	If Relative does not have U.S. Citizenship AND Relative is Not Deceased Do you have an addition Section 19 – For	If Relative has Foreign Address Provide name of not currently em Provide the addu employer if not Provide Country Is this relative a foreign moveme <b>Branch</b> - If Relative Foreign Affiliational relative to em reign Contact	Pro Pro Pro a T etc. Pro a M exp f current e apployed (iff ress of cur currently of y if outside ffiliated w ent, or inte ative has ion ter? <b>cts</b>	vide appro vide metho 'elephone ☐ ) ☐ Writte vide Appro fonthly ☐ lanation) mployer, o f known). ☐ rent emplo employed. e the Unite vith a foreig lligence se Descr securi	ximate date c ods of contact Electronic n correspond ximate frequ Quarterly r provide the I don't knov yer, or provi- l don't knov d States; othe gn governmer rvice? ibe the relati- ty, defense in	of first contact f last contact t (check all th (Such as e-m ence  Other tency of contact Annually  f name of their w de the address w erwise, provid nt, military, so ve's relations ndustry, forei YES (	at apply)  in In p ail, texting, chat r (Provide explan act  in Daily  in Other (Provide r most recent em s of their most re le State and Zip- ecurity, defense hip with the fore gn movement, or	rooms, hation) Weekly ployer if ecent Code. industry, ign governmer r intelligence	Estimated	ated a ated ated a ated ated ated ated ated ated ated ated	Text) ree Text Tity YES Descrip (Free To	intry NO tion ext)
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interests, and/or	obligation? Include	associates as well as re	elatives, not previ	iously list	ted in Sectio	on 18.						
	You indicated that	t you have, or have had	l, close and/or co	ntinuing	contact with	a foreign	national					
	Provide the full na	ame of the foreign natio	onal, if known 🗆	I don't k	now Last	name:	First na	ame:	Middle		Suf	fix
									name:			
	Explanation if nar	ne is unknown.			Explanation	n (Free Tez	xt)					
	Provide approxim	ate date of first contact	t. Date/Estimat		Provide app	proximate	date of l	ast con	tact.		Estimate	ed 🗆
		of contact (check all that					(Such a	s e-mai	1,	Explar	nation	
	texting, chat room	ns, etc)   Written corres	spondence 🗆 Ot	her (Prov	vide explanat	tion)				(Free ]		
		ate frequency of contac	et. □ Daily □ W	Veekly [	□ Monthly	Quarterl	y □ An	nually		Explar		
	$\Box$ Other (Provide )									(Free ]	,	
	Provide the nature	e of relationship (select	all that apply)							Explar		
		Business   Personal (S			ship, affectio	on, commo	on intere	sts, etc)		(Free ]	Fext)	
		vide explanation)   Other		lanation)					1.11	a		
Branch	Provide other nam	nes and/or nicknames, a	as appropriate.		Last name:	First	name:			Suffix		
If Yes to	D 11 ( (				D 111	C1 1	T 1		ne:			1
having contact	Provide country(ie Provide place of b		Country don't know		Provide dat	te of birth		on't kno		Date/E	Estimate	ed 🗆
with a Foreign			uon t know		City		_		untry			
National		ddress. □ I don't know if outside the United Sta	atagi athamida m	morrido Cr	Street addr			Cit tate	<u> </u>	odo	Cour	. t.m
(Multiple		have an APO/FPO addr			l don't know		3	late	Zip C	oue	Cour	lury
Entries	Branch APO/FPC					dress	APO/F	DO	APO/		toto	Zip
Allowed)		of the foreign national							Emplo			Zīp
		urrently employed. $\Box$ I		yer, or pro	Jvide the ha	the of their	mostre	cent	(Free		anne	
		ss of the foreign nation		over or t	provide the a	address	Street a	address		City		
		nt employer if not curre				iddi 055	Shoor			eng		
		f outside the United Sta				Code.	l s	tate	Zip C	ode	Cour	ntrv
		ional affiliated with a fo										
	□ Yes □ No □				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		-8			
	Branch Contact	Describe the conta	act's relationship	with the	foreign gove	ernment,		Descr	iption (I	Free Te	ext)	
	Foreign Military	military, security,										
		ave you had, close and						YES			10	
		e last seven (7) years						(Yes a			Requir	
		n, influence, common i		obligation	1? Include as	sociates as	s well	anothe	er entry)	v	alidate	)
	as relatives, not pi	reviously listed in Secti	ion 18.									
Section 20a	ı – Foreign Ac	tivities										
		cognized civil union/do	mestic partner, c	ohabitant	t, or depende	ent children	n EVER	had an	y foreig	1 Y	YES	NO
		roperty, investments, ba										
		in specific geographica										
		ests in companies or div	versified mutual	funds or o	diversified E	ETFs that a	re publi	cly trad	ed on a			
U.S. exchange.)			1 11					1		1.	1 .1 1	
		Yes' to you, your spous d any foreign financial										
		p of corporate entities,										.te
		conomic sectors) in wh										
		ersified mutual funds of										
		ll that apply) □ Yourse							er 🗆 Col	nabitar	nt	
	Dependent child											
		of financial interest.	Type (Free Tex		Provide the					Estim		
Branch		financial interest was	How Acquired		Provide the			,	Cost (	Free T	ext)	
Draitti		purchase, gift, etc.)	(Free Text)	41	time of acc				<u> </u>			
If Yes to		nt value (in U.S. dollars old, lost or otherwise dis		the time Estimated		v	alue (fro	e Text	)			
Having		control or ownership	Date		vide explanat	tion of how	v interes	t contro	lor	F	Explana	ation
Foreign		□ Not applicable:	(Estimated)		ership was s						Free T	
Financial		owners of this foreign f			r	,		r			YES	NO
Interests		You responded 'Yes'			provide the	e name, ad	dress, ci	itizensh	ip, and r			
Anthinto		co-owner(s).	e		1	·	, i i		1 /		1	
(Multiple Entries	Branch	Provide full name of	co-owner.	Last na	ime: F	First name:		Middle	name:	Suf	fix	
Allowed)	If Yes to Having Co-	Provide co-owner cu	rrent address.	Street a	address			City				
(Inowed)	Owners	Provide Country if o	utside the United	l States; o	otherwise, pr	ovide State	e	State	Zip C	ode	Cou	
												untry
		and Zip Code.										untry
	(Multiple Entries	Provide co-owner's c				Countr			(F ~ ~	~		untry
	(Multiple	Provide co-owner's of Provide the nature of	f your relationship	p with the	e co-owner.	Nature		onship	(Free Te			untry
	(Multiple Entries	Provide co-owner's of Provide the nature of Are there any addition	f your relationship	p with the	e co-owner.	Nature YES	of relati	_	NC	)	l to vol	
	(Multiple Entries Allowed)	Provide co-owner's of Provide the nature of Are there any addition financial interest?	f your relationship onal co-owners of	p with the fore	e co-owner. eign	Nature YES (Yes ad		_	y) (Re	) equired	l to val	
	(Multiple Entries Allowed) Do you, your spor	Provide co-owner's c Provide the nature of Are there any addition financial interest? use or legally recognized	f your relationship onal co-owners of ed civil union/doo	p with the f this fore mestic pa	e co-owner. eign urtner,	Nature YES (Yes ad YES	of relati	her entr	y) (Ro NO	) equirec )		lidate)
	(Multiple Entries Allowed) Do you, your spor	Provide co-owner's of Provide the nature of Are there any addition financial interest?	f your relationship onal co-owners of ed civil union/doo	p with the f this fore mestic pa	e co-owner. eign urtner,	Nature YES (Yes ad YES	of relati	her entr	y) (Ro NO	) equirec )	l to val l to val	lidate)
Have you, your s	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests?	Provide co-owner's of Provide the nature of Are there any addition financial interest? use or legally recognize bendent children have a	f your relationship onal co-owners of ed civil union/do ny additional for	p with the f this fore mestic pa reign finar	e co-owner. eign urtner, ncial	NatureYES(Yes adYES(Yes ad	of relati	her entr	y) (Ro y) (Ro y) (Ro	) equirec ) equirec		lidate)
	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests? spouse or legally rec ts that someone cont	Provide co-owner's of Provide the nature of Are there any addition financial interest? use or legally recognize bendent children have a cognized civil union/do trolled on your behalf?	f your relationshi onal co-owners of ed civil union/doi ny additional for omestic partner, c	p with the f this fore mestic pa eign finat	e co-owner. bign urtner, ncial t, or depende	Nature YES (Yes ad YES (Yes ad ent children	of relati lds anot lds anot n EVER	her entr her entr had an	y) (Ro y) (Ro y) (Ro y) (Ro y) foreign	) equired equired	l to val TES	lidate) lidate) NO
	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests? spouse or legally rec ts that someone cont	Provide co-owner's of Provide the nature of Are there any addition financial interest? use or legally recognized pendent children have a cognized civil union/do	f your relationshi onal co-owners of ed civil union/doi ny additional for omestic partner, c	p with the f this fore mestic pa eign finat	e co-owner. bign urtner, ncial t, or depende	Nature YES (Yes ad YES (Yes ad ent children	of relati lds anot lds anot n EVER	her entr her entr had an	y) (Ro y) (Ro y) (Ro y) (Ro y) foreign	) equired equired	l to val TES	lidate) lidate) NO
	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests? spouse or legally rec ts that someone com You responded 'Y having EVER had	Provide co-owner's of Provide the nature of Are there any addition financial interest? use or legally recognized bendent children have a cognized civil union/do trolled on your behalf? Yes' to you, your spous d any foreign financial	f your relationship onal co-owners of ed civil union/doi ny additional for omestic partner, c e or legally recog interests that son	p with the f this fore mestic pa reign final cohabitant gnized civ neone con	e co-owner. eign urtner, ncial t, or depende vil union/dom ntrolled on y	Nature YES (Yes ac YES (Yes ac ent children mestic part rour behalf	of relati lds anot lds anot n EVER	her entr her entr had an abitant	y) (Ro y) (Ro y) (Ro y) foreign , or depe	) equired equired n N ndent (	d to val YES childre	lidate) lidate) NO
	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests? spouse or legally rec ts that someone com You responded 'Y having EVER had Specify: (check al	Provide co-owner's of Provide the nature of Are there any addition financial interest? use or legally recognized bendent children have a cognized civil union/do trolled on your behalf? Yes' to you, your spous d any foreign financial Il that apply) □ Yourse	f your relationship onal co-owners of ed civil union/doi ny additional for omestic partner, c e or legally recog interests that son	p with the f this fore mestic pa reign final cohabitant gnized civ neone con	e co-owner. eign urtner, ncial t, or depende vil union/dom ntrolled on y	Nature YES (Yes ac YES (Yes ac ent children mestic part rour behalf	of relati lds anot lds anot n EVER	her entr her entr had an abitant	y) (Ro y) (Ro y) (Ro y) foreign , or depe	) equired equired n N ndent (	d to val YES childre	lidate) lidate) NO
financial interest	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests? spouse or legally red ts that someone conf You responded 'Y having EVER had Specify: (check al Dependent childred	Provide co-owner's c Provide the nature of Are there any additic financial interest? use or legally recognize bendent children have a cognized civil union/do trolled on your behalf? Yes' to you, your spous d any foreign financial Il that apply)   Yourse en	f your relationship onal co-owners of ed civil union/doi ny additional for omestic partner, c e or legally recog interests that son	p with the f this fore mestic pa reign final cohabitant gnized civ neone con	e co-owner. eign urtner, ncial t, or depende vil union/dom ntrolled on y	Nature YES (Yes ac YES (Yes ac ent children mestic part rour behalf	of relati	her entr her entr A had an abitant	y) (Ro y) (Ro y) (Ro y) (Ro ry foreign or depe	equirec	d to val YES childre	lidate) lidate) NO
	(Multiple Entries Allowed) Do you, your spot cohabitant, or dep interests? spouse or legally red ts that someone cont You responded 'Y having EVER had Specify: (check al Dependent childred Provide the type of	Provide co-owner's of Provide the nature of Are there any addition financial interest? use or legally recognized bendent children have a cognized civil union/do trolled on your behalf? Yes' to you, your spous d any foreign financial Il that apply) □ Yourse	f your relationship onal co-owners of ed civil union/dor ny additional for omestic partner, c e or legally recog- interests that son elf	p with the f this fore mestic pare eign final cohabitant gnized civ neone con egally rec	e co-owner. eign urtner, ncial t, or depende vil union/dom ntrolled on y cognized civ	Nature YES (Yes ac YES (Yes ac ent children mestic part your behalf il union/dc	of relati Ids anot Ids anot Ids anot Ids anot In EVER	her entr her entr A had an abitant	y) (R (R y) (R y) (R (R (R y) (R (R y) (R (R) (R) (R) (R) (R) (R) (R) (R) (R) (	equirec equirec n N ndent o bitant	d to val YES childre	lidate) lidate) NO n

If Yes to	Provide this indi	vidual's relationship to you.			Relationshi	p (Free Tex	t)
Having		the financial interest was acquired.			Date (Estin	,	
Foreign Financial		(in U.S. dollars) at time of acquisition. □ Estimate			Cost (Free	,	
Interests		egarding how it was acquired (such as purchase, gi		1 /		red (Free Te	xt)
Controlled on		ent value (in U.S. dollars) or value at the time interested of. $\Box$ Estimated	est was sold,	lost or	Value (Free	e Text)	
Your Behalf		interest was sold, lost, or otherwise disposed of. $\Box$	Not applica	ble	Date (Estin	nated)	
M14:1-		tion if interest was sold, lost, or otherwise disposed			Explanatio	n (Free Text	)
(Multiple Entries		owners of the foreign financial interest controlled		alf?			YES NO
Allowed)	Branch	You responded 'Yes' to there being any co-own		<b>T</b> .	26.111		CC'
	If Yes to Having Co-	Provide full name of co-owner. Last nam Provide the current address of the co-owner.	ne: Street add	First name:	Middle 1 City	name: Su	ffix
	Owners	Provide Country if outside the United States; of			State	Zip Code	Countr
	(Multiple	and Zip Code.	· 1			1	
	Entries	Provide co-owner's country(ies) of citizenship.		Country			
	Allowed)	Provide the nature of your relationship with the		Relationship YES	(Free Text)	I NO	
		Are there any additional co-owners for this fore financial interest controlled on your behalf to re		(Yes adds ar	other entry)		d to validat
	Do you, your spo	ouse or legally recognized civil union/domestic part		YES	tother entryy	NO	a to vanda
	cohabitant, or de	ependent children have any additional foreign finance		(Yes adds ar	nother entry)	(Require	d to validat
-		led on your behalf?					
		ecognized civil union/domestic partner, cohabitant, urchase real estate in a foreign country?	or dependen	it children EV.	ER owned, o	r do	YES NO
ou anticipate of		'yes' to you, your spouse or legally recognized civil	l union/dome	estic partnerc	ohabitant, or	dependent of	children
		led, or anticipate owning, or planning to purchase re					
		all that apply)  □ Yourself □ Spouse or legally reco	ognized civil	union/domest	ic partner	Cohabitant	t
Branch	Dependent chi     Drouida tha tura			- Deal ar	stata trina (Er	an Taut)	
Dianch		of real estate property (such as home, business, etc tion/address of property. Street	.).	City	state type (Fr		Country
f Yes to		of purchase or to be acquired.			Estimated)		country
Having	Provide how the	foreign real estate was or is to be acquired (such as	s purchase, g	ift, How a	cquired (Free	e Text)	
Foreign Real Estate	etc.).						
istate		sold, if applicable.	,.		Estimated)		
Multiple	$\square$ Estimated	(in U.S. dollars) when sold or expected at time of a	equisition.	Cost (I	Free Text)		
Entries		ere any co-owners of this foreign real estate?					YES NO
Allowed)	Branch	You responded 'Yes' to there being any co-own	iers.				
	If Yes to	Provide full name of co-owner. Last name		irst name:	Middle nar	ne: Su	ffix
	Having Co- Owners	Provide co-owner current address. Street ad		11.04.4	City	7.01	
	(Multiple	Provide Country if outside the United States; oth and Zip Code.	nerwise, prov	vide State	State	Zip Code	Countr
	Entries	Provide co-owner's country(ies) of citizenship.					
	Allowed)	Provide the nature of your relationship with the			lationship (Fi	ree Text)	
		Are there any additional co-owners of this foreig	gn real	YES		NO	
	Do you have an	estate? additional instance of you, your spouse or legally re	ecognized	(Yes adds ar YES	iother entry)	NO	d to validat
		estic partner, cohabitant, or dependent children EVI		(Yes adds ar	other entry)		d to validat
		pate owning, or planning to purchase real estate in a		<b>X</b>	· · · · · · · · · · · · · · · · · · ·	× • • • •	
	country?						
		pouse or legally recognized civil union/domestic pa $\mathbf{s}$ , or are eligible to receive in the future, any educat					YES NO
	it from a foreign co		ionai, meure	ai, retirement,	social wella	10, 01	
	You responded '	'Yes' that as a U.S. citizen, have you, your spouse of					
		ildren received in the last seven (7) years, or are el		eive in the futu	ure, any educ	ational, med	lical,
		l welfare, or other such benefit from a foreign coun all that apply)		ivil union/dor	nastia partna	r □ Cohab	itont
	□ Dependent chi		recognizeu c	1vii uiiioii/uoii	liestic partile		lian
			Provide the	frequency of the	he benefit. 0	netime bene	fit,
Branch			V	fit, Continuing	g benefit, Oth	er (Provide	explanatio
f Yes to	Explanation (Fre		Explanation	· · · · · ·	/ 1		•
Having		You have indicated that you, your spouse or leg dependent children received a onetime benefit fi			/domestic pa	rtner, cohab	ottant, or
Foreign		Provide the date the benefit was received.		ii country		Date (Estim	ated)
Benefit	Branch	Provide the name of the country providing the b	enefit.			Country	
Multiple	If Onetime	Provide the total value (in U.S. dollars) of the be		ed.   Estimat		Value (Free	Text)
Intries	Benefit	Provide the reason this benefit was received.				Reason (Fre	e Text)
Allowed)		As a result of this benefit are you, your spouse of				YES	NO
		union/domestic partner, your cohabitant, or deputy		ren obligated i	n any	Explanation	(Free Tex
		<ul><li>way to this foreign country? If yes provide expla</li><li>You have indicated that you, your spouse or leg</li></ul>		zed civil unior	/domestic pr	rtner coheb	itant or
		dependent children expect to receive a benefit fi			raomestic pa	n dier, conao	mant, Of
	Branch	Provide the date the benefit will begin.				Date (Estim	ated)
	If Future	Provide the frequency the benefit will be received	ed.			Explanation	
	Benefit	Annually Quarterly Monthly Wee	ekly Other	r (Provide exp	lanation)		
			· · · · · · · · · · · · · · · · · · ·				
		Provide the name of the country providing this l Provide the value (in U.S. dollars) of the benefit DRAFT PRE-DECISIONAL DECI	benefit.			Country Value (Free	

								D (D	-	
			his benefit will be recei					Reason (F		t)
		As a result of this be	enefit are you, your spo	use or legally i	ecognize	ed CIVII		YES	NO	<b>T</b> ()
			ner, your cohabitant, or		laren ob	ingated in a	any	Explanatio	on (Free	Text)
			country? If yes provide			.:1			1	
			that you, your spouse o receive a continuing or					partner, cona	ibitant, o	or
				other benefit I	tom a to	reign coun	uy.	Dete (Eet)		
		Provide the date the		1				Date (Estin		
			benefit is expected to e					Date (Estin	/	<b>m</b>
	Branch		cy that this benefit is re-		n · 1	1		Explanatio	on (Free	Text)
	If Continuing	Annually Quarter		¥	Provide e	explanatio	n)	-		
	Benefit		the country providing					Country		
			ue (in U.S. dollars) of t		e receive	ed. □ Estin	nated	Value (Fre		
			his benefit will be recei					Reason (F		t)
			enefit are you, your spo					YES	NO	
			ner, your cohabitant, or country? If yes provide		ldren ob	ligated in a	any	Explanatio	on (Free	Text)
	Do you, your spor		ed civil union/domestic		YES			NO		
			e any additional benefi			adds anot	her entry		ed to va	lidate)
Have you FVFF		support for any foreig	n national?						YES	NO
Branch			cial support for any for	eign national					TLS	110
If Yes to			l you support or have su		cially	Last	First	Middl	e Si	iffix
Foreign	riovide die nume	of the foreign national	i you support of have s	apported minun	orany.	name:	name:	name:		
National	Provide the addre	ss of the foreign nation	nal listed above	Street add	ress		City	inanitei		_
Support			tates; otherwise, provid				State	Zip	Co	ountry
(Multiple		inter and onited bi						Code		,
Entries	Provide the nature	e of your relationship v	with the foreign nationa	l listed above.		Nature of	f relation	ship (Free T	ext)	
Allowed)			all financial support pro		nated	Amount		1 · ·	./	
			Frequency (Free Tex					ntry(ies) of c	itizensk	up.
			al support for any foreig		YES			NO		1
		JI TATA AT			(Yes	adds anot	her entry	) (Requir	ed to va	lidate)
Section 20h	Equation Du	ain aga Duafagai	anal A stimition	and Fanat				nto ota		
			onal Activities,							
			upport to any individua						YES	NO
			er employer? (Answer "	No" if <b>all</b> your	advice of	or support	was auth	orized		
pursuant to offic	ial U.S. Governmen									
			ast seven (7) years pro				lividual a	issociated w	ith a for	eign
			nat you have not previo							
Branch		tion of advice/support			-	Free Text		NC 111		201
	Provide the name	of the individual to wi	hom advice or support	was provided.	Last n		irst	Middle	Suf	T1X
If Yes to	Durani da tha marra	- C de - C			de a l'an d'ant		ame:	name:		
Advice or		ry of origin for the org	ation or foreign busines	ss with whom	ine indiv	idual is as	sociated.			
Support	Provide the count	ry of origin for the org					т			
			vias on summout vuss mus	wided Eren	n data (E			'a data		
			vice or support was pro	ovided. From	n date (E	(stimated)		o date	racant)	
(Multiple	Provide the date(s	s) during which this ad				, i	(1	o date Estimated/P	resent)	
Entries	Provide the date(s Describe what con	s) during which this ad mpensation, if any, wa	s provided for your ser	vice. Com	pensatio	on (Free Te	(l			
	Provide the date(s Describe what con Have you <b>in the l</b>	s) during which this ad mpensation, if any, wa ast seven (7) years pro-	s provided for your ser ovided advice or suppo	vice. Com rt to any other	individu	on (Free Te	(lext) YES	Estimated/Pr	NO	red to
Entries	Provide the date(s Describe what con Have you <b>in the l</b> associated with a	s) during which this ad mpensation, if any, wa ast seven (7) years pro- foreign business or oth	s provided for your ser ovided advice or suppo her foreign organizatior	vice. Com rt to any other a that you have	ipensatio individu not prev	on (Free Te al viously	(I ext) YES (Yes ad	Estimated/Pr	NO (Requi	
Entries	Provide the date(s Describe what con Have you <b>in the l</b> associated with a listed as a former	s) during which this ad mpensation, if any, wa ast seven (7) years pro- foreign business or oth employer? (Answer "?	s provided for your ser ovided advice or suppo ner foreign organizatior No" if <b>all</b> your advice o	vice. Com rt to any other a that you have	ipensatio individu not prev	on (Free Te al viously	(I ext) YES (Yes ad	Estimated/Pr	NO	
Entries Allowed)	Provide the date(s Describe what con Have you <b>in the l</b> associated with a listed as a former pursuant to officia	s) during which this ad mpensation, if any, wa ast seven (7) years pre- foreign business or oth employer? (Answer "? al U.S. Government bu	s provided for your ser ovided advice or suppo ner foreign organization No" if <b>all</b> your advice o usiness.)	vice. Com rt to any other a that you have r support was	npensatio individu not prev authorize	on (Free Te al viously ed	(I ext) YES (Yes ad another	Estimated/Pr dds r entry)	NO (Requi	e)
Entries Allowed) For this question	Provide the date(s Describe what con Have you <b>in the l</b> associated with a listed as a former pursuant to officia , "Immediate Famil	s) during which this ad mpensation, if any, wa tast seven (7) years pro- foreign business or oth employer? (Answer "1 al U.S. Government bu ly" means your spouse	s provided for your ser ovided advice or suppo ner foreign organizatior No" if <b>all</b> your advice o	vice. Con rt to any other n that you have or support was	npensatio individu not prev authorize	on (Free Te al viously ed	(1) ext) YES (Yes ad another nts, step-j	Estimated/Pr dds r entry)	NO (Requi validat	
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Attending Foreign	Provide the purpose of			(	Purpose (I	Free Text)					
Conferences	Was there any subseque	ent contact with any f	oreign nati	ionals as a	result of the	event?				YES	NO
	Branch	You responded 'Ye	s' to there	having be	en subseque	nt contact	with any	y foreign	nationals as	s a result	of the
(Multiple Entries	If Yes to Subsequent Contact	event. Provide explanation	,			Explanati	on (Fre	e Text)			
Entries	(Multiple Entries	Do you have anothe		ent contact	to report	YES		e Text)	NO		
		6 4 3			1.	(Yes adds	anothe	er entry)	(Required	l to valid	(-+-)
	Allowed)	for this event?							(Require	a to vanu	late)
	Have you in the last se	ven (7) years, attende	ed or partic	cipated in a	any addition	al conferen	ices,	YES		NO	
	Have you <b>in the last se</b> trade show, seminars, o	ven (7) years, attended or meetings outside the	e U.S.? (D	o not inclu	any addition de those you	al conferen	ices,	(Yes a	adds	NO (Requi	red to
Allowed)	Have you <b>in the last se</b> trade show, seminars, o participated in on offici	ven (7) years, attended or meetings outside the al business for the U.	e U.S.? (D S. governr	o not inclu nent).	de those you	al conferen 1 attended	or	(Yes a anothe	adds er entry)	NO	red to e)
Allowed) For Section 20b,	Have you <b>in the last se</b> trade show, seminars, o	ven (7) years, attend or meetings outside the al business for the U. ans your spouse, pare	e U.S.? (D S. governr nts, step-pa	o not inclu nent). arents, sibl	de those you ings, half an	al conferen 1 attended 1d step-sibl	or ings, ch	(Yes a anothe	adds er entry) tep-	NO (Requi validat	red to
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(Multiple Entries	Provide the current street address of the sponsored foreign national. Street address and city	State and Zip	Code or C	ountry
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	Provide the address of the organization through which sponsorship was arranged, if applicable.			
	Street address and city           Provide the dates of stay in the U.S. for the sponsored foreign national.         From date (Esti	State and Zip Cod mated) To dat		
	Provide the address of the sponsored foreign national while residing in the U.S.	(Estim	ated/Prese	nt)
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	ER held political office in a foreign country?		YES	NC
Branch If Yes to Held	You responded 'Yes' to having EVER held political office in a foreign country.           Provide the position held.         Position (Free Text)			
Political	Provide the dates you held political office. From Date (Estimated)	To Date (Es		esent)
Office (Multiple	Provide the name of the country involved.         Provide the reason(s) for these activities           Provide your current eligibility to hold political office in a foreign country.         Current eligibility		ee Text)	
Entries	Have you <b>EVER</b> held any additional political office in a foreign country? YES	V (Free Text)		
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	ER voted in the election of a foreign country?		YES	NC
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	0c – Foreign Countries You have Visited			
	reled outside the U.S. <b>in the last past seven (7) years</b> ? el <b>in the last seven (7) years</b> been <b>solely</b> for U.S. Government business/military overseas assignmen		YES YES	NC NC
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If Yes to Having Traveled Outside the U.S. on Other than	Provide the total number of days involved in the visit. □ 1-5 □ 6-10 □ 11-20 □ 21-30 □ More the Provide the purpose of the travel to this country (Check all that apply) □ Business/professional □ Education □ Tourism □ Trade shows, conferences, and seminars □ Visit family or friends. While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country, were you involved in any encounter with the police? If yes provide explanation. While traveling to or in this country, were you contacted by, or in contact with any person known suspected of being involved or associated with foreign intelligence, terrorist, security, or military	aan 30 🗆 Many sh Uolunteer a S 🗆 Other Explanation (Free Text) Explanation (Free Text)	Date (Estir nort trips activities YES YES	NC
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If Yes to Having Traveled Outside the U.S. on Other than Official	<ul> <li>Provide the total number of days involved in the visit. □ 1-5 □ 6-10 □ 11-20 □ 21-30 □ More the provide the purpose of the travel to this country (Check all that apply) □ Business/professional □ Education □ Tourism □ Trade shows, conferences, and seminars □ Visit family or friends.</li> <li>While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country, were you involved in any encounter with the police? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with any person known of suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.</li> <li>While traveling to, or in this country, were you involved in any counterintelligence or security</li> </ul>	aan 30 🗆 Many sh Second Second Seco	Date (Estir nort trips activities YES YES YES YES	NC NC
If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple	Provide the total number of days involved in the visit.       1 - 5       6 - 10       1 - 20       2 1 - 30       More the Provide the purpose of the travel to this country (Check all that apply)         Business/professional       Education       Tourism       Trade shows, conferences, and seminars       Visit family or friends         While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation.         While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation.         While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.         While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? If yes provide explanation.         While traveling to or in this country, were you involved in any counterintelligence or security issues not reported? If yes provide explanation.         While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation.         While traveling to or in this country, were you contacted by, or in contact with anyone attempting obtain classified information or unclassified, sensitive information? If yes provide explanation.	aan 30 🗆 Many sh Second Second Seco	Date (Estir nort trips activities YES YES YES YES YES	NC NC
If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple Entries	<ul> <li>Provide the total number of days involved in the visit. □ 1-5 □ 6-10 □ 11-20 □ 21-30 □ More the Provide the purpose of the travel to this country (Check all that apply) □ Business/professional □ Education □ Tourism □ Trade shows, conferences, and seminars □ Visit family or friends.</li> <li>While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country. Were you involved in any encounter with the police? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.</li> <li>While traveling to or in this country, were you involved in any counterintelligence or security issues not reported? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with anyone attempting obtain classified information or unclassified, sensitive information? If yes provide explanation.</li> <li>While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes</li> </ul>	aan 30 🗆 Many sh Second Second Seco	Date (Estir nort trips activities YES YES YES YES YES YES	nated
If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple Entries	<ul> <li>Provide the total number of days involved in the visit. □ 1-5 □ 6-10 □ 11-20 □ 21-30 □ More the Provide the purpose of the travel to this country (Check all that apply) □ Business/professional □ Education □ Tourism □ Trade shows, conferences, and seminars □ Visit family or friends.</li> <li>While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation.</li> <li>While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with any person known of suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.</li> <li>While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation.</li> <li>While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.</li> <li>While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.</li> <li>While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.</li> <li>While traveling to, or in this country, were you threatened, coerced, or</li></ul>	aan 30 Dany sh Volunteer a SOUTHER OF SOUTHER OF SOUTHE	Date (Estim nort trips activities YES YES YES YES YES YES YES	NC NC NC NC
If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple Entries	<ul> <li>Provide the total number of days involved in the visit. □ 1-5 □ 6-10 □ 11-20 □ 21-30 □ More the Provide the purpose of the travel to this country (Check all that apply) □ Business/professional □ Education □ Tourism □ Trade shows, conferences, and seminars □ Visit family or friends.</li> <li>While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation.</li> <li>While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.</li> <li>While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? If yes provide explanation.</li> <li>While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation.</li> <li>While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.</li> </ul>	aan 30 Dany sh aan 30 Many sh Volunteer a S Other Explanation (Free Text) Explanation (Free Text) Explanation (Free Text) Explanation (Free Text) Explanation (Free Text) Explanation (Free Text) Explanation (Free Text) Many sh Explanation (Free Text) Explanation (Free Text) (Free T	Date (Estim nort trips activities YES YES YES YES YES YES YES Not list trip	NC NC NC NC
If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple Entries Allowed)	Provide the total number of days involved in the visit.       1-5       6-10       11-20       21-30       More the Provide the purpose of the travel to this country (Check all that apply)       Business/professional         Education       Tourism       Trade shows, conferences, and seminars       Visit family or friends         While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation.         While traveling to or in this country, were you contacted by, or in contact with the police? If yes provide explanation.         While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation.         While traveling to or in this country, were you involved in any contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.         While traveling to, or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation.         While traveling to or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.         While traveling to or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide expl	aan 30 Dany sh Description of the second sec	Date (Estim nort trips activities YES YES YES YES YES YES YES YES ovalidate)	NC NC NC NC NC NC
If Yes to Having Traveled Outside the U.S. on Other than Official Business (Multiple Entries Allowed) Section 2 The U.S. gov the wellness a presenting a s	Provide the total number of days involved in the visit.       1-5       6-10       11-20       21-30       More the Provide the purpose of the travel to this country (Check all that apply)         Business/professional       Education       Tourism       Trade shows, conferences, and seminars       Visit family or friends         While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? If yes provide explanation.         While traveling to or in this country, were you involved in any encounter with the police? If yes provide explanation.         While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? If yes provide explanation.         While traveling to, or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? If yes provide explanation.         While traveling to or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.         While traveling to or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? If yes provide explanation.         While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate w	aan 30 Dany sh Description of the sector of	Date (Estim nort trips activities YES YES YES YES YES YES YES YES ovalidate)	N( N( N( N( N( N( Support

depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who 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, <u>is not a reason</u> 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 cou incompetent?	urt or administrative age	ncy EVER issued an order declarin	ig you menta	ally	Y	ES	NO (Requ	uired to validate)
incompetent:	You responded 'Yes' t	to having a court or administrative a	agency EVE	R issuin	y an order d	eclaring y	zou menta	llv incompetent.
	Provide the date this o		igeney 2 + 2	1000000	sui order d			ar) (Estimated)
		e court or administrative agency th	at declared v	iou ment	ally		(Free Text	
Branch	incompetent.	te court of administrative agency th	at declared y	ou menu	uny	Ivanie	(Ince Text	.)
If Yes to		the court or administrative agency.						
Being	Street address and city	· · ·		and Zin	Code or Co	untry		
Declared		led to a higher court or administrati	ve agency?	and Zip			NO (Pequ	hired to validate)
Incompetent	Branch	You responded 'Yes' to appeale		oourt or				med to validate)
(Multiple	If Yes to Appealed to	Provide the name of the court or				ive agene		(Free Text)
Entries	a Higher Court or	Provide the address of the court		0	· · ·		Traffic	
Allowed)	Administrative	Street address and city	or administra	auve age		7in Cod	e or Coun	terry
	Agency. (Multiple	Provide the final disposition.				on (Free		uy
	Entries Allowed)	Flovide the final disposition.			Dispositi	on (mee	Text)	
		onal instance where this matter was	appealed to	a	YES			NO
	higher court or admini				(Yes add	s another	entry)	(Required to
	C	0.						validate)
	Do you have an addition	onal instance where a court or admi	nistrative ag	ency	YES			NO
	EVER issued an order	declaring you mentally incompeter	nt?		(Yes add	s another	entry)	(Required to
								validate)
21B) Has a cou	urt or administrative age	ncy EVER ordered you to consult v	vith a mental	l health p	rofessional	(for exan	ıple, a	YES NO (Required
		ical social worker, etc.)? (An order						to validate)
		d therefore would not require an af		sponse. A	In order by	a military	court	
		on and would require an affirmative						
Branch		to having a court or administrative a	agency EVE	K ordere	d you to co			
If Yes to Court or	Provide the date this o				11			Year) (Estimated)
Administrati		e court or administrative agency th	at declared y	ou ment	ally	Nan	ne (Free T	ext)
ve agency	incompetent.	the court or administrative agency.		_				
EVER	Street address and city			Stat	e and Zip C	ode or Co	untra	
ordered you	Provide the final dispo				osition (Fre		Junu y	
to consult		led to a higher court or administrati	ve agency?	Disp		YES	S NO	(Required to validate)
with a mental	Branch	You responded 'Yes' to appealed	to a higher of	ourt or a	dministrativ			(Required to validate)
health	If Yes to Appealed	Provide the name of the court or a				e agenej		ne (Free Text)
professional	to a Higher Court or	Provide the address of the court of					1 (41)	
(Multiple	Administrative	Street address and city			State and	Zip Code	or Countr	v
Entries	Agency. (Multiple	Provide the final disposition.			Dispositio			2
Allowed)	Entries Allowed)				•		,	
		onal instance where this matter was	appealed to	a	YES		NO	
	higher court or admini	strative agency?			(Yes adds	another	(Requi	red to validate)
	D 1 1177		••		entry)		NO	
		onal instance where a court or admi consult with a mental health profess		ency	YES (Yes adds	anothar	NO	red to validate)
		t, psychologist, licensed clinical so		(atc.)	( res auus entry)	another	(Kequi	red to validate)
		member by a superior officer is no			entry)			
		herefore would not require an affirm						
		art would be within the scope of the						
	would require an affiri		1					
21C) Have you		d for a mental health condition?				YES	NO (R	equired to validate)
Branch		to EVER been hospitalized for a m	ental health	conditior	1.			
If Yes to	Was the admission vol	untary or involuntary?			ry (Provide			Explanation
EVER been				Involunt	ary (Provid	e explana	tion)	Explanation
hospitalized	Provide the dates of tre	eatment.	From Date	e (Month	/Year) (Esti	mated)		To Date
for a mental								(Month/Year)
health								(Estimated/Present)
condition (Multiple		address of the facility where treatm		vided.	Nam	e (Free Te	ext)	
Entries		the facility where treatment was pr	ovided.		~		~ . ~	
Allowed)	Street address and city					1	Code or C	
		onal instance where you have EVE	R been hospi	italized fo		(Yes	NO (R	equired to validate)
	mental health conditio	11 /			adds	another		
The following o	westion asks whather we	u have been diagnosed with a speci	fied montal	health an		1	ticularly :	if untreated impact
		unave been alagnosed with a speci liness. If you answer in the affirmat						
	•	ny applicable course of treatment. I						
		access to classified information or f						
		gibility for physical or logical acces						
		by a physician or other health profe				YES		NO (Required to
psychiatrist, psy	ychologist, licensed clini	cal social worker, or nurse practition	oner) with ps	sychotic o	lisorder,			validate)

i	You responded 'Yes' to have	y disorder? ving EVER been diagnosed by a phy	sician or other	health prot	fessional		
	Identify the diagnosis or he		sicial of other			ealth condit	tion (Free Text)
	Provide the dates of diagno				n Date	icarui condit	To Date
Branch If Yes to	Trovide the dates of diagno	515.		(Mor	nth/Year) mated)		(Month/Year) (Estimated/Prese
EVER been diagnosed by		and telephone number of the health our arrently treating you for such diagnost		nal Nam			Telephone Numb (Free Text)
a physician or other	whom you have discussed s			Ì	t address	and city	State and Zip Co
health professional (Multiple	currently treating you for su condition.	uch diagnosis, or with whom you hav					or Country
Entries Allowed)	agency/organization/facility where counseling/treatment	t was provided			e or same e (Free T	ext)	Telephone Numb or same as above (Free Text)
	Provide the address of any where counseling/treatment	agency/organization/facility t was provided			et address me as abo		State and Zip Co or Country or sar as above
	Was the counseling/treatme explanation.	ent effective in managing your sympt	coms? Provide	YES		NO (Provide explanati (Require validate)	Explanat (Free Tex ion) d to
	physician or other health pr licensed clinical social wor	instance where you EVER had been of ofessional (for example, a psychiatri ker, or nurse practitioner) with psych ive disorder, delusional disorder, bip	st, psychologis otic disorder,		(Yes add her entry)	/	NO (Required to validate)
	disorder, borderline persona	ality disorder, or antisocial personalit te there been any occasions when you	ty disorder?	lt YES			NO (Required to
	with a medical professional	before altering or discontinuing, or the ent for any of the listed diagnoses?		a			validate)
Branch	Are you currently in treatm	ent?		YES			equired to validat
If Yes to currently in treatment. (Multiple	Provide the name, address, healthcare professional pro	and telephone number of the viding such treatment.	Name (Free Text	t)		Telepho Text)	ne Number (Free
Entries Allowed)	Provide the address of the h such treatment.	nealthcare professional providing	Street add	lress and cit	ty	State and Country	d Zip Code or
1				~	1		
21E) Do you h	treatment?	instance where you are currently in	another			Required to	
your judgment today? Note: If your ju mental health of other condition counseling as of	treatment? have a mental health or other h , reliability, or trustworthiness udgment, reliability, or trustw or other condition, then you sh a requiring treatment. For exa a result of service as a first re	instance where you are currently in health condition that <b>substantially ac</b> seven if you are not experiencing suc orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combai f domestic violence, or marital issues	another dversely affect ch symptoms ly affected by a mental health al or mental he t environment,	entry) ts YE a i or ealth		Required to	
your judgment today? Note: If your ju mental health of other condition counseling as a having been se	treatment? have a mental health or other I reliability, or trustworthiness adgment, reliability, or trustw or other condition, then you sh a requiring treatment. For ex- a result of service as a first re- xually assaulted or a victim of bility or trustworthiness is no	health condition that <b>substantially ad</b> seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat f domestic violence, or marital issues of substantially adversely affected, the	another dversely affected by a mental health al or mental health t environment, s, but your en answer "no	entry) ts YE a n or ealth ."	S	-	NO (Require validate)
your judgment. today? Note: If your ju mental health of other condition counseling as of having been see judgment, relia Branch	treatment? have a mental health or other I reliability, or trustworthiness adgment, reliability, or trustwo or other condition, then you sh a requiring treatment. For ex- a result of service as a first re- xually assaulted or a victim of bility or trustworthiness is no You responded 'Yes' to har	health condition that <b>substantially ac</b> seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotiona sponder, service in a military combat f domestic violence, or marital issues	another dversely affected ch symptoms ely affected by a mental health al or mental heal the environment, s, but your en answer "no	entry) ts YE a n or ealth ."	S	-	NO (Require validate)
your judgment. today? Note: If your ju mental health of other condition counseling as of having been see judgment, relia Branch If Yes to	treatment? treatment? treatment? treatment reliability, or trustworthiness treatment, reliability, or trustworthiness treatment reading treatment. For exact treatment reading treatment. For exact tre	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse would answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat f domestic violence, or marital issues at substantially adversely affected, that young a mental health condition that suc-	another dversely affected by a mental health al or mental health the environment, s, but your en answer "no abstantially ad	entry) ts YE a or ealth ." versely affe	S ects your	judgment, re	NO (Require validate)
your judgment, today? Note: If your ji mental health of other condition counseling as a having been se judgment, relia <b>Branch</b> If Yes to having a mental health condition that adversely	treatment? treatment? treatment? treatment is the alth or other I treatment, reliability, or trustworthiness treatment, reliability, or trustworthiness treatment for trustworthiness treatment for trustworthiness is no You responded 'Yes' to have trustworthiness. Did you ever receive or are or treatment for that conditit this question. However, succ	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat f domestic violence, or marital issues t substantially adversely affected, that you currently receiving counseling ton? (You may choose not to answer th consultation or treatment will not dered to be a positive action.)	another dversely affected by mental health al or mental health t environment, s, but your en answer "no abstantially ad	entry) ts YE a a or calth ." versely affe (Provide explanati (Required validate)	S scts your on)	-	NO (Require validate)
your judgment today? Note: If your ji mental health other condition counseling as a having been se judgment, relia <b>Branch</b> If Yes to having a mental health condition that adversely affects your	treatment? treatment? treatment? treatment is the alth or other I treatment, reliability, or trustworthiness treatment, reliability, or trustworthiness treatment for exact tresult of service as a first re- trustworthiness is not you responded 'Yes' to have trustworthiness. Did you ever receive or are or treatment for that conditi- this question. However, suc-	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat f domestic violence, or marital issues t substantially adversely affected, that ving a mental health condition that su you currently receiving counseling ion? (You may choose not to answer ch consultation or treatment will not dered to be a positive action.)	another dversely affected by a mental health al or mental health t environment, s, but your en answer "no ubstantially ad YES	entry) ts YE a a or alth ." NO (Provide explanati (Required validate) reatment.	S scts your on)	judgment, re Explanation (Free Text)	NO (Require validate)
your judgment, today? Note: If your ju mental health of other condition counseling as of having been see judgment, relia Branch If Yes to having a mental health condition that adversely affects your judgment, reliability, or	treatment? treatment? treatment? treatment? treatment. reliability, or trustworthiness treatment. reliability, or trustworthiness treatment for trustworthiness is not trustworthiness. Did you ever receive or are or treatment for that conditi this question. However, suc disqualify you and is considered Branch	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional formestic violence, or marital issues to substantially adversely affected, that ving a mental health condition that su you currently receiving counseling ion? (You may choose not to answer the consultation or treatment will not dered to be a positive action.) Provide the following about your of Provide the dates of counseling or treatment.	another dversely affected by a mental health al or mental health al or mental health t environment, s, but your en answer "no abstantially ad YES counseling or t To Date (Ma (Estimated)	entry) ts YE a a or versely affer versely affer (Provide explanati (Requirec validate) treatment. onth/Year)	S scts your on)	judgment, re Explanation (Free Text) To Date (Estimat	NO (Require validate)
your judgment, today? Note: If your ju mental health of other condition counseling as of having been see judgment, relia Branch If Yes to having a mental health condition that adversely affects your judgment,	treatment? have a mental health or other I reliability, or trustworthiness udgment, reliability, or trustwo or other condition, then you sh a requiring treatment. For exa a result of service as a first re- xually 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 conditi this question, However, suc- disqualify you and is consid	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat f domestic violence, or marital issues at substantially adversely affected, the ving a mental health condition that su you currently receiving counseling ton? (You may choose not to answer th consultation or treatment will not dered to be a positive action.) Provide the following about your of Provide the dates of counseling or treatment. Provide the name, address, and telephone number of the health	another dversely affected by a mental health al or mental health al or mental health t environment, s, but your en answer "no ubstantially ad YES counseling or t To Date (Mo	entry) ts YE a a or versely affer versely affer (Provide explanati (Requirec validate) treatment. onth/Year)	S scts your on)	judgment, re Explanation (Free Text) To Date (Estimat	NO (Require validate)
your judgment. today? Note: If your ju mental health of other condition counseling as a having been see judgment, relia Branch If Yes to having a mental health condition that adversely affects your judgment, reliability, or trustworthine ss.	treatment? treatment? treatment? treatment? treatment reliability, or trustworthiness treatment, reliability, or trustworthiness treatment for then you sh the requiring treatment. For exa the result of service as a first re- xually assaulted or a victim of trustworthiness. Did you ever receive or are or treatment for that conditi- this question. However, suc- disqualify you and is consid Branch If Yes to you ever received or are you currently receiving counseling or treatment for that condition.	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse would answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat of domestic violence, or marital issues at substantially adversely affected, the ving a mental health condition that su- you currently receiving counseling ion? (You may choose not to answer th consultation or treatment will not dered to be a positive action.) Provide the following about your of Provide the following about your of Provide the name, address, and telephone number of the health care professional. Provide the address of the health care professional.	another dversely affected by the mental health all or mental he	entry) ts YE a a or calth versely affe explanati (Required validate) treatment. onth/Year) ss and city	s s on) d to	judgment, re Explanation (Free Text) To Date (Estimat Telephon State and	NO (Require validate)
your judgment, today? Note: If your ju mental health of other condition counseling as of having been set judgment, relia Branch If Yes to having a mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple Entries	treatment? treatment? treatment? treatment? treatment reliability, or trustworthiness treatment, reliability, or trustworthiness treatment for then you shad treatment for then you shad treatment for the you shad trustworthiness is not you responded 'Yes' to have trustworthiness. Did you ever receive or are or treatment for that conditient this question. However, suc disqualify you and is considered Branch If Yes to you ever received or are you currently receiving counseling or treatment	health condition that <b>substantially</b> adverse orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional sponder, service in a military combat of domestic violence, or marital issues at substantially adversely affected, that ving a mental health condition that su you currently receiving counseling ion? (You may choose not to answer th consultation or treatment will not dered to be a positive action.) Provide the following about your of Provide the dates of counseling or treatment. Provide the name, address, and telephone number of the health care professional. Provide the address of the health	another dversely affected by a mental health al or mental health al	entry) ts YE a a or calth versely affe explanati (Required validate) treatment. onth/Year) ss and city	s s on) d to	judgment, re Explanation (Free Text) To Date (Estimat Telephon State and	NO (Require validate)
your judgment, today? Note: If your ju mental health of other condition counseling as of having been set judgment, relia Branch If Yes to having a mental health condition that adversely affects your judgment, reliability, or trustworthine ss. (Multiple Entries	treatment? treatment? treatment? treatment? treatment, reliability, or trustworthiness treatment, reliability, or trustworthiness treatment condition, then you shad treatment of service as a first re- trustworthiness is no You responded 'Yes' to have trustworthiness. Did you ever receive or are or treatment for that conditing this question. However, suc- disqualify you and is conside Branch If Yes to you ever received or are you currently receiving counseling or treatment for that condition. (Multiple Entries Allowed)	health condition that <b>substantially</b> adverse seven if you are not experiencing suc- orthiness is not substantially adverse hould answer "no" even if you have a ample, if you are in need of emotional formestic violence, or marital issues to substantially adversely affected, that ving a mental health condition that su you currently receiving counseling ton? (You may choose not to answer th consultation or treatment will not lered to be a positive action.) Provide the following about your of Provide the dates of counseling or treatment. Provide the name, address, and telephone number of the health care professional. Provide the name, address, and telephone number of the agency/organization/facility where counseling/treatment was	another dversely affected by in mental health al or mental health al	entry) ts YE a a or ealth ." versely affe explanati (Required validate) treatment. onth/Year) ss and city me as above	ects your on) d to or same	judgment, re Explanation (Free Text) To Date (Estimat Telephon State and Telephon above (Fr	NO (Require validate)

			answer this question.					to	(Required	to
	However, such con you and is consider		tment will not disqual ive action.)	lify				validate)	validate)	
		sen not to follow	w a prescribed course	of	YES	Explanation (Free Text)		NO (Require	d to validat	e)
Section 22	– Police Recor	d								
For this section	report information re	egardless of who	ether the record in you							
			eport convictions und . 844 or 18 U.S.C. 360							
			ill be asked to provide							
below.)	on (7) voors have w	w been issued a	a summons, citation, o	or ticket to	annaar ir	court in a criminal	proce	ading against	V0112 (Do 1	not
			where the fine was les						you? (Do I	101
• In the last sev	ren (7) years have yo	ou been arrested	by any police officer.	, sheriff,	marshal o	r any other type of la	aw en	forcement off	icial?	
			l with, convicted of, or, military, or non-U.S.						g charges,	
• In the last sev	en (7) years have ye	ou been or are y	ou currently on proba				,			
Are you current	ntly on trial or awaiti	ng a trial on cri	minal charges?						YES	NO
									TES	110
	Provide the date of	of offense. Da	ate (Estimated)			tion of the	Des	cription (Free	Text)	
	Did this offense in	volve any of th	ne following? (Check a			the offense.			_	
	Domestic viole	nce or a crime o	of violence (such as ba	attery or a	ssault) ag					
	recognized civil u you share a child		partner, former spouse	e or legal	ly recogni	zed civil union/dom	estic j	partner, or so	meone with	whom
	□ Involve firearm		?							
	□ Involve alcohol	or drugs?								
	Provide the locati	on where the of	fense occurred	Street a	ddress and	l city	Stat	e and Zip Co	YES	NO
			ited, or did you receive							NO
			her type of law enforc		ficial?					
	Branch If Yes to Being		ng/summoning agency ame of the law enforce		ency that	arrested/cited/summ	oned y	vou. Na	me (Free Te	ext)
	Arrested/Cited/	Provide the lo	ocation of the law		ddress and			e and Zip Co		
	Summoned	enforcement a	agency. ou charged, convicted		141.	(	14		VEC	NO
	in a criminal proc	eeding against y	you?	i, currenti	y awaiting	g triai, and/or ordere	d to aj	ppear in cour	YES	NO
	Branch - If No	You responde	ed 'No' to "As a result				victed	, currently aw	aiting trial,	and/or
	to Charged or Convicted	ordered to app Provide Expla	pear in court in a crim	inal proce	eeding aga	ainst you?"	Exn	lanation (Free	e Text)	
		Court informa					Блр	iununon (110	( Text)	
Branch			ame of the court.			1		ne of court (F	,	
If Yes to the			ocation of the court. e charges brought aga		t address a			e and Zip Co		
Above Happening		found guilty,	found not-guilty, char	rge dropp	ed or "nol	le pros," etc). If you	were	found guilty		
impoining		guilty to a less Felony/Misde	ser offense, list separa emeanor <i>Felony, M</i>				sser o		e (Free Tex	+)
(Multiple		Outcome	Outcome			Date (Month/Y	ear)	Charg	e (Fiee Tex	.()
Entries Allowed)	Branch		tenced as a result of th			•	ć	•	YES	NO
	If Yes to		Conviction detail Provide a descripti	ion of the	sentenco					
	Charged or	Branch				for a term exceedin	g 1 ye	ear?	YES	NO
	Convicted	If Yes to	Were you incarcer	rated as a	result of t	hat sentence for not	less th	han 1 year?	YES	NO
		Being Sentenced				ment, provide the da (Not Applicable		From Date To Date (Es	· /	
						parole, provide the	,	From Date	(Estimated)	ĺ.
			dates of probation	or parole	. (Not Ap	plicable □ )		To Date (Es	stimated/Pro	esent)
		Branch If No to	Trial detail	on trial a	waiting a	trial, or awaiting se	ntenci	ing on crimin	al YES	NO
		Being	charges for this off		twaiting a	-		-		110
	D I	Sentenced	Provide Explanatio					(Free Text)	NO	
			where any of the follow e you been issued a su					ZES Yes adds	NO (Requir	ed to
	court in a crimina	l proceeding aga	ainst you? (Do not inc	clude citat	tions invo	lving traffic	N 10	nother entry)	validate	
			ss than \$300 and did not good been arrested by							
	any other type of		• •	any pon	ce officer,	sheriff, marshar or				
			e you been charged wi							
			qualifying charges, co court even if previous							
	• In the last sever	n (7) years have	e you been or are you	currently	on probat					
Other then the			vaiting a trial on crimin CVER had the following							
			The United States of a c			imprisonment for a	term e	exceeding 1 v	ear for that	crime,
<ul> <li>Have you EVI</li> </ul>	art overn von neted n									

and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.)

• Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses.)

• Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, or

someone with whom you share a child in common?

• Have you EVER been charged with an offense involving firearms or explosives?

• Have you **EVER** been charged with an offense involving alcohol or drugs?

YES NO

									111
	Provide the date of	of the offense.				Date (Estim	ated)		
	Provide a descript		cific nature	of the offense.			of nature of offens	e (Free T	ext)
				ng? (Check all that app	lv)	Desemption			0.11()
	□ Domestic violer	nce or a crime	of violence	e (such as battery or as	sault) against vo	our child, deper	dent, cohabitant, s	spouse or	lega
				rmer spouse or legally					
	you share a child		1		8				
	□ Involve firearm		s?						
	□ Involve alcohol								
								YES	Ν
	Provide the name	of the court				Name of co	urt (Free Text)		
	Provide the location		t.	Street address and c	tv		p Code or Country		
				for this offense, and t					four
	not-guilty, or char	rge dropped or	r "nolle pro	s,", etc). If you were fo	and guilty of or	pleaded guilty	to a lesser offense	list both	the
	original charge an				8,	· · · · · · · · · · · · · · · · · · ·		,	
	Felony/Misdemea			Aisdemeanor, Other	Charge		Charge (Free Te	xt)	
	Outcome	· · · · · · · · · · · · · · · · · · ·		(Free Text)	Date Month/	<i>l</i> ear	Date		
Branch	Were you sentence	ed as a result						YES	Ν
210101	,	Conviction							
If Yes to the				f the sentence.			Sentence descrip	tion (Free	e Te
Above				imprisonment for a ter	m exceeding 1	vear?	Sentence deserin	YES	N
Happening	Branch	-		as a result of that sente	<u> </u>			YES	N
11 0	If Yes to Being			ed in imprisonment, pr			From Date (Esti		11
(Multiple	Sentenced			ted. (Not Applicable [		inat you	To Date (Estima		nt)
Entries				ed in probation or paro		lates of	From Date (Estimated)		iii.)
Allowed)				ot Applicable $\Box$ )	ie, provide the t	lates of	To Date (Estima		nt)
		Trial detail					To Date (Estima	leu/Flese	iit)
	Branch		montly on te	ial, awaiting a trial, or	auvaiting conton	aina an arimini	l abarras for this	YES	N
	If No to Being	offense?	Tentry on tr	iai, awaiting a triai, or	awaiting senten	cing on crimina	a charges for this	IES	IN
	Sentenced	Provide Exp	alamation		Eve	lanation (Fran	Toyt)		
	De une hans and	Plovide Exp		re the following has E		lanation (Free	YES	NO	
				ourt of the United Stat			(Yes adds	(Requ	
	imprisonment for	a term exceed	ling I year	for that crime, and inca	rcerated as a re	sult of that	another entry)	valida	te)
	sentence for not le	ess than 1 year	r? (Include	all qualifying conviction	ons in Federal, s	tate, local, or			
	military court, eve								
				felony offense? (Includ	le those under th	ne Uniform			
	Code of Military J				ie unobe under u				
				fense involving domes	tic violence or s	crime of			
				t your child, dependen					
				rtner, former spouse or					
				whom you share a child		zeu civii			
						-9			
				ffense involving firear ffense involving alcoh		s :			
X .1 .1								1/DO	
Is there currentl	y a domestic violenc	e protective o	rder or rest	raining order issued ag	ainst you?			YES	N
Branch	You responded 'Y	es' to current	ly having a	domestic violence pro	tective order or	restraining ord	er issued against ye	ou.	
If Yes to									
D	Provide explanation					n (Free Text)			
Domestic						matad)			
	Provide the date the	<u>he order was i</u>	ssued.		Date (Estin	nateu)			
Violence				at issued the order.		ourt (Free Text)	)		
Violence (Multiple	Provide the name	of the court o	r agency th		Name of c			de or Co	untrv
Violence (Multiple Entries	Provide the name Provide the location	of the court o on of the cour	r agency th t or agency	that issued the order.	Name of c	ourt (Free Text)	State and Zip Co	ode or Co	untry
Violence (Multiple	Provide the name Provide the location Do you have anot	of the court o on of the cour her domestic	r agency th t or agency violence pro	that issued the order.	Name of construction Name of c	ourt (Free Text) ress and city	State and Zip Co NO		
Violence (Multiple Entries Allowed)	Provide the name Provide the locati Do you have anot restraining order of	of the court o on of the cour her domestic currently issue	r agency th t or agency violence pro ed against y	that issued the order. otective order or ou to report?	Name of construction Name of c	ourt (Free Text)	State and Zip Co NO	ode or Cou	
Violence (Multiple Entries Allowed) Section 23	Provide the name Provide the locati Do you have anot restraining order of <b>Illegal Use o</b>	of the court of on of the court her domestic currently issue of Drugs a	r agency th t or agency violence pro ed against y nd Drug	that issued the order. otective order or ou to report? g Activity	Name of construction of constr	ourt (Free Text) ess and city another entry)	State and Zip Co NO (Require	ed to valio	late)
Violence (Multiple Entries Allowed) Section 23	Provide the name Provide the locati Do you have anot restraining order of <b>Illegal Use o</b>	of the court of on of the court her domestic currently issue of Drugs a	r agency th t or agency violence pro ed against y nd Drug	that issued the order. otective order or ou to report?	Name of construction of constr	ourt (Free Text) ess and city another entry)	State and Zip Co NO (Require	ed to valio	late)
Violence (Multiple Entries Allowed) Section 23 We note, with r	Provide the name Provide the locati Do you have anot restraining order of - Illegal Use o eference to this section	of the court of on of the court her domestic currently issue on, that neithe	r agency th t or agency violence pro ed against y nd Drug er your truth	that issued the order. otective order or ou to report? <b>g Activity</b> ful responses nor infor	Name of c Street addr YES (Yes adds mation derived	ourt (Free Text) ess and city another entry) from your resp	State and Zip Co NO (Require onses to this section	ed to valio	late useo
Violence (Multiple Entries Allowed) Section 23 We note, with r as evidence aga	Provide the name Provide the locati Do you have anot restraining order of <b>Illegal Use o</b> eference to this section inst you in a subsequ	of the court o on of the cour her domestic v currently issue of <b>Drugs a</b> on, that neithe uent criminal p	r agency th t or agency violence pro- ed against y nd Drug er your truth proceeding.	that issued the order. otective order or ou to report? <b>g Activity</b> ful responses nor infor As to this particular se	Name of cc Street addr YES (Yes adds mation derived ction, this appli	burt (Free Text) ess and city another entry) from your resp es whether or n	State and Zip Co NO (Require onses to this section ot you are currentl	ed to valio on will be y employ	late used
Violence (Multiple Entries Allowed) Section 23 We note, with r as evidence aga the Federal gov	Provide the name Provide the location Do you have another restraining order of <b>Illegal Use o</b> efference to this section inst your in a subsequernment. The following	of the court o on of the cour her domestic v currently issue of <b>Drugs a</b> on, that neithe ient criminal p ing questions	r agency th t or agency violence pro- ed against y nd Drug er your truth proceeding. pertain to th	that issued the order. the order or the oreport? <b>g Activity</b> ful responses nor infor As to this particular set the illegal use of drugs	Name of cc Street addr YES (Yes adds mation derived ction, this appli	burt (Free Text) ess and city another entry) from your resp es whether or n	State and Zip Co NO (Require onses to this section ot you are currentl	ed to valio on will be y employ	late) usec
Violence (Multiple Entries Allowed) Section 23 We note, with r as evidence aga the Federal gov accordance with	Provide the name Provide the location Do you have anot restraining order of <b>Illegal Use o</b> efference to this section inst you in a subsequernment. The following reference to a subsequernment of the subsequernme	of the court o on of the cour her domestic currently issue <b>on that neithe</b> ient criminal p ing questions though permis	r agency th t or agency violence pro- ed against y nd Drug er your truth proceeding. pertain to th sssible under	that issued the order. bective order or ou to report? <b>g Activity</b> ful responses nor infor As to this particular se the illegal use of drugs - state laws.	Name of c Street addr YES (Yes adds mation derived ction, this appli or controlled sul	burt (Free Text ress and city another entry) from your resp es whether or n ostances or drug	State and Zip Co NO (Require onses to this section ot you are currentl g or controlled sub-	ed to valid n will be y employ stance act	late) usec ed b ivity
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Violence (Multiple Entries Allowed) Section 23 We note, with r as evidence aga the Federal gove accordance with In the last seve includes injection	Provide the name Provide the location Do you have anot restraining order of <b>Illegal Use o</b> efference to this section inst you in a subsequernment. The following referent laws, even in referent laws, even i	of the court o on of the cour her domestic currently issue on that neithe ient criminal p ing questions though permis u illegally use g, swallowing,	r agency th t or agency violence pro- ed against y <b>nd Drug</b> er your truth proceeding. pertain to th ssible under d any drugs experimen	that issued the order. totective order or ou to report? <b>g Activity</b> ful responses nor infor As to this particular se the illegal use of drugs state laws. or controlled substan- ting with or otherwise	Name of c Street addr YES (Yes adds mation derived ction, this appli or controlled sul ces? Use of a dr consuming any	burt (Free Text ess and city another entry) from your resp es whether or n ostances or drug ug or controllec drug or controllec	State and Zip Co NO (Require onses to this sectio ot you are current g or controlled sub: I substance led substance.	ed to valid n will be y employ stance act	late) usec ed b ivity
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Violence (Multiple Entries Allowed) Section 23 We note, with r as evidence aga the Federal gove accordance with In the last seve includes injectin Branch	Provide the name Provide the location Do you have anot restraining order of <b>Illegal Use o</b> eference to this section inst you in a subseque emment. The following rederal laws, even <b>n (7) years</b> , have you ng, snorting, inhaling You answered 'You Provide the type of	of the court o on of the cour her domestic currently issue on that neithe ing questions though permis u illegally use g, swallowing, es' to in the la	r agency th t or agency violence pro- ed against y <b>nd Drug</b> er your truth pertain to th ssible under d any drugs experimen <b>ast seven (7</b> trolled subs	that issued the order. become or a construction of the order of a construction of the order of a construction of the order of the orde	Name of c Street addr YES (Yes adds mation derived ction, this appli or controlled sul ces? Use of a dr consuming any y used a drug o Explanation if	burt (Free Text ess and city another entry) from your resp es whether or n ostances or drug ug or controlled drug or controlled drug or controlled suber (Free Te	State and Zip Co NO (Require onses to this section of you are currentling or controlled substance led substance. (stance. (xt)	ed to valid on will be y employed stance act YES	date) used ed by ivity
Violence (Multiple Entries Allowed) Section 23 We note, with r as evidence aga the Federal gove accordance with In the last seve includes injectin Branch If Yes to	Provide the name Provide the location Do you have anot restraining order of <b>Illegal Use o</b> eference to this section inst you in a subseque emment. The following rederal laws, even n (7) years, have you ng, snorting, inhaling You answered 'You Provide the type of <i>Cocaine or crace</i>	of the court o on of the court her domestic currently issue of <b>Drugs a</b> on, that neither ing questions though permis u illegally use g, swallowing, es' to in the la of drug or com ck cocaine (Su	r agency th t or agency th t or agency violence pro- ed against y <b>nd Drug</b> er your truth er your truth ssible under d any drugs experimen <b>ast seven (7</b> trolled subs uch as rock,	that issued the order. totective order or ou to report? <b>g Activity</b> ful responses nor infor As to this particular se the illegal use of drugs state laws. s or controlled substan- ting with or otherwise <b>y years</b> having illegall tance. <i>freebase, etc.)</i> $\Box$ <i>Stin</i>	Name of c Street addr YES (Yes adds mation derived ction, this appli or controlled sul ces? Use of a dr consuming any y used a drug o Explanation if mulants (Such as	ourt (Free Text ess and city another entry) from your resp es whether or n ostances or drug ug or controlled drug or controlled drug or controlled sub other (Free Te <i>amphetamines</i>	State and Zip Co NO (Require onses to this section of you are currentl g or controlled sub- a substance led substance. (stance. (xt) , speed, crystal me	ed to valie n will be y employ stance act YES th, ecstas	used ed by ivity No
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DRAFT PRE-DECISIONAL DELIBERATIVE

	Provide an estimation		Date (Estimated)			estimate of th		Date	(Estima	ated)	
(Multiple Entries	month and year of			1	2	most recent					
Allowed)			and number of times use ployed as a law enforcem			se (Free Text	,	al or u	while	YES	NO
/ mowed)			ately affecting the public		ncer, prosecut			ai, 01 w	viine	11.5	NO
			security clearance?							YES	NO
			controlled substance in th	he futu	re?					YES	NO
	Provide explanat	ion of why you i	ntend or do not intend to	use thi	s drug or cont	trolled substa	nce in the	future.	•		nation
	-									(Free	Text)
	Do you have an a substance to ente		ce(s) of illegal use of a dr	ug or c		YES (Yes adds an	other ontr		NO	ired to v	alidata)
In the last seven			in the illegal purchase, n	nanufa	cture cultivat	ion trafficki	ng produc	y)	(Kequ	YES	NO
			drug or controlled subst		eture, eutrivat	ion, traineki	ng, produc	, uon,		TLS	no
	You answered 'Y	es' to in the las	t seven (7) years having	been ir					e, cultiv	ation,	
			hipping, receiving, hand					e.			
	Provide the type				her explanation nulants (Such				4 1		
			h as rock, freebase, etc.) , pot, hashish, etc.)		oressants (Such						
	$\Box$ Ketamine (Such as				rcotics (Such						5, 010.7
			PCP, mushrooms, etc.)		roids (Such a						
Branch If Yes to	□ Inhalants (Such				<i>her (Provide e</i> /ide an estima			D.	(T) (	( 1)	
Illegal Drug	Provide an estimation and year of first i		Date (Estimated)		of most recei			Date	(Estima	ated)	
Activity	Provide nature of		of activity.		are of activity						
			gaged in the activity.		son(s) (Free T	. ,					
(Multiple			were employed as a law			prosecutor,	or courtro	om offi	icial,	YES	NO
Entries Allowed)		*	immediately affecting th		ic safety?					VEC	NO
			sessing a security clearan ctivity in the future?	ce?						YES YES	NO NO
	Branch		cated that you plan to eng	page in	the illegal pu	rchase, manu	ifacture.	Ex	planatio		
	If Yes to		fficking, production, tran						1		,
	Future Activity		ntrolled substance in the								
			ce(s) of having been invo				YE YE	iS es adds		NO	ired to
	of a drug or conti		ing, production, transfer,	smppn	ig, receiving,	nationing or s		other er		valida	
Have you EVER			legally involved with a d	rug or o	controlled sub	stance while				YES	NO
	han previously liste						-				
Branch			VER illegally used or ot		e been involvo	ed with a dru	g or contr	olled su	ubstance	e while	
If Van de II.e.											
If Yes to Use While	Provide a descrip	tion of your invo	ther than previously liste	d.		Descriptio	on (Free T	ext)			
If Yes to Use While Possessing a	Provide a descrip Provide the dates	ption of your invo	olvement.		d)	Descriptio		,	it)		
While Possessing a Clearance	Provide a descrip Provide the dates Provide an estimation	otion of your invo of involvement/ ate of the numbe	olvement. use. From Date (Es r of times you used and/o	stimate or were	involved		Estimated	/Presen	ıt)		
While Possessing a Clearance (Multiple	Provide a descrip Provide the dates Provide an estimation with this drug or	otion of your invo of involvement/ ate of the numbe controlled substa	blvement. Suse. From Date (Est r of times you used and/o ance while possessing a s	stimate or were security	involved clearance.	To Date ( Estimate (	Estimated	/Presen	<i>.</i>		
While Possessing a Clearance	Provide a descrip Provide the dates Provide an estimation with this drug or Do you have an a	otion of your invo of involvement/ ate of the numbe controlled substand additional instand	blvement. use. From Date (Es r of times you used and/c ance while possessing a s ce(s) of the illegal use or	stimate or were security involve	involved clearance. ement with a	To Date ( Estimate ( YES	Estimated Free Text	/Presen )	NO	ired to v	alidate)
While Possessing a Clearance (Multiple Entries Allowed)	Provide a descrip Provide the dates Provide an estimation with this drug or Do you have an a drug or controlled	otion of your involvement/ ate of the numbe controlled substand additional instand d substance whil	blvement. Suse. From Date (Est r of times you used and/o ance while possessing a s	stimate or were security involve learanc	involved v clearance. ement with a e to enter?	To Date ( Estimate ( YES (Yes adds	Estimated (Free Text another e	/Presen ) ntry)	NO	ired to v YES	alidate) NO
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While Possessing a Clearance (Multiple Entries Allowed) Have you EVER enforcement offi other than previo	Provide a descrip Provide the dates Provide an estim- with this drug or Do you have an a drug or controlled tillegally used or o cer, prosecutor, or ously listed? You responded * employed as a la- the public safety	otion of your invo of involvement/ ate of the numbe controlled substa additional instance d substance while otherwise been in courtroom offici Yes' to having E w enforcement o other than previo	blvement.         use.       From Date (Es         r of times you used and/c         ance while possessing a s         ce(s) of the illegal use or         e possessing a security cl         volved with a drug or co         al; or while in a position         VER illegally used, or o         fficer, prosecutor, or cou	stimated or were becurity involve learanc ntrollec directly therwis rtroom	involved v clearance. ement with a e to enter? d substance w y and immedi se been involv official; or w	To Date ( Estimate d YES (Yes adds hile employe ately affectin red with a dru hile in a posi	Estimated (Free Text another e ad as a law g the public ag or contri	/Presen ) ntry) lic safet rolled s tly and	NO (Requi ty substanc immedi	YES e while ately aff	NO
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					l meth, ecstasy, etc.)		
				ed, pot, hashish, etc			
		Depressants (	Such as barbiti	irates, methaqualon	e, tranquilizers, etc.)		
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In the last sever relationships, y Branch If negative impact (Multiple Entries Allowed) Have you EVE Branch If Yes to Ordered to Seek Counseling (Multiple	or treatment as a 1 or treatment as a 1 or Use of Alcoh en (7) years has your your finances, or resul You responded 'Y relationships, you Provide the montl Provide dates of i Has the use of alc professional or pe enforcement/publ CR been ordered, advi You responded 'Y Have any of the fa all that apply) An employer, n An ental healtt I have not been Other explanation Branch If No	result of your use of hol r use of alcohol had lted in intervention Yes' to your alcoho in finances, or result h/year when this non- nation of the circum involvement or use cohol had other neg- ersonal relationship lic safety personnel ised, or asked to se Yes'' to having beer following ordered, at nilitary commander h professional ordered, advised, or (Free Text) Di You responded ' Explain the reason	of a drug or cor l a negative im by law enforce ol use having he ited in interven egative impact nstances and the sative impacts of s, your finance ? ek counseling n ordered, advi advised, or ask r, or employee or asked to see d you take acti No' to having ons for not taki Yes' to having	pact on your work per ement/public safety ad a negative impact tion by law enforcer occurred. The negative impact. The negative impact. The negative impact. The negative impact. The negative impact in inter- or your work perfor es, or resulted in inter- or treatment as a res- sed or asked to seek ed you to seek coun assistance program k counseling or treat on to seek counseling taken action to seek ng action to seek count taken action to seek	(Yes adds another er erformance, your professi personnel? ton your work performan- ment/public safety personn Date (Estimated) Provide circumstances Provide negative impac From Date (Estimated) mance, your ervention by law ult of your use of alcohol? counseling or treatment as a re tment by any of the above ag or treatment? counseling or treatment. unseling or treatment.	try) onal or pe ce, your pr nel. (Free Text t (Free Text t (Free Text To D YES (Yes add another s a result of sult of you a A med back a cou back a cou conter	(Required to validate         rsonal       YES       N         rofessional or persona         rofessional or persona         xt)         ate (Estimated/Presenting)         validate)         YES         NO         ds         (Required validate)         YES         Nof your use of alcohol?         tr official / judge         (Provide Explanation         YES         Nation (Free Text)

	If Yes to	Provide the	full address of t	he counseling/trea	tment prov	ider. Provide te	lephone	number.	Number/	Ext
	Taking Action								ension T Day Nigh	ht Both
									_Check b	
		Street addre	,	State and Zip Coc		ry			100	110
		Did you suc Branch If I		lete the treatment p You responded "I	orogram? No" to havi	ng successfully co	mpleted	Explan	YES ation (Free	NO Text)
		Successful	Completion	the treatment prog	gram. Prov	ide explanation		•		,
	Do you have addi to seek counseling	tional instanc	es of having bee t as a result of vo	en ordered, advised	l or asked to enter?	YES (Yes adds anoth	ner entrv)	NO (Requir	red to valid	date)
Have you EVER	voluntarily sought	counseling o	r treatment as a	result of your use of	of alcohol?	(	,		YES	NO
	You responded 'Y Provide the dates			unseling or treatme		Date (Estimated)	ToD	ate (Estim	atad/Draca	nt)
Branch	Provide the name	of the individ	dual counselor of	r treatment provide		Date (Estimated)		selor name		
10.17	Provide the full a					address and city	State	and Zip C	ode or Co	untry
If Yes to to Seeking	Provide telephone		Number/Ext ension Time Da		cessfully c	omplete the treatm	ient prog	ram?	YES	NO
Counseling			Night Both	-5						
(Multiple			_Check box if International							
Entries	Branch			ng successfully con	mpleted the	e treatment	Expl	anation (Fr	ee Text)	
Allowed)	If Unsuccessful	program. F	Provide explanati	ion:						
				we voluntarily sou of alcohol to enter		S es adds another en	trv)	NO (Required	to validat	e)
Have you EVER	received counselin	ig or treatmen	it as a result of y	our use of alcohol	in addition				YES	NO
this form?		· · · ·								
	You responded 'Y Provide the name			d counseling or tre	atment as a	result of your use		ol. iselor name	e (Free Te	xt)
Branch	Provide the full ad				address and	d city County		and Zip C		
If Yes to	provider.	C /		1. (				0		
to Receiving				e counseling/treatmere counseling/treatmere				ncy name (l	Free Text)	
Counseling	Street address and		organization wit	ere counsening tree		and Zip Code or C		0		
(Multiple	Provide the date c	counseling or	Date (E	stimated)	Provid	le the date counse		Date (Esti	mated/Pre	sent)
Entries	treatment began. Did you successfu	ully complete	your counseling	or treatment?		tment ended nation for Yes or I	No (Free	Text)	YES	NO
Allowed)	Did you receive a					Yes adds another		NO (Requ		
	time?		-							
Section 25 -	- Investigation	ns and Cl	earance Re	cord						
	vernment (or a forei	gn governme	nt) <b>EVER</b> inves	tigated your backg	ground and/	or granted you a s	ecurity c	learance	YES	NO
eligibility/access		1 'Ves' to the	U.S. Governmen	nt (or a foreign gov	(arnmont)	aving investigate	l vour ba	ckground	nd/or hav	ing
			ance eligibility/a		verinnent) i	laving investigate	u your ba	ckground a	unu/or nav	mg
	Provide the inv		🗆 U.S. Dej	partment of Defens				tment of St		
	agency:			ice of Personnel M partment of Treasu	lanagemen	t □ Fe e name of bureau)		eau of Inv	estigation	
Branch	Explanation or			partment of Homel						
If Yes to Having Ever Been	government (F	ree Text)		government, (Prov		of government)	□ I don't	know		
Investigated	Date the invest	igation was c		rovide explanation	1) don't know	r		Date (Esti	mated)	
(Multiple Entries	Provide the par			learance eligibility				Name (Fre	,	
Allowed)	investigating a									
	Provide the dat Provide the lev			was granted.  □ I □ Confidential	don't know □ Sec		ecret	Date (Esti	mated)	
	eligibility/acce			e Compartmented				D L	□ I don't	know
	Explanation (F	,		y foreign country			(Provide	e explanation	/	
Have you EVED	Do you have and thad a security clea		gation to enter?			s another entry)	An admir	NO (Requ	ired to val	lidate) NO
	ministrative termina					revoked? (Note:	An aunn	iistrative	ILS	NO
Branch				a security clearanc						
If Yes to Denied		*	U .	y/access authorizat	tion was de	nied, suspended o	r revoked		(Estimate	ed)
	Drovida on ovn		ncy that took the	of the denial, susp	pension or r	revocation action		Name (Fre Explanation		ext)
(Multiple Entries Allowed)			, revoked or sus			YES		NO		CA()
	U	<i>.</i>	authorization to o	enter?	(	Yes adds another	entry)	(Required		
	been debarred from	n governmen	t employment?	debarred from go	vornment -	mploymont			YES	NO
Branch If Yes to				taking debarment		inployment.		Agency na	ame	
Debarment	Provide the dat	te the debarm	ent occurred.	<b>v</b>				Date (Esti	mated)	
(Multiple Entries				of the debarment.		11 -		Circumsta	nces (Free	,
Allowed)			nment debarmen	it to enter?	YES (Ye	s adds another ent	ry)	NO (Requ	nred to val	lidate)
	- Financial Re									
	(7) years have you								YES	NO
Branch	You responded 'Y	es' to having	filed a petition	under any chapter	of the bank	ruptcy code.				

If Yes to			-Cl			- Chanton 12
Howing F1 1		icable bankruptcy petition type:	$\Box$ Chap	ter 7 🛛 🗆 Chapter 1.		
Having Filed	Provide the bar	nkruptcy court docket/account number.			Account Numb	per (Free Text)
Bankruptcy	Provide the dat	te bankruptcy was filed.			Date (Estimate	ed)
		f bankruptcy discharge.  □ Not Applic	cable		Date (Estimate	
(Multiple		al amount (in U.S. dollars) involved in		atimated	Amount (Free	/
Entries			· ·			/
Allowed)		me debt is recorded under.	Last	First	Middle	Suffix
Allowed)	Provide the nat	me of the court involved.			Court Name (F	Free Text)
	Provide the add	dress of the court involved.	Street a	ddress and City	State and Zip C	Code or Country
		Provide the name of the trustee for th	nis bankruptev	,	Name (Free Te	
	Branch	Provide the address of the trustee for the			I tullie (I i ee i e	(AC)
	If Chapter 13		this bankruptcy.			~ . ~
	1	Street address and City				Code or Country
	Were you disch	harged of all debts claimed in the banki	ruptcy? Provide Expl	lanation Explana	tion (Free Text)	YES NO
	In the last sev	en (7) years, have you filed any addition	onal petitions under a	ny YES	NO	
		bankruptcy code?	1	(Yes adds and	ther entry) (Red	quired to validate
Have you <b>FVF</b>		ancial problems due to gambling?			·····	YES NO
				4 1.12		ILS NO
Branch		1 'Yes' to having <b>EVER</b> experienced fi				
If Yes to		te range of your financial problems due		om Date (Estimated)	To Date (Es	timated/Present)
Financial	Provide an esti	mate of the amount (in U.S. dollars) of	gambling losses incu	ırred.	Amount	(Free Text)
Problems Due	Provide a descr	ription of your financial problems due t	to gambling.		Description	(Free Text)
to Gambling		ten any action(s) to rectify your financia		mbling provide a	Description	
(Multiple					Description	(I ICC ICXI)
Entries		your actions. If you have not taken any				
		<b>ER</b> experienced additional financial pro	blems YES ()	es adds another entr	y) NO (Require	ed to validate)
Allowed)	due to gamblin					
In the last seve		you failed to file or pay Federal, state, o				YES NO
		1 'Yes' to having failed to file or pay Fe				ce.
		file, pay as required, or both? $\Box$ File			J. J. J. G. Marian	
Branch				(Estimate 1)		
		ar you failed to file or pay your Federal		(Estimated)		(m
If Yes to		son(s) for your failure to file or pay rec				(Free Text)
Failing to	Provide the Fee	deral, state or other agency to which yo	ou failed to file or pay	v taxes.	Agency	(Free Text)
	Provide the typ	be of taxes you failed to file or pay (suc	ch as property, income	e, sales, etc.).	Tax Type	e (Free Text)
File/Pay Taxes		nount (in U.S. dollars) of the taxes. $\Box$ Es				(Free Text)
		atisfied. $\square$ Not applicable	Juliated		Date (Est	
(Multiple			the section of the delta for			/
Entries		ription of any action(s) you have taken				on (Free Text)
Allowed)		amount of payments, etc.). If you have				
	Are there any o	other instances in the last seven (7) yea	ars where you failed	to YES	NO	
	file or pay Fede	eral, state or other taxes when required	by law or ordinance?	(Yes adds and	other entry) (Red	quired to validat
In the last seve	n (7) vears have	you been counseled, warned, or discipl	ined for violating the	terms of agreement	for a travel or	YES NO
credit card prov						
ereare eara provi						
_			ed or disciplined for	violating the terms of	of agreement for a	travel or credit
	You responded	1 'Yes' to having been counseled, warn	ed, or disciplined for	violating the terms of	of agreement for a	travel or credit
Branch	You responded card provided b	l 'Yes' to having been counseled, warn by your employer.	ed, or disciplined for	violating the terms of		
	You responded card provided b Provide the nar	1 'Yes' to having been counseled, warn by your employer. me of the agency or company.		-	Agency (Free	Text)
Branch If Yes to	You responded card provided b Provide the nam Provide the add	I 'Yes' to having been counseled, warn by your employer. me of the agency or company. dress of the agency or company.	Street ad	violating the terms of	Agency (Free State and Zip C	Text)
	You responded card provided b Provide the nam Provide the add	1 'Yes' to having been counseled, warn by your employer. me of the agency or company.	Street ad	-	Agency (Free	Text)
If Yes to Violation of	You responded card provided b Provide the nam Provide the add Provide the dat	I 'Yes' to having been counseled, warn by your employer. me of the agency or company. dress of the agency or company. te of your counseling, warning, or disci	Street ad	-	Agency (Free State and Zip C	Text) Code or Country Est.
If Yes to Violation of Credit/Travel	You responded card provided b Provide the nat Provide the add Provide the dat Provide the rea	<ul> <li>Yes' to having been counseled, warn by your employer.</li> <li>me of the agency or company.</li> <li>dress of the agency or company.</li> <li>te of your counseling, warning, or discisson(s) for the counseling, warning or d</li> </ul>	Street ad plinary action. lisciplinary action.	-	Agency (Free 7 State and Zip C Month/Year Reasons (Free	Text) Code or Country Est. Text)
If Yes to Violation of	You responded card provide I Provide the nau Provide the add Provide the dat Provide the rea Provide the rea	<ul> <li>Yes' to having been counseled, warn by your employer.</li> <li>me of the agency or company.</li> <li>dress of the agency or company.</li> <li>te of your counseling, warning, or discisson(s) for the counseling, warning or do toount (in U.S. dollars) of violation.  </li> </ul>	Street ad plinary action. lisciplinary action. Estimated	ddress and City	Agency (Free 7 State and Zip 0 Month/Year Reasons (Free Amount (Free 7	Text) Code or Country Est. Text) Text) Text)
If Yes to Violation of Credit/Travel Card Terms	You responded card provide I Provide the nau Provide the add Provide the dat Provide the rea Provide the am Provide the am	<ul> <li>Yes' to having been counseled, warn by your employer.</li> <li>me of the agency or company.</li> <li>dress of the agency or company.</li> <li>te of your counseling, warning, or discisson(s) for the counseling, warning or do nount (in U.S. dollars) of violation.  <ul> <li>E ription of any action(s) you have taken</li> </ul> </li> </ul>	Street ad plinary action. lisciplinary action. Estimated	ddress and City	Agency (Free 7 State and Zip C Month/Year Reasons (Free	Text) Code or Country Est. Text) Text) Text)
If Yes to Violation of Credit/Travel Card Terms (Multiple	You responded card provide I Provide the nau Provide the add Provide the dat Provide the rea Provide the rea Provide the ann Provide a descu taken any actio	<ul> <li>Yes' to having been counseled, warn by your employer.</li> <li>me of the agency or company.</li> <li>dress of the agency or company.</li> <li>te of your counseling, warning, or discisson(s) for the counseling, warning or do to unt (in U.S. dollars) of violation.  <ul> <li>Eription of any action(s) you have taken on(s) provide explanation.</li> </ul> </li> </ul>	Street ad plinary action. lisciplinary action. Estimated to rectify this situation	ddress and City on. If you have not	Agency (Free 7 State and Zip C Month/Year Reasons (Free Amount (Free Description (Fr	Text) Code or Country Est. Text) Text) ree Text)
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If Yes to Violation of Credit/Travel Card Terms (Multiple Entries Allowed)	You responded card provide II Provide the nat Provide the add Provide the dat Provide the dat Provide the rea Provide the ann Provide the ann Provide the ann Provide a descritation Are there any co warned, or disc by your employ	I 'Yes' to having been counseled, warn by your employer. The of the agency or company. dress of the agency or company. te of your counseling, warning, or disci- tiston(s) for the counseling, warning or di- toount (in U.S. dollars) of violation. Tription of any action(s) you have taken on(s) provide explanation. Ther instances in the last seven (7) year ciplined for violating the terms of agrees yer?	Street ad plinary action. lisciplinary action. Estimated to rectify this situation ars where you have be ement for a travel or c	ddress and City on. If you have not een counseled, redit card provided	Agency (Free T State and Zip C Month/Year Reasons (Free Amount (Free Description (Fr YES (Yes adds another entry)	Text) Code or Country Est. Text) Text) ree Text) NO (Required t validate)
If Yes to Violation of Credit/Travel Card Terms (Multiple Entries Allowed) Are you current	You responded card provide II Provide the nat Provide the add Provide the dat Provide the dat Provide the rea Provide the ann Provide the ann Provide the ann Provide a descritation Are there any co warned, or disc by your employ	<ul> <li>Yes' to having been counseled, warn by your employer.</li> <li>me of the agency or company.</li> <li>dress of the agency or company.</li> <li>te of your counseling, warning, or discisson(s) for the counseling, warning or douut (in U.S. dollars) of violation.  <ul> <li>Eription of any action(s) you have taken on(s) provide explanation.</li> </ul> </li> <li>other instances in the last seven (7) year ciplined for violating the terms of agreed to the terms of t</li></ul>	Street ad plinary action. lisciplinary action. Estimated to rectify this situation ars where you have b ement for a travel or c	ddress and City on. If you have not een counseled, redit card provided	Agency (Free T State and Zip C Month/Year Reasons (Free Amount (Free Description (Fr YES (Yes adds another entry)	Text) Code or Country Est. Text) Text) ree Text) NO (Required t validate)
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	Did/does this financial issue include any of the following: (Check all that apply) In the last seven (7) years, you have been delinquent on alimony or child suppo	rt navments
Branch	□ In the last seven (7) years, you have been definiquent on annony of ende suppo	
	debtor, as well as those for which you were a cosigner or guarantor).	- ·
If Yes to	□ In the last seven (7) years, you had a lien placed against your property for failing	g to pay taxes or other debts. (Include financia
Having	obligations for which you were the sole debtor, as well as those for which you were	
Financial	□ You are currently delinquent on any Federal debt. (Include financial obligations f	or which you are the sole debtor, as well as
Issues Involving	those for which you are a cosigner or guarantor).	VEC NO
Enforcement		YES NO
Enforcement	Provide the associated loan / account number(s) involved.	Loan / account number (Free Text
(Multiple	Identify/describe the type of property involved (if any).	Property type (Free Text) Amount (Free Text)
Entries	Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue.	Reasons (Free Text)
Allowed)		
	Provide the current status of the financial issue. Provide the date the financial issue began.	Status (Free Text) Date (Estimated)
	Provide the date the financial issue began. Provide date the financial issue was resolved. $\Box$ 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 we	
	frequency and amount of payments, etc.). If you have not taken any provide explana	
	Other than previously listed, are there any other instances of the following occurren	
	• In the last seven (7) years, you have been delinquent on alimony or child support	
	• In the last seven (7) years, you had a judgment entered against you. (Include fina	
	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	
	obligations for which you were the sole debtor, as well as those for which you were	
	• You are currently delinquent on any Federal debt. (Include financial obligations for	or which you are the sole debtor, as well as
	those for which you are a cosigner or guarantor).	
	YES (Yes adds anothe	er entry) NO (Required to validate)
	viously listed, have any of the following happened?	
	ven (7) years, you had any possessions or property voluntarily or involuntarily reposse	
	which you were the sole debtor, as well as those for which you were a cosigner or guar	
	ven (7) years, you defaulted on any type of loan? (Include financial obligations for wh	ich you were the sole debtor, as well as those
	were a cosigner or guarantor). <b>ven (7) years</b> , you had bills or debts turned over to a collection agency? (Include finance)	
		cial obligations for which you were the sole
debtor, as well	as those for which you were a cosigner or guarantor).	
debtor, as well • In the last se	as those for which you were a cosigner or guarantor). <b>ven (7) years</b> , you had any account or credit card suspended, charged off, or cancelled	for failing to pay as agreed? (Include financia
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	Other than previously listed, are there any other instances of the	he following occurrences?		
	$\Box$ Yes $\Box$ No	6		
	• In the last seven (7) years, you had any possessions or prop			
	financial obligations for which you were the sole debtor, as we			
	• In the last seven (7) years, you defaulted on any type of loa	n, (Include financial obligations	for which you were th	e 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		e financial obligations	for which you
	were the sole debtor, as well as those for which you were a co		neelled for failing to n	av as asmad
	• In the last seven (7) years, you had any account or credit ca (Include financial obligations for which you were the sole deb			
	• In the last seven (7) years, you have been evicted for non-p		ou were a cosigner or g	guarantor).
	• In the last seven (7) years, you have been evicted for hon-p • In the last seven (7) years, you had your wages, benefits, or		any reason	
	• In the last seven (7) years, you have been over 120 days de			inancial
	obligations for which you were the sole debtor, as well as those			
	• You are currently over 120 days delinquent on any debt. (Ind			ebtor, as well
	as those for which you are a cosigner or guarantor).	C		,
		YES (Yes adds another ent	ry) NO (Required t	o validate)
Section 27 –	Use of Information Technology Systems			
	erence to this section, that neither your truthful responses nor in	nformation derived from your re	sponses to this section	will be used
	st you in a subsequent criminal proceeding. As to this particula			
	nment. The following questions ask about your use of informa			
	hardware, software, firmware, and data used for the communic			
of information.				
In the last seven	(7) years have you illegally or without proper authorization ac	cessed or attempted to access an	y information	YES NO
technology system				
Branch	You responded 'Yes' to having in the last seven (7) years ille	egally or without proper authoriz	ation entered or attempt	pted to enter
If Yes to	into any information technology system.			
Unauthorized	Provide the date of the incident.		Date (Estimated)	
Access	Provide a description of the nature of the incident or offense.	Street allows and City	Description of incide	
(Multiple	Provide the location where the incident took place.	Street address and City	State and Zip Code o	,
Entries	Provide a description of the action (administrative, criminal or this incident.	r other) taken as a result of	Description (Free Te	Xt)
Allowed)	Are there any other incidents to report?	YES (Yes adds another entry	NO (Pequire	ed to validate)
	(7) years have you illegally or without authorization, modified			YES NO
	ing on an information technology system or attempted any of the		ieu officis access to	ILS NO
Branch	You responded 'Yes' to having <b>in the last seven (7) years</b> ill		nodified, destroyed, m	anipulated, or
If Yes to	denied others access to information residing on an information			1 /
Manipulating	Provide the date of the incident.	Date (Estimated)	,	
Access	Provide a description of the nature of the incident or offense.	Description of incident (Free	Text)	
(Multiple	Provide the location where the incident took place.	Street address and City	State and Zip Code o	r Country
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Allowed)	Are there any other incidents to report?	YES (Yes adds another entry		to validate)
	(7) years have you introduced, removed, or used hardware, so			YES NO
	n without authorization, when specifically prohibited by rules,	procedures, guidelines, or regula	tions or attempted	
any of the above?			C 1	
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		uthorization, when specifically t		ocedures
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 Member of a
 Provide the address/location of the organization.
 Street address and City

 DRAFT
 PRE-DECISIONAL
 DELIBERATIVE

State and Zip Code or Country

T		Г	$\mathbf{D} \in (\mathbf{E} \cdot \mathbf{C} + \mathbf{I})$	T D ( (T (	( 1/D ()	
Terrorist Organization	Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any.		m Date (Estimated)	To Date (Estin Positions (Free		
Organization	Provide all contributions made to the organization, if any. $\Box$	1		Contributions		
(Multiple Entries	Provide a description of the nature of and reasons for your in			Involvement (I	· /	
Allowed)	Do you have any other instances of being a member of an org			YES	NO	
·	terrorism, either with an awareness of the organization's dedi			(Yes adds	(Required to	
	specific intent to further such activities to report?			another entry)	validate)	
Have you EVER ki	nowingly engaged in any acts of terrorism?				YES NO	
Branch If Yes	You responded 'Yes' to EVER having knowingly engaged in	n any ac	cts of terrorism.			
Engaging in	Describe the nature and reasons for the activity.		Nature and reasons (Free	e Text)		
Terrorism	Provide the dates for any such activities.		From Date (Estimated)	To Date (Est	imated/Present)	
(Multiple Entries	Do you have any other instances of knowingly engaging in a	cts of	YES	NO		
Allowed)	terrorism to report?		(Yes adds another entry)			
-	lvocated any acts of terrorism or activities designed to overthro				YES NO	
Branch	You responded 'Yes' to having <b>EVER</b> advocated any acts of	terrori	sm or activities designed to	o overthrow the U.	S. Government	
If Yes to	by force.	2				
Advocating			ns (Free Text)		10	
			Date (Estimated)	To Date (Estim		
(Multiple Entries Allowed)	Do you have any other instances of advocating acts of terroris				(Required to	
	designed to overthrow the U.S. Government by force to report een a member of an organization dedicated to the use of violence		another		idate) YES NO	
	hich engaged in activities to that end with an awareness of the				ILS NO	
	rther such activities?	organiz	ation's dedication to that e	and of while the		
specific intent to ru	You responded 'Yes' to having <b>EVER</b> been a member of an	organiz	ration dedicated to the use	of violence or for	e to overthrow	
Branch	the United States Government, and which engaged in activiti					
Dranch	that end or with the specific intent to further such activities.					
If Yes to being	Provide the full name of the organization.	Org	anization name (Free Text	)		
Member of	Provide the address/location of the organization.	Stre	eet address and City	State and Zip Co	le or Country	
Organization	Provide the dates of your involvement with the organization.	Fro	m Date (Estimated)	To Date (Estimat	ed/Present)	
Using Violence	Provide all positions held in the organization, if any.  □ No positions held Positions (					
to Overthrow the	Provide all contributions made to the organization, if any.	No con	tributions made	Contributions	(Free Text)	
U.S. Govt.	Provide a description of the nature of and reasons for your in-		0	Description (F	, ,	
	Do you have any other instances of being a member of an org			YES	NO	
(Multiple Entries	of violence or force to overthrow the United States Governme			(Yes adds	(Required to	
Allowed)	activities to that end with an awareness of the organization's	dedicat	ion to that end or with	another entry)	validate)	
Have you EVED by	the specific intent to further such activities to report?		an of acts of forms on viola	age to	YES NO	
	een a member of an organization that advocates or practices con rom exercising their rights under the U.S. Constitution or any st				IES NO	
further such action?		are of t	ne onneu States with the s	specific intent to		
	You responded 'Yes' to being or EVER having been a memb	per of a	n organization that advoca	tes or practices co		
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			ights under the U.S. Consti			
	acts of force or violence to discourage others from exercising U.S. with the specific intent to further such action.		ights under the U.S. Consti			
Branch	acts of force or violence to discourage others from exercising	their ri	ights under the U.S. Consti anization Name (Free Tex	tution or that of a		
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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.

DRAFT PRE-DECISIONAL DELIBERATIVE

# 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 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>

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	or print l	egibly)	Date signed (mm/dd/yyyy)
Other names used					Social Security Number
Current street address Apt. 7	ŧ Cit	ty (Country)	State	ZIP Code	Telephone number

# For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?

# \_YES \_\_NO

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 ( <i>mm/dd/yyyy</i> )

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

# UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

## Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

## Purpose

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 ( <i>mm/dd/yyyy</i> )