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## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #30184

### ARCHIVAL COPY - RETAIN FOR YOUR RECORDS

The information contained in this document represents data submitted by **Maxie Dion Schmidt** (Applicant) for the **e-QIP Investigation Request #30184**. Applicant certified the accuracy of this information at **2020-12-30 05:43:32**.

This Investigation Request contains the following documents:

**Page 1: Investigation Request Cover Sheet**

**Page 2-43: Questionnaire For National Security Positions**

Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

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## Form Completion Instructions

### 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.

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## 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.

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.
- l. 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 a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to 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.

### Statement of Understanding

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

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U.S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.

Yes: { x } No: { }

### Sections 1-4 - Identifying Information

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

Last: **Schmidt** First: **Maxie** Middle: **Dion** Suffix:

Provide your date of birth

Month/Day/Year: **11/25/1985**

Provide your place of birth

City: **Columbia** County: **Boone** State: **MO** Country: **United States**

Provide your U.S. Social Security Number ( Not Applicable: { } )

**259 - 73 - 9798**

Optional Comment

**Please note that the front screen for the e-QIP forms lists my birth state as MT. This is incorrect and should be MO as indicated on this page above.**

### Section 5 - Other Names Used

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

Have you used any other names?

Yes: { x } No: { }

Optional Comment

**My research publications usually have my full name written as follows: Maxie D. Schmidt (or more recently Maxie Dion Schmidt)**

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

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

Provide other name used

Last: **Schmidt** First: **Maxie** Middle: **Dion** Suffix:

Maiden name?

Yes: { }

No: { x }

Provide dates used

From (Month/Year): **01/2002 (Estimated)** To (Month/Year): **Present**

Provide the reason(s) why the name changed

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**I decided to start writing out my full middle name of publications. Formerly, I would have abbreviated the middle initial.**

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(End of List)

### **Summary**

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

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Do you have additional names to enter?

Yes: { } No: { **x** }

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### **Section 6 - Your Identifying Information**

Provide your identifying information.

Height

(feet): 6

(inches): 0

Weight: 235

Hair color: Brown

Eye color: Hazel

Sex

Female: { **x** }

Male: { }

### **Section 7 - Your Contact Information**

Provide your contact information. Email addresses may be used as a contact method, and identify subject in records.

Home e-mail address: maxieds@gmail.com

Work e-mail address: mschmidt34@gatech.edu

Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation.

Home telephone number

International or DSN: { } Number: Extension: Time:

Work telephone number

International or DSN: { } Number: Extension: Time:

Mobile/Cell telephone number

International or DSN: { } Number: 6367514916 Extension: Time: **Both**

Optional Comment

**In general, the best way to reliably get in contact with me is over email.**

### **Section 8 - U.S. Passport Information**

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

Yes: { } No: { **x** }

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

### **Section 9 - Citizenship**

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

Provide your current citizenship status



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

## Section 10 - Dual/Multiple Citizenship Information

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

Yes: ☐ ☐ No: ☒ ☐

### Foreign Passport

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

Yes: ☐ ☐ No: ☒ ☐

## Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years**.

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

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

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

### 1. Enter residence information.

Provide dates of residence

From (Month/Year): 08/2019 To (Month/Year): Present

Is/was this residence

Owned by you: ☐ ☐

Rented or leased by you: ☒ ☐

Military housing: ☐ ☐

Other (Provide explanation): ☐ ☐

Explanation

**My personal on campus student housing apartment at GA Tech since returning from time off in Pensacola, FL during 2019.**

Provide the street address

Street: 251 10th Street NW, C101

City: Atlanta State: GA Country: Zip Code: 30318

### Person Who Knew You

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.

Provide the full name

Last: Kirkpatrick First: Anna Middle: Elise Suffix:

Provide date of last contact

Month/Year: 10/2020

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

Neighbor: ☒ ☐

Friend: ☒  
Landlord: ☐  
Business associate: ☐  
Other (Provide explanation): ☐

Explanation

Provide the following contact information for this person

Provide evening telephone number for this person ( I don't know: ☒ )

International or DSN: ☐ Number: Extension:

Provide daytime telephone number for this person ( I don't know: ☒ )

International or DSN: ☐ Number: Extension:

Provide cell/mobile telephone number for this person ( I don't know: ☒ )

International or DSN: ☐ Number: Extension:

Provide e-mail address for this person ( I don't know: ☐ ) : akirkpatrick3@gatech.edu

Provide street address for this person (including apartment number)

Street: 251 10th Street NW, A123

City: Atlanta State: GA Country: Zip Code: 30318

2. Provide dates of residence

From (Month/Year): 01/2019 (Estimated) To (Month/Year): 08/2019 (Estimated)

Is/was this residence

Owned by you: ☐

Rented or leased by you: ☐

Military housing: ☐

Other (Provide explanation): ☒

Explanation

I lived at the home owned by my parents over this time period.

Provide the street address

Street: 4015 Landfall Drive

City: Pensacola State: FL Country: Zip Code: 32507

### Person Who Knew You

Provide the full name

Last: Blackwell First: Cecilia Middle: IDK Suffix:

Provide date of last contact

Month/Year: 12/2020

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

Neighbor: ☐

Friend: ☐

Landlord: ☐

Business associate: ☐

Other (Provide explanation): ☒

Explanation

A family friend with a part-time residence nearby the house. The indication of "IDK" used as her middle name means "I don't know" -- I do not have that information readily available to me at the time of preparing this form.

Provide evening telephone number for this person ( I don't know: ☒ )

International or DSN: ☐ Number: Extension:

Provide daytime telephone number for this person ( I don't know: ☒ )

International or DSN: ☐ Number: Extension:

Provide cell/mobile telephone number for this person ( I don't know: ☐ )

International or DSN: ☐ Number: 5043524088 Extension:

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Provide e-mail address for this person ( I don't know: { x } ) :  
Provide street address for this person (including apartment number)  
Street: **6330 Laurel Street**  
City: **New Orleans** State: **LA** Country: Zip Code: **70118**

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3. Provide dates of residence  
From (Month/Year): **08/2017 (Estimated)** To (Month/Year): **01/2019 (Estimated)**  
Is/was this residence  
Owned by you: { }  
Rented or leased by you: { x }  
Military housing: { }  
Other (Provide explanation): { }  
Explanation  
**My personal on campus student housing apartment at GA Tech from when I first arrived on campus until I left the university to take 8-9 months off from school in 2019.**  
Provide the street address  
Street: **251 10th Street NW, A312**  
City: **Atlanta** State: **GA** Country: Zip Code: **30318**  
**Person Who Knew You**  
Provide the full name  
Last: **Kirkpatrick** First: **Anna** Middle: **Elise** Suffix:  
Provide date of last contact  
Month/Year: **10/2020**  
Provide your relationship to this person (check all that apply)  
Neighbor: { x }  
Friend: { x }  
Landlord: { }  
Business associate: { }  
Other (Provide explanation): { }  
Explanation  
  
Provide evening telephone number for this person ( I don't know: { x } )  
International or DSN: { } Number: Extension:  
Provide daytime telephone number for this person ( I don't know: { x } )  
International or DSN: { } Number: Extension:  
Provide cell/mobile telephone number for this person ( I don't know: { x } )  
International or DSN: { } Number: Extension:  
Provide e-mail address for this person ( I don't know: { } ) : **akirkpatrick3@gatech.edu**  
Provide street address for this person (including apartment number)  
Street: **251 10th Street NW, A123**  
City: **Atlanta** State: **GA** Country: Zip Code: **30318**
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4. Provide dates of residence  
From (Month/Year): **05/2015 (Estimated)** To (Month/Year): **07/2017 (Estimated)**  
Is/was this residence  
Owned by you: { }  
Rented or leased by you: { }  
Military housing: { }  
Other (Provide explanation): { x }  
Explanation  
**I lived with family at my parents retirement home over this time period.**
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Provide the street address

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

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5. Provide dates of residence

From (Month/Year): **09/2014 (Estimated)** To (Month/Year): **04/2015 (Estimated)**

Is/was this residence

Owned by you: { }

Rented or leased by you: { **x** }

Military housing: { }

Other (Provide explanation): { }

Explanation

Provide the street address

Street: **4545 8TH AVE NE APT 309**

City: **Seattle** State: **WA** Country: Zip Code: **98105**

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6. Provide dates of residence

From (Month/Year): **06/2014 (Estimated)** To (Month/Year): **08/2014 (Estimated)**

Is/was this residence

Owned by you: { }

Rented or leased by you: { }

Military housing: { }

Other (Provide explanation): { **x** }

Explanation

**The retirement home owned by my parents. They allowed me to live there over this transitional time period of the summer months.**

Provide the street address

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

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7. Provide dates of residence

From (Month/Year): **01/2010 (Estimated)** To (Month/Year): **05/2014 (Estimated)**

Is/was this residence

Owned by you: { }

Rented or leased by you: { **x** }

Military housing: { }

Other (Provide explanation): { }

Explanation

Provide the street address

Street: **111 South Busey Avenue**

City: **Apt. #1** State: **IL** Country: Zip Code: **61801**

---

(End of List)

## Summary

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

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

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

Do you have an additional residence to report?

Yes: { } No: { x }

## Section 12 - Where You Went To School

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

Have you attended any schools in the last 10 years?

Yes: { x } No: { }

1. Provide the dates of attendance  
From (Month/Year): **08/2002 (Estimated)** To (Month/Year): **05/2004 (Estimated)**  
Select the most appropriate code to describe your school  
High School: { }  
College/University/Military College: { x }  
Vocational/Technical/Trade School: { }  
Correspondence/Distance/Extension/Online School: { }  
Provide the name of the school: **Northwest Missouri State University (MO Academy)**  
Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained.  
Street: **800 University Drive**  
City: **Maryville** State: **MO** Country: Zip Code: **64468**

For assistance determining the school address, refer to <http://ope.ed.gov/accreditation/Search.aspx>

### **Degree or Diploma Received**

Did you receive a degree/diploma?

Yes: { x } No: { }

### **Degree/Diploma Detail**

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

1. Degree/diploma: **Associate's**  
Other degree/diploma: **Missouri Academy of Sci, Math and Computing**  
Date awarded  
Month/Year: **05/2004 (Estimated)**

*(End of Provide type of degrees(s)/diploma(s) received and date(s) awarded List)*

2. Provide the dates of attendance  
From (Month/Year): **01/2010 (Estimated)** To (Month/Year): **05/2014 (Estimated)**  
Select the most appropriate code to describe your school  
High School: { }  
College/University/Military College: { x }  
Vocational/Technical/Trade School: { }

Correspondence/Distance/Extension/Online School: { }

Provide the name of the school: **University of Illinois at Urbana-Champaign**

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

Street: **601 E John Street**

City: **Champaign** State: **IL** Country: Zip Code: **61820**

**Degree or Diploma Received**

Did you receive a degree/diploma?

Yes: { x } No: { }

**Degree/Diploma Detail**

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

1. Degree/diploma: **Bachelor's**  
Other degree/diploma: **Computer Science (ENG); Math (LAS)**  
Date awarded  
Month/Year: **05/2012 (Estimated)**

2. Degree/diploma: **Master's**  
Other degree/diploma: **Computer Science**  
Date awarded  
Month/Year: **05/2014 (Estimated)**

*(End of Provide type of degrees(s)/diploma(s) received and date(s) awarded List)*

3. Provide the dates of attendance  
From (Month/Year): **09/2014 (Estimated)** To (Month/Year): **04/2015 (Estimated)**

Select the most appropriate code to describe your school

High School: { }

College/University/Military College: { x }

Vocational/Technical/Trade School: { }

Correspondence/Distance/Extension/Online School: { }

Provide the name of the school: **University of Washington**

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

Street: **P.O. Box 351230**

City: **Seattle** State: **WA** Country: Zip Code: **98195**

**Degree or Diploma Received**

Did you receive a degree/diploma?

Yes: { } No: { x }

4. Provide the dates of attendance  
From (Month/Year): **08/2017 (Estimated)** To (Month/Year): **Present**

Select the most appropriate code to describe your school

High School: { }

College/University/Military College: { x }

Vocational/Technical/Trade School: { }

Correspondence/Distance/Extension/Online School: { }

Provide the name of the school: **Georgia Institute of Technology**

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

Street: **225 North Avenue, N.W.**

City: **Atlanta** State: **GA** Country: Zip Code: **30332**

### **Person Who Knew You**

Provide the name of person who knows/knew you at school ( I don't know: { } )

Last: **Heitsch** First: **Christine**

Provide current address for this person (including apartment number)

Street: **686 Cherry Street, office 211B**

City: **Atlanta** State: **GA** Country: Zip Code: **30332**

Provide telephone number for this person

International or DSN: { } Number: **4048944758** Extension: Time:

Provide email address for this person ( I don't know: { } ) : **heitsch@math.gatech.edu**

### **Degree or Diploma Received**

Did you receive a degree/diploma?

Yes: { } No: { **x** }

(End of List)

### **Summary**

Do you have additional education to enter (include education within the last 10 years, as well as degrees or diplomas more than 10 years ago)?

Yes: { } No: { **x** }

## **Section 13A - Employment Activities**

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

1. Select your employment activity: **Other (Provide explanation)**

Explanation

**Graduate TA and RA positions at GA Tech.**

Provide dates of employment

From (Month/Year): **08/2017 (Estimated)** To (Month/Year): **Present**

### **Non-Military Employment**

Provide most recent position title: **Graduate research assistant**

Select the employment status for this position

Full-time: { }

Part-time: { **x** }

Provide the name of your employer: **Georgia Institute of Technology**

Provide the address of employer

Street: **686 Cherry Street**

City: **Atlanta** State: **GA** Country: Zip Code: **30332**

Provide telephone number

International or DSN: { } Number: **4048942700** Extension: Time:

### **Additional Periods of Activity with this Employer**

Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional Periods of Activity with this Employer ( Not Applicable: { x } )

(No Entry Provided)

### **Non-Military Employment - Physical Location Question**

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

Yes: { } No: { x }

### **Non-Military Employment - Supervisor**

Provide the name of your supervisor: **Christine Heitsch**

Provide the position title of your supervisor: **Professor**

Provide the email address of your supervisor ( I don't know: { } ) : **heitsch@math.gatech.edu**

Provide the physical work location of your supervisor

Street: **686 Cherry Street**

City: **Atlanta** State: **GA** Country: Zip Code: **30332**

Provide the telephone number for this supervisor

International or DSN: { } Number: **4048944758** Extension: Time:

### **Received Discipline or Warning**

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

Yes: { } No: { x }

2. Select your employment activity: **Unemployment**

Explanation

**Transitional time period between receiving funding for RA work until enrolling at GA Tech with full support.**

Provide dates of employment

From (Month/Year): **04/2017 (Estimated)** To (Month/Year): **07/2017 (Estimated)**

### **Unemployment**

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

Last: **Schmidt** First: **Sarah**

Provide the address of this verifier

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

Provide the telephone number for this person

International or DSN: { } Number: **6367518327** Extension: Time:

3. Select your employment activity: **Other (Provide explanation)**

Explanation

**Graduate research assistant with the University of Washington.**

Provide dates of employment

From (Month/Year): **01/2016 (Estimated)** To (Month/Year): **03/2017 (Estimated)**

### **Non-Military Employment**

Provide most recent position title: **Computational consultant and programmer (RA position)**

Select the employment status for this position



Full-time: ☐

Part-time: ☒

Provide the name of your employer: **University of Washington**

Provide the address of employer

Street: **Box 354350**

City: **Seattle** State: **WA** Country: Zip Code: **98195**

Provide telephone number

International or DSN: ☐ Number: **2066162481** Extension: Time:

Additional Periods of Activity with this Employer ( Not Applicable: ☒ )

(No Entry Provided)

### **Non-Military Employment - Physical Location Question**

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

Yes: ☒ No: ☐

### **Non-Military Employment - Physical Location**

Provide the work address where you are/were physically located

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

Provide telephone number

International or DSN: ☐ Number: **6367514916** Extension: Time:

### **Non-Military Employment - Supervisor**

Provide the name of your supervisor: **Jayadev Athreya**

Provide the position title of your supervisor: **Professor**

Provide the email address of your supervisor ( I don't know: ☐ ) : **jathreya@uw.edu**

Provide the physical work location of your supervisor

Street: **Box 354350**

City: **Seattle** State: **WA** Country: Zip Code: **98195**

Provide the telephone number for this supervisor

International or DSN: ☐ Number: **2066162481** Extension: Time:

### **Reason for Leaving**

Provide the reason for leaving the employment activity

**After I realized that I would not be returning to UW for graduate school that year, the funding sources were restricted. Left the position on mutually good terms.**

### **Reason for Leaving Question**

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

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

Yes: ☐ No: ☒

### **Received Discipline or Warning**

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

Yes: ☐ No: ☒

- 
4. Select your employment activity: **Unemployment**  
Explanation  
**Transitional time period after leaving UW and before resuming graduate school at GA Tech.**  
Provide dates of employment  
From (Month/Year): **05/2015 (Estimated)** To (Month/Year): **12/2015 (Estimated)**  
**Unemployment**  
Provide the name of someone who can verify your unemployment activities and means of support  
Last: **Schmidt** First: **Sarah**  
Provide the address of this verifier  
Street: **4015 Landfall Drive**  
City: **Pensacola** State: **FL** Country: Zip Code: **32507**  
Provide the telephone number for this person  
International or DSN: { } Number: **6367518327** Extension: Time:
- 
5. Select your employment activity: **Other (Provide explanation)**  
Explanation  
**Graduate TA at the University of Washington in Seattle.**  
Provide dates of employment  
From (Month/Year): **09/2014 (Estimated)** To (Month/Year): **04/2015 (Estimated)**  
**Non-Military Employment**  
Provide most recent position title: **Graduate teaching assistant**  
Select the employment status for this position  
Full-time: { }  
Part-time: **{ x }**  
Provide the name of your employer: **University of Washington**  
Provide the address of employer  
Street: **Box 354350**  
City: **Seattle** State: **WA** Country: Zip Code: **98195**  
Provide telephone number  
International or DSN: { } Number: **2065431150** Extension: Time:  
Additional Periods of Activity with this Employer ( Not Applicable: **{ x }** )  
(No Entry Provided)  
**Non-Military Employment - Physical Location Question**
- 
- Is/was your physical work address different than your employer's address?  
Yes: { } No: **{ x }**
- 
- Non-Military Employment - Supervisor**  
Provide the name of your supervisor: **Tom Duchamp**  
Provide the position title of your supervisor: **Professor**  
Provide the email address of your supervisor ( I don't know: **{ x }** ) :  
Provide the physical work location of your supervisor  
Street: **Box 354350**  
City: **Seattle** State: **WA** Country: Zip Code: **98195**  
Provide the telephone number for this supervisor  
International or DSN: { } Number: **2065439458** Extension: Time:  
**Reason for Leaving**  
Provide the reason for leaving the employment activity  
**I left the university under hardship withdrawal conditions for medical and personal reasons.**
-

---

**Reason for Leaving Question**

---

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

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

---

**Received Discipline or Warning**

---

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

Yes: { } No: { **x** }

- 
6. Select your employment activity: **Unemployment**

Explanation

**Transitional time period from graduating at UIUC to enrolling at UW.**

Provide dates of employment

From (Month/Year): **06/2014 (Estimated)** To (Month/Year): **08/2014 (Estimated)**

**Unemployment**

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

Last: **Schmidt** First: **Sarah**

Provide the address of this verifier

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

Provide the telephone number for this person

International or DSN: { } Number: **6367518327** Extension: Time:

- 
7. Select your employment activity: **Other (Provide explanation)**

Explanation

**Graduate TA at the University of Illinois at Urbana-Champaign**

Provide dates of employment

From (Month/Year): **08/2012 (Estimated)** To (Month/Year): **05/2014 (Estimated)**

**Non-Military Employment**

Provide most recent position title: **Graduate teaching assistant**

Select the employment status for this position

Full-time: { }

Part-time: { **x** }

Provide the name of your employer: **University of Illinois at Urbana-Champaign**

Provide the address of employer

Street: **201 North Goodwin Avenue**

City: **Urbana** State: **IL** Country: Zip Code: **61801**

Provide telephone number

International or DSN: { } Number: **2173333426** Extension: Time:

Additional Periods of Activity with this Employer ( Not Applicable: { **x** } )

(No Entry Provided)

**Non-Military Employment - Physical Location Question**

---

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

Yes: { } No: { x }

---

**Non-Military Employment - Supervisor**

Provide the name of your supervisor: **Margaret Fleck; Derek Hoiem**

Provide the position title of your supervisor: **Senior Lecturer; Professor**

Provide the email address of your supervisor ( I don't know: { } ) : **mfleck@illinois.edu**

Provide the physical work location of your supervisor

Street: **201 North Goodwin Avenue**

City: **Urbana** State: **IL** Country: Zip Code: **61801**

Provide the telephone number for this supervisor

International or DSN: { } Number: **2172656838** Extension: Time:

**Reason for Leaving**

Provide the reason for leaving the employment activity

**I graduated UIUC with my masters degree to study elsewhere.**

**Reason for Leaving Question**

---

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

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

Yes: { } No: { x }

---

**Received Discipline or Warning**

---

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

Yes: { } No: { x }

---

8. Select your employment activity: **Unemployment**

Explanation

**I was an undergraduate student at the time in Urbana, IL.**

Provide dates of employment

From (Month/Year): **01/2010 (Estimated)** To (Month/Year): **07/2012 (Estimated)**

**Unemployment**

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

Last: **Reznick** First: **Bruce**

Provide the address of this verifier

Street: **1409 W. Green Street**

City: **Urbana** State: **IL** Country: Zip Code: **61801**

Provide the telephone number for this person

International or DSN: { } Number: **2173334284** Extension: Time:

---

(End of List)

**Summary**

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity

---

was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

---

Do you have an additional employment activity to enter?

Yes: { } No: { ☒ }

---

### **Section 13B - Former Federal Service**

---

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

Yes: { } No: { ☒ }

---

### **Section 13C - Employment Record**

---

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

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

Yes: { } No: { ☒ }

---

### **Section 14 - Selective Service Record**

---

Were you born a male after December 31, 1959?

Yes: { } No: { ☒ }

---

### **Section 15 - Military History**

---

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

Yes: { } No: { ☒ }

---

#### **Foreign Military Service**

---

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

Yes: { } No: { ☒ }

---

### **Section 16 - People Who Know You Well**

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

- 
1. Provide dates known  
From (Month/Year): **08/2008 (Estimated)** To (Month/Year): **Present**  
Provide full name  
Last: **Reznick** First: **Bruce** Middle: **G (IO)** Suffix:  
Provide rank/title ( Not Applicable: { } ) : **Professor of Mathematics**  
Provide relationship to you (Check all that apply)  
Neighbor: { }  
Friend: { **x** }  
Work associate: { }  
Schoolmate: { }  
Other (Provide explanation): { **x** }  
Explanation  
**Bruce has been my mentor and close email correspondent for over a decade. He was a former professor at UIUC. We still keep in touch regularly online now that I am in Atlanta.**  
Provide telephone number for this person ( I don't know: { } )  
International or DSN: { } Number: **2173334284** Extension: Time:  
Provide mobile/cell telephone number for this person ( I don't know: { **x** } )  
International or DSN: { } Number: Extension: Time:  
Provide e-mail address for this person ( I don't know: { } ) : **bruce.reznick@gmail.com**  
Provide home or work address for this person  
Street: **327 Altgeld Hall**  
City: **Urbana** State: **IL** Country: Zip Code: **61801**
- 
2. Provide dates known  
From (Month/Year): **06/2018 (Estimated)** To (Month/Year): **Present**  
Provide full name  
Last: **Kirkpatrick** First: **Anna** Middle: **E (IO)** Suffix:  
Provide rank/title ( Not Applicable: { **x** } ) :  
Provide relationship to you (Check all that apply)  
Neighbor: { **x** }  
Friend: { **x** }  
Work associate: { **x** }  
Schoolmate: { **x** }  
Other (Provide explanation): { }  
Explanation  
Provide telephone number for this person ( I don't know: { } )  
International or DSN: { } Number: **4048942700** Extension: Time:  
Provide mobile/cell telephone number for this person ( I don't know: { **x** } )  
International or DSN: { } Number: Extension: Time:  
Provide e-mail address for this person ( I don't know: { } ) : **akirkpatrick3@gatech.edu**  
Provide home or work address for this person  
Street: **251 10th Street NW, A123**  
City: **Atlanta** State: **GA** Country: Zip Code: **30318**  
Optional Comment  
**The phone number provided will connect you to the Math department main office at GA Tech. Then you can ask to be extended to her office located in Skiles 127A.**

3. Provide dates known  
From (Month/Year): **08/2004 (Estimated)** To (Month/Year): **Present**  
Provide full name  
Last: **Heeren** First: **Cinda** Middle: **(NMN)** Suffix:  
Provide rank/title ( Not Applicable: { } ) : **Professor of Computer Science**  
Provide relationship to you (Check all that apply)  
Neighbor: { }  
Friend: { **x** }  
Work associate: { }  
Schoolmate: { }  
Other (Provide explanation): { **x** }  
Explanation  
**Cinda is a former lecturer and mentor from UIUC that I have gotten to know well over the years. We are still in touch online these days. She is now a full professor at UBC in Canada.**  
Provide telephone number for this person ( I don't know: { } )  
International or DSN: { } Number: **2175866872** Extension: Time:  
Provide mobile/cell telephone number for this person ( I don't know: { **x** } )  
International or DSN: { } Number: Extension: Time:  
Provide e-mail address for this person ( I don't know: { } ) : **cheeren@cs.ubc.ca**  
Provide home or work address for this person  
Street: **University of British Columbia Vancouver Campus, ICICS/CS Building 201-2366 Main Mall**  
City: **Vancouver, BC** State: Country: **Canada** Zip Code:

(End of List)

### **Summary**

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

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

Yes: { } No: { **x** }

### **Section 17 - Marital/Relationship Status**

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: **Never entered into a civil marriage, legally recognized civil union, or legally recognized domestic partnership**

#### **Cohabitant**

Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information.

Yes: { } No: { **x** }

### **Section 18 - Relatives**

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

Check all that apply

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

1. Provide relative type: **Mother**  
Provide your relative's full name  
Last: **Schmidt** First: **Sarah** Middle: **S (IO)** Suffix:  
Provide your relative's date of birth  
Month/Day/Year: **11/23/1954**  
Provide your relative's place of birth  
City: **Baton Rouge** State: **LA** Country: **United States**  
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

#### **Mother's Maiden Name**

Provide your mother's maiden name ( Same as listed: ☐ )  
Last: **Sweat** First: **Sarah** Middle: **Jane** Suffix:

#### **Other Names Used**

Has this relative used any other names?  
Yes: ☐ No: ☒

#### **Relative Deceased Question**

Is your relative deceased?  
Yes: ☐ No: ☒

#### **Address**

Provide your relative's current address  
Street: **4015 Landfall Drive**  
City: **Pensacola** State: **FL** Country: Zip Code: **32507**



- 
2. Provide relative type: **Father**  
Provide your relative's full name  
Last: **Schmidt** First: **Donald** Middle: **Eugene** Suffix:  
Provide your relative's date of birth  
Month/Day/Year: **09/21/1948 (Estimated)**  
Provide your relative's place of birth  
City: **Los Angeles** State: **CA** Country: **United States**  
Provide your relative's country(ies) of citizenship
- 

1. Country: **United States**
- 

*(End of Provide your relative's country(ies) of citizenship List)*

Optional Comment

**I am unsure about the precise city of birth. My knowledge indicates the state of CA and that is the city I believe he was from back then.**

**Other Names Used**

Has this relative used any other names?

Yes: { } No: { **x** }

**Relative Deceased Question**

Is your relative deceased?

Yes: { } No: { **x** }

**Address**

Provide your relative's current address

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

- 
3. Provide relative type: **Sister**  
Provide your relative's full name  
Last: **Schmidt** First: **Brandye** Middle: **A (IO)** Suffix:  
Provide your relative's date of birth  
Month/Day/Year: **07/18/1988 (Estimated)**  
Provide your relative's place of birth  
City: **San Francisco** State: **CA** Country: **United States**  
Provide your relative's country(ies) of citizenship
- 

1. Country: **United States**
- 

*(End of Provide your relative's country(ies) of citizenship List)*

Optional Comment

**The city of birth is based on my best recollection. She might have been born in a hospital located in a suburb thereof.**

**Other Names Used**

Has this relative used any other names?

Yes: { } No: { **x** }

---

### **Relative Deceased Question**

Is your relative deceased?

Yes: ☐ No: ☒

---

### **Address**

Provide your relative's current address

Street: **4015 Landfall Drive**

City: **Pensacola** State: **FL** Country: Zip Code: **32507**

(End of List)

---

### **Summary**

Do you have an additional relative to enter?

Yes: ☐ No: ☒

---

## **Section 19 - Foreign Contacts**

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

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

Yes: ☐ No: ☒

Optional Comment

**I have several friends at GA Tech that are international students (as non-native US citizens). I do not believe that this is what you are asking me to enumerate on the forms. If you need a precise list of friendly persons I communicate with to maintain school relationships, please contact me.**

---

## **Section 20A - Foreign Activities**

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)

Yes: ☐ No: ☒

---

### **Foreign Financial Interests Controlled on Your Behalf**

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?

Yes: ☐ No: ☒

---

### **Foreign Financial Interests Real Estate**

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?

Yes: { } No: { x }

---

### **Foreign Financial Interests - Foreign Benefit**

As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years**, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

Yes: { } No: { x }

---

### **Foreign Financial Interests - Foreign National Support**

Have you **EVER** provided financial support for any foreign national?

Yes: { } No: { x }

---

## **Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts**

Have you **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer 'No' if **all** your advice or support was authorized pursuant to official U.S. Government business.)

Yes: { x } No: { }

- 
1. You responded 'Yes' to having **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

Provide a description of advice/support provided

**I have worked, and received some payment for my services, as a freelance software engineer for a company whose headquarters are based outside of the US. Activities would be limited to one of the following job prospects: 1) Android programming (in Java) to support NFC devices; or 2) Embedded AVR firmware customizations (in C/C++/ASM) to include support for standardized encryption over USB.**

Provide the name of the individual to whom advice or support was provided

Last: **Yorkston** First: **Simon** Middle: **(NMN)** Suffix:

Provide the name of the foreign organization or foreign business with whom the individual is associated:

**Parklink, LLC**

Provide the country of origin for the organization or business: **United Kingdom**

Provide the date(s) during which this advice or support was provided

From (Month/Year): **12/2017 (Estimated)** To (Month/Year): **04/2019 (Estimated)**

Describe what compensation, if any, was provided for your service

**The work was not consistent. The monetary funds (those that were fulfilled as promised) were transferred by wire to my personal bank account.**

---

(End of List)

### **Foreign Business/Organization Advice/Support - Summary**

Have you **in the last seven (7) years** provided advice or support to any other individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer 'No' if **all** your advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { x }

---

### **Foreign Consulting**

For this question, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { **x** }

---

### **Foreign National Job Offer**

Has any foreign national **in the last seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?

Yes: { } No: { **x** }

---

Optional Comment

**In so much as freelance software developer can be construed as a "consultant" of sorts, please refer to my detailed answer on the last forms page for work in conjunction with Parklink, LLC.**

### **Other Foreign Business Ventures**

Have you **in the last seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

Yes: { } No: { **x** }

---

### **Foreign Conferences, Trade Shows, Seminars, and Meetings**

Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

Yes: { } No: { **x** }

---

### **Foreign Government Contact**

For Section 20B, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

Have you or any member of your immediate family **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)

Yes: { } No: { **x** }

---

### **Sponsorship of a Foreign National**

Have you **in the last seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

Yes: { } No: { **x** }

---

### **Holding Foreign Political Office**

Have you **EVER** held political office in a foreign country?

Yes: { } No: { **x** }

---

### **Voting in a Foreign Election**

Have you **EVER** voted in the election of a foreign country?

Yes: { } No: { **x** }

---

## **Section 20C - Foreign Travel**

Have you traveled outside the U.S. **in the last seven (7) years?**

Yes: { } No: { **x** }

---

## **Section 21 - Psychological and Emotional Health**

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

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, 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, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

### **Mental Competency**

Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent?

Yes: { } No: { **x** }

---

### **Ordered to Consult with a Mental Health Professional**

Has a court or administrative agency **EVER** ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

Yes: { **x** } No: { }

1. You responded 'Yes' to having a court or administrative agency **EVER** ordered you to consult with a mental health professional.

Date this occurred

Month/Year: **07/2015 (Estimated)**

Name of the court or administrative agency: **Baptist Hospital ASU, ER treatment**

Address of the court or administrative agency

Street: **1221 West Lakeview Ave.**

City: **Pensacola** State: **FL** Country: Zip Code: **32501**

Final disposition

**I attended the Baptist Hospital ER after I was physically assaulted by a neighbor while living at my parents house. I believe that I was unfairly required this treatment per state law by negligent physicians to whom I never released prior treatment records.**

**Appealed Order to Consult with a Mental Health Professional**

Was this matter appealed to a higher court or administrative agency?

Yes: { } No: { **x** }

2. Date this occurred

Month/Year: **09/2015 (Estimated)**

Name of the court or administrative agency: **Lakeview Center, Baptist Hospital**

Address of the court or administrative agency

Street: **1221 West Lakeview Ave.**

City: **Pensacola** State: **FL** Country: Zip Code: **32501**

Final disposition

**I was prescribed a high dose sedative medication to treat panic attacks at that time. I didn't realize the way that medication would affect me due to inexperience taking it. Again, I believe that I was unjustly required treatment under the permissive state laws whereby any at least ARNP trained practitioner can force involuntary treatment on patients in this way.**

**Appealed Order to Consult with a Mental Health Professional**

Was this matter appealed to a higher court or administrative agency?

Yes: { } No: { **x** }

3. Date this occurred

Month/Year: **08/2019 (Estimated)**

Name of the court or administrative agency: **University of West Florida, Counseling and Psychological Services**

Address of the court or administrative agency

Street: **11000 University Parkway, Building 960, Suite 200A**

City: **Pensacola** State: **FL** Country: Zip Code: **32514**

Final disposition

**I feel that this mandatory treatment requirement by state law is the only legitimate one to speak of for relevancy with respect to the clearance investigation. I acted on a regrettably suicidal impulse while heavily intoxicated on alcohol. The treatment at the university facility was administered out of genuine concern for my well being then and moving forward.**

**Appealed Order to Consult with a Mental Health Professional**

Was this matter appealed to a higher court or administrative agency?

Yes: { } No: { x }

(End of List)

### **Summary - Ordered to Consult with a Mental Health Professional**

Do you have an additional instance where a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

Yes: { } No: { x }

### **Hospitalized**

Have you EVER been hospitalized for a mental health condition?

Yes: { x } No: { }

1. You responded 'Yes' to have you EVER been hospitalized for a mental health condition.

Was the admission voluntary or involuntary?

Voluntary (Provide explanation): { }

Involuntary (Provide explanation): { x }

Provide explanation

**I have disclosed my mental health disability status on my application forms. I have had a history dating back over a decade before moving to Florida where I have been hospitalized to deal with severe depression and to adjust to new medications. After moving to Florida near less experienced specialists that formerly oversaw my care for the many years prior to 2015, there have been exactly three involuntary treatments, each lasting from a few days to approximately one week. I have already documented these instances in the previous questions.**

Provide dates of treatment

From (Month/Year): **07/2015 (Estimated)** To (Month/Year): **08/2019 (Estimated)**

**Provide name and address of the facility where treatment was provided**

Name: **Baptist Hospital and University of West Florida, inclusive**

Address

Street: **11000 University Parkway, Building 960, Suite 200A**

City: **Pensacola** State: **FL** Country: Zip Code: **32514**

(End of List)

### **Summary - Hospitalized**

Do you have an additional instance where you have EVER been hospitalized for a mental health condition?

Yes: { } No: { x }

### **Diagnosed**

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or

deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

Yes: { x } No: { }

1. You responded 'Yes' to having EVER been diagnosed by a physician or other health professional.

Identify the diagnosis or health condition: **Schizoaffective disorder**

Dates of diagnosis

From (Month/Year): **01/2007 (Estimated)** To (Month/Year): **Present**

**Provide the name, address, and telephone number of the health care professional who diagnosed you, or is currently treating you for such diagnosis, or with whom you have discussed such condition**

Name: **Dr. Shannon Croft**

Address

Street: **Stamps Psychiatry, 740 Ferst Drive**

City: **Atlanta** State: **GA** Country: Zip Code: **30332**

Telephone number

International or DSN: { } Number: **4048942585** Extension: Time:

**Provide the name, address, and telephone number of any agency/organization/facility where counseling/treatment was provided**

Name ( Same as above: { x } ) :

Address ( Same as above: { x } )

Street:

City: State: Country: Zip Code:

Telephone number ( Same as above: { x } )

International or DSN: { } Number: Extension: Time:

Was the counseling/treatment effective in managing your symptoms?

Yes: { x } No: { }

Provide explanation

**He is a well qualified psychiatrist I now see regularly in Atlanta. I have already talked with him about releasing his relevant treatment notes to cooperate with this clearance procedure at our most recent visit this month.**

(End of List)

### **Summary - Diagnosed**

Do you have an additional instance where you EVER had been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

Yes: { } No: { x }



---

### **Altered Treatment**

In the last seven years, have there been any occasions when you did not consult with a medical professional before altering or discontinuing, or failing to start a prescribed course of treatment for any of the listed diagnoses?

Yes: { } No: { x }

---

### **Section 22 - Police Record**

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

#### **Police Record**

Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Yes: { } No: { x }

---

#### **Police Record (EVER)**

Other than those offenses already listed, have you **EVER** had the following happen to you?

- Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former 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: { x }

---

#### **Domestic Violence Protective Order**

Is there currently a domestic violence protective order or restraining order issued against you?

Yes: { } No: { x }

---

---

## Section 23 - Illegal Use of Drugs or Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity in accordance with Federal laws, even though permissible under state laws.

### **Illegal Use of Drugs or Controlled Substances**

---

**In the last seven (7) years**, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

Yes: { ☒ } No: { ☐ }

- 
1. You answered 'Yes' to **in the last seven (7) years** having illegally used a drug or controlled substance. Provide the type of drug or controlled substance: **THC (Such as marijuana, weed, pot, hashish, etc.)**

Explanation

**I deeply regret this activity now. It will not happen again. The ingestion of THC was done in a secluded, private environment that did not cause harm to anyone else.**

Provide an estimate of the month and year of first use

Month/Year: **11/2020 (Estimated)**

Provide an estimate of the month and year of most recent use

Month/Year: **11/2020 (Estimated)**

Provide nature of use, frequency, and number of times used

**Twice, I ingested THC medicated vapor with a close family member. I again regret doing this when I was intoxicated by alcohol that reduced my inhibitions at that time.**

---

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

Yes: { ☐ } No: { ☒ }

---

Was your use while possessing a security clearance?

Yes: { ☐ } No: { ☒ }

---

Do you intend to use this drug or controlled substance in the future?

Yes: { ☐ } No: { ☒ }

---

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future

**I would only choose to ingest THC in the future if the federal and state laws legalize and recognize it for safe, approved personal use. I do not view my use history of this substance as being severe nor addictive in nature. My occasional recreation ingestion of THC is something that I will not allow to happen again now that I see the consequences of how it affects my future employment with the NSA.**

---

(End of List)

### **Illegal Use of Drugs or Controlled Substances - Summary**

---

Do you have an additional instance(s) of illegal use of a drug or controlled substance to enter?

Yes: { ☐ } No: { ☒ }

---

### **Illegal Drug Activity**

**In the last seven (7) years**, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?

Yes: { } No: { **x** }

---

### **While Possessing a Security Clearance**

Have you **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed?

Yes: { } No: { **x** }

---

### **Employed as Law Enforcement**

Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?

Yes: { } No: { **x** }

---

### **Misuse of Prescription Drugs**

**In the last seven (7) years** have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?

Yes: { **x** } No: { }

- 
1. You responded 'Yes' to **in the last seven (7) years** having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

Provide the name of the prescription drug that you misused

**Generic amphetamine salts tablets are a regular prescription I receive to treat my ADD.**

Provide the dates of involvement in the above

From (Month/Year): **01/2017 (Estimated)** To (Month/Year): **03/2020 (Estimated)**

Provide the reason(s) for and circumstances of the misuse of the prescription drug

**Due to increased stress and performance requirements, I have allowed myself to overuse this medication over the past few years by taking it orally. Part of this happening is due to a former prescriber that did not check in with me regularly even with the high dose treatments from his office. I want to emphasize that I would not characterize my usage as having gotten "high" so much as allowing myself to overuse the substance irresponsibly to perform more tasks. The conversations, medical education, and my acknowledgement to reduce the overall dosages gradually over time have made this issue much less relevant this year after I changed to care from my new doctor in Atlanta.**

---

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

Yes: { } No: { **x** }

---

Was your involvement while possessing a security clearance?

Yes: { } No: { **x** }

---

(End of List)

### **Misuse of Prescription Drugs - Summary**

---

Do you have an additional instance(s) of intentionally engaging in the misuse of prescription drugs **in the last seven (7) years** to enter?

Yes: { } No: { x }

---

### **Treatment for the Use of Drugs**

---

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Yes: { } No: { x }

---

### **Voluntary Treatment**

---

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes: { } No: { x }

---

## **Section 24 - Use of Alcohol**

---

**In the last seven (7) years** has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes: { x } No: { }

- 
1. You responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

Provide the dates of involvement or use

From (Month/Year): **11/2014 (Estimated)** To (Month/Year): **04/2020 (Estimated)**

Provide the month/year when this negative impact occurred

Month/Year: **11/2019 (Estimated)**

Provide an explanation of the circumstances and the negative impact

Provide circumstances

**I will attribute some personal conflicts I have been through these past few years due to a combination of generalized anger from past traumatic history, and also the interplay of that stress with intoxication by alcohol. I have at times regretfully sent hasty, or angry, or even other choices of words over email. An electronic professor friend and closer correspondent has kindly worked her words on me about this type of behavior. She suggests only sending email communications during daylight hours, and to think more than once about hitting send too soon in heated situations.**

Provide negative impact

**It has caused conflict with advisers and others with roles online to whom I am professionally subordinate. I emphasize that I am working on improving my behavior towards this moving forward so that it does not become a problem for me again, both in work and personal life settings.**

---

(End of List)

### **Negative Impact - Summary**

---

Has the use of alcohol had other negative impacts on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes: { } No: { x }

---

### **Ordered to Seek Counseling**

---

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes: { x } No: { }

- 
1. You responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.  
Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)
- An employer, military commander, or employee assistance program: { }
  - A medical professional: { x }
  - A mental health professional: { }
  - A court official / judge: { }
  - I have not been ordered, advised, or asked to seek counseling or treatment by any of the above: { }
  - Other (Provide explanation): { }

Explanation

---

Did you take action to seek counseling or treatment?

Yes: { } No: { x }

---

### **Counseling or Treatment Sought - Details for 'No' Answer**

You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.

Explanation

**I did not feel that my use cases with alcohol warranted the type of expensive inpatient treatment suggested to me by a concerned on campus counselor. I have seen close family and others struggle with their alcoholism. The use cases they take on with the substance is different from mine. I have been making a conscious effort to reduce my alcohol consumption this year as well.**

---

(End of List)

### **Ordered to Seek Counseling - Summary**

---

Do you have additional instances of having been ordered, advised or asked to seek counseling or treatment as a result of your use of alcohol to enter?

Yes: { } No: { x }

---

### **Sought Counseling or Treatment**

---

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?

Yes: { } No: { **x** }

---

**EVER Received Counseling/Treatment**

---

Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?

Yes: { } No: { **x** }

---

**Section 25 - Investigations and Clearance Record**

---

Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

Yes: { } No: { **x** }

---

**Denied Clearance**

---

Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)

Yes: { } No: { **x** }

---

**Government Debarment**

---

Have you **EVER** been debarred from government employment?

Yes: { } No: { **x** }

---

**Section 26 - Financial Record**

---

**In the last seven (7) years** have you filed a petition under any chapter of the bankruptcy code?

Yes: { } No: { **x** }

---

**Gambling**

---

Have you **EVER** experienced financial problems due to gambling?

Yes: { } No: { **x** }

---

**Taxes**

---

**In the last seven (7) years** have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

Yes: { } No: { **x** }

---

**Employer Travel or Credit Card**

---

**In the last seven (7) years** have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

Yes: { } No: { **x** }

---

### **Assistance for Financial Difficulties**

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?

Yes: ☐ No: ☒

---

### **Delinquency Involving Enforcement**

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)

- **In the last seven (7) years**, you have been delinquent on alimony or child support payments.
- **In the last seven (7) years**, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the last seven (7) years**, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes: ☐ No: ☒

---

### **Delinquency Involving Routine Accounts**

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

- **In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years**, you were evicted for non-payment?
- **In the last seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
- **In the last seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Yes: ☒ No: ☐

- 
1. You answered 'Yes' to having experienced one or more of the previously stated financial issues. Provide the name of agency/organization/individual to which debt is/was owed: **I do not still retain those records**

---

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

Yes: ☒ No: ☐

---

Financial Issue Options

In the last seven (7) years, you had your possessions or property voluntarily or involuntarily repossessed or foreclosed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor): { }

In the last seven (7) years, you defaulted on any type of loan. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor): { }

In the last seven (7) years, you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor): { x }

In the last seven (7) years, you had an account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor): { }

In the last seven (7) years, you were evicted for non-payment: { }

In the last seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason: { }

In the last seven (7) years, you were over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor): { }

You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor): { }

Provide the associated loan/account number(s) involved: N/A

Identify/describe the type of property involved (if any)

**None that I am aware of. The past bills were associated with medical treatments that I was unable to afford at that time.**

Provide the amount (in U.S. dollars) of the financial issue: \$500 (Estimated)

Provide the reason(s) for the financial issue

**Past medical bills have at times been problematic for me to pay when I required emergency medical treatment without health insurance.**

Provide the current status of the financial issue

**I am not completely up to date on the status of some medical bills over the past couple of years. Most of what I was unable to pay years ago would have been eventually dropped and penalized me by a reduction in my credit scores.**

Provide the date the financial issue began

Month/Year: 11/2014 (Estimated)

Provide date the financial issue was resolved ( Not resolved: { } )

Month/Year: 12/2020 (Estimated)

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

**I have tried to submit initial bills to my insurance company, but there is still delay in having mail forwarded to me in a timely manner by family at times from out of state.**

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(End of List)

**Delinquency Involving Routine Accounts - Summary**

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Other than previously listed, are there any other instances of the following occurrences?

- **In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed. (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the last seven (7) years**, you defaulted on any type of loan. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).



- **In the last seven (7) years**, you had bills or debts turned over to a collection agency. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the last seven (7) years**, you have been evicted for non-payment.
- **In the last seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason.
- **In the last seven (7) years**, you have been over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes: { } No: { x }

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## **Section 27 - Use of Information Technology Systems**

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

### **Unauthorized Access**

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**In the last seven (7) years** have you illegally or without proper authorization accessed or attempted to access any information technology system?

Yes: { } No: { x }

---

### **Modified, Destroyed, Manipulated or Denied Access**

---

**In the last seven (7) years** have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?

Yes: { } No: { x }

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### **Unauthorized / Unlawful Use**

---

**In the last seven (7) years** have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

Yes: { } No: { x }

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## **Section 28 - Non-Criminal Court Actions**

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**In the last ten (10) years**, have you been a party to any public record civil court action not listed elsewhere on this form?

Yes: { } No: { x }

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## **Section 29 - Association Record**

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The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

### **Terrorist Organization**

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Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

Yes: { } No: { **x** }

---

### **Knowingly Engaged in Terrorism**

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Have you **EVER** knowingly engaged in any acts of terrorism?

Yes: { } No: { **x** }

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### **Advocating Acts**

---

Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

Yes: { } No: { **x** }

---

### **Member of Organization**

---

Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

Yes: { } No: { **x** }

---

### **Member of Organization Advocating Violence**

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Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

Yes: { } No: { **x** }

---

### **Activities Designed to Overthrow the U.S. Government**

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Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

Yes: { } No: { **x** }

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### **Associations**

---

Have you **EVER** associated with anyone involved in activities to further terrorism?

Yes: { } No: { **x** }

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Optional Comment

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**I have been a victim to predatory online attacks this and for the last few years. The association by communicating unwittingly with people motivated in that way is not something I can ever endorse myself. Moreover, I have tried my best to cooperate with local law enforcement authorities to react to the violent threats I experienced according to my (their) ability within the law.**

### **Additional Comments**

Use the space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the item.

Additional Comments

**I have had a few online relationships communicating with famous hackers. I believe that real "hackers" are of the type that build software like the Linux kernel, and not with the "cracker" types that willfully break the law with their technical skillsets. Please do not penalize me by loose informal association to these names.**

Note: If you do not have any additional comments to provide, click "Save" to continue.