

Security Investigation Personnel Security Interview (PSI) Form

This is a form for the interviewer. It should be written clearly or typed by the interviewer. It is not to be filled out by the applicant. Please include addendum pages if necessary and title the pages appropriately under the section and question that required the addendum. This document will be used to set leads. If it is not legible, it can cause unnecessary delays in processing.

Interview Date: 5/28/09 Start Time: 8:56am

Interviewee Classification: ☒ Agent ☐ Support

Advise Interviewee:

The purpose of the PSI is to review and finalize your SF-86 as part of a Personnel Security Investigation for employment with the FBI. Prior to beginning this interview, please provide all copies that you were requested to bring, i.e., professional certifications, drivers license, any past or current foreign issued passports, U.S. passports, proof of payments to address any financial delinquencies, DD-214, etc. (Interviewer should obtain these from the applicant to ensure a thorough interview and if necessary follow up information for lead purposes)

Any issues regarding habits or experiences that concern you should be discussed during this interview to assure successful completion of the investigation. Candor and forthrightness are significant considerations during the application process. Lack of candor may disqualify you from employment. Holding back or refraining from discussing any issues of concern can negatively impact the results of your investigation. Concealed matters in your life could be the basis for coercion, attempted pressure or influence. The scope of this background investigation covers the period from your 18th birthday to the present. If you had any employment or traffic violations or arrests prior to your 18th birthday, you must include that information as well.

A. Interviewee Information

File Number: <u>67B-HQ-</u> [REDACTED]	
Name: [REDACTED]	AKA(s): [REDACTED]
POB: [REDACTED]	SSAN: [REDACTED]
Driver's License#: [REDACTED]	[REDACTED]
Expiration Date: [REDACTED]	
State: [REDACTED]	
Cellular# or Best Contact#: [REDACTED]	

B. Citizenship

(If applicable, obtain responses. - Obtain any passports from applicant in order to make copies. Failure to do so will result in processing delays.)

Do you have U.S. Passport? YES (Interviewer must obtain copies of all pages)	Number: [REDACTED]
Do you have now or have you ever had a foreign Passport? NO (Interviewer must obtain copies of all pages)	Number:
Obtain details of all foreign travel by applicant if travel documented on foreign passport. Verify travel on foreign passport. (Interviewer must obtain copies of all pages)	Obtain reason for applicant travel on a foreign passport.
Do you plan to return permanently to your birth country at some point - e.g., to retire?	Response:
Address applicant's loyalty to the U.S. vs native country. Have they ever felt pressured to return to their native country?	Response:

Do you read magazines or newspapers from your home country? If so, to what extent? Occasionally buy from a vendor? Regularly buy from a vendor? Subscribe?	Response:
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Do you make it a point of keeping up with events in your home country?	Response:
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Do you read émigré publications published in the U.S.?	Response:
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Have applicant comment on his/her motivation for seeking employment with the FBI.	Response: In the legal system and the values of the FBI. A good fit for him and able to participate in national security.
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When you socialize, is it mostly with others from your native country or region? <input type="checkbox"/> No <input type="checkbox"/> Yes

Do you speak your native language at home?
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Are the bulk of your cultural and recreational activities (e.g., the TV programs you watch, the books and magazines you read, the games you play, the activities you participate in, the restaurants you go to) based in English or in your native tongue?

Are you registered to vote in any country other than the U.S.? If yes, what country? No

C. Education

Is info on the SF-86 ("Where you went to school") correct? Include all education to include universities that you were registered for credit hours from even though you did not graduate from that institution. ☐ No ☒ Yes

Was any disciplinary action taken against you while you were in school or were you dismissed or suspended from school for academic reasons? ☐ No ☒ Yes. If so, provide details:

Did you receive any education/training in a foreign country? If so provide details, to include purpose of training/education, when and where. Be specific. No

D. Employment

Has any or the following happened to you? If applicant responds yes, obtain specific details of circumstances.

Have you ever been fired from a job? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Quit a job after being told you would be fired? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Left a job by mutual agreement following allegations of misconduct/unsatisfactory performance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Left a job for other reasons under unfavorable circumstances? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Have you ever been denied any federal government employment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Have you ever been the subject of any disciplinary action? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:

<p>Have you ever failed a polygraph in connection with any employment or employment offer?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If so, provide circumstances: Month/Year, reason, and employer name and address should be included. Why do you believe you failed?</p>

<p>Have you ever had or do you currently have a Security Clearance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Level:</p>
<p>Have you ever had a Security Clearance revoked or suspended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If so, provide circumstances: Month/Year, reason, and employer name and address should be included.</p>

E. Clubs, Organizations, Activities

Do you participate in or are you affiliated with any clubs, associations, civic, social, or other groups? ☐ No ☒ Yes - If so, list below.

Organization	Address	Point of Contact	Telephone Number
		Inactive member	

Do you maintain membership in any organization that restricts membership based on race, sex, color, national origin, etc.? ☐ No ☒ Yes - If so, list below. (If necessary, provide attachment of additional information)

Organization	Address	Point of Contact	Telephone Number

F. Relatives and Associates

What is the citizenship of your immediate family? Has this been disclosed in SF-86? ☐ No ☒ Yes If no, list additional information. This information is crucial and must be obtained. Failure to obtain will delay the processing of this applicant.

Name and alias (maiden names in full if appropriate)	DOB & POB	Immigration Status/Alien Registration Number

(If necessary, provide attachment of additional information)

Do any of your immediate family members plan to return permanently to your birth country? ☐ No ☐ Yes - If so, provide additional information.

Do you or your spouse have any immediate relatives (parents, siblings, or children) or associates with whom you maintain regular contact (excluding those overseas on military duty and assignments) who are residing outside of the United States? ☒ No ☐ Yes
If so, provide the following information:

Name	Relationship	Address	Age Or DOB	Citizenship	Country of Residence	Dates in Country From To

How is contact initiated? Letters, E-mails, Cards?

(If necessary, provide attachment of additional information)

Other than those listed above, do you or your spouse have any immediate relatives (parents, siblings, children) or close friends who are not U.S. citizens? ☒ No ☐ Yes - If so, provide the following information:

Name	Address	Age Or DOB	Citizenship

(If necessary, provide attachment of additional information)

Other than official government business, have you had contact with any foreign nationals (residing in the U. S. or abroad), including those above, that you have not reported? ☐ No ☒ Yes - If so, why did you not report it?

Did not report it because SF-86 wants "close" or "continuing" contacts.
2004 - Dated a foreign national - [redacted] (Brazil) - 3 or 4 dates in the U.S.
No further contact.
2004 - met a female from South Africa at a party - don't remember name / no further contact
(If necessary, provide attachment of additional information)
2004 - A Russian female in his [redacted] that he met a few times / no further contact
(If these do not apply, please indicate so and move on)

Exact Dates when applicant and family immigrated to U. S.

Did anyone visit the U. S. prior to immigrating to U. S.? Purpose of Visit? Dates? Provide sponsor's ID and relationship to applicant or family member.

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What prompted you or your family to emigrate to the U. S.?	What prompted other family members to remain in the country from which you emigrated? (If applicable)
If applicant or spouse born abroad, obtain details on how they met.	Use this space to answer question to the left if needed or use additional papers as an addendum to this Section.
Obtain information about applicant or family members in foreign countries to include employment, affiliation with, support of, or participation in foreign governments, Communist Party or other political entity, interest groups or other organizations; military service, association of any type with a police, intelligence, or counterintelligence service; how and why family allowed to leave; were any of them interviewed by govt rep when leaving; any return trips to native country or other countries of prior residence in U.S., or plans to return in the future; any visits to the U.S. by relatives residing abroad and those relatives backgrounds:	Use this space to answer question to the left if needed or use additional paper as an addendum to this Section.

G. Roommates / Co-habitants

Have you listed all those who have resided with you for 30 days in the last five years? ☐ No ☒ Yes - If no, please list any additional roommates.

Co-habitant #1 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

Co-habitant #2 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship:	Current address and telephone number (include business

DOB and POB:	telephone number):
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Co-habitant #3 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

Co-habitant #4 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

Co-habitant #5 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

(If necessary, provide attachment of additional information)

H. Military Service

Has all Military Service (including National Guard and Reserves) been disclosed on SF-86? ☐ No ☒ Yes
If no, provide the following information:

Branch:	Unit:	
Address:	Dates Served:	
Point of Contact:	POC Telephone:	
Did you receive any disciplinary actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:
Do you now have or have you ever had a Security Clearance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Level:

Have you ever had a security clearance revoked or suspended?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide details. Be specific:
Were you discharged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, was it Honorable? Provide details for any other type of discharge:

If posted overseas, where were you assigned?		List all official foreign travel and dates: (Attached addendum page if needed)
Did you have any foreign travel from that military posting to other countries that has not been previously disclosed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, list countries, dates of travel, reason for the travel, and traveling companions?

Was this travel disclosed to the Security Officer prior to the travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, please explain:
Did anything unusual occur that was reported to a Security Officer after the travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, please explain:
Did you have any contact with representatives of any foreign country or intelligence agency while on travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:

(If necessary, provide attachment of additional information)

I. Foreign Activities

Have you ever owned any foreign property, business, bank accounts, investments or other assets in foreign countries? ☒ No ☐ Yes
If so, provide the following information regarding such assets:

Type of asset(s):	Details of ownership:
Value:	Length of time owned:
How acquired:	Current obligations:
Associated activities:	With whom must you interact?
Income generated:	Expected inheritance from ownership:
Have you ever been coerced or threatened by a foreign government regarding these assets? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, what did you do?	

(If necessary, provide attachment of additional information)

What would be your reaction be if a foreign national, organization or government attempted to take away or diminish your ownership, or to coerce or influence you by threats to do so?

(If necessary, provide attachment of additional information)

Please answer the following questions.

Have you or any family members been affiliated with, participated in, or supported any activities of any radical, militant, or terrorist groups?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any ties to foreign nationals or individuals residing in a foreign country who have engaged in criminal activity or activities known to be a threat to the interests of the United States or national security?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever provided any service, compensated or voluntary, or been employed by: (1) a foreign country; (2) any foreign nationals; (3) a representative of any foreign interest; (4) any foreign, domestic, or international organization or person engaged in analysis, discussion, or publication of material on intelligence, defense, foreign affairs, or protected technology; (5) or registered as an agent of a foreign government?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Have you had any contacts with U.S. or non-U.S. intelligence agencies or foreign police agencies? If yes, please describe:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do you anticipate any such contacts in the future?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Have you or your immediate family ever had any non-official association developed with foreign nationals?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Have you ever been involved in any type of unlawful foreign money exchange or any other type of black market transaction, or has anyone ever approached you to do so?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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If "Yes" to any question above, obtain full details:

(If necessary, provide attachment of additional information)

J. Foreign Travel

Have you disclosed all traveled outside the U.S. on the SF-86? ☐ No ☒ Yes

If additional travel has occurred since filling out Sf-86, provide the following information:

Mo/Yr to Mo/Yr	Destination:	Purpose
Did you have any contact with representatives of any foreign country or intelligence agency while on travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:
Did you have any unusual contacts with foreign nationals?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:

Were there any other unusual occurrences?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:
Do you anticipate any foreign travel in the next few months?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, applicant should be advised a second Personnel Security Interview will be required upon his/her return.

(If necessary, provide attachment of additional information)

K. Medical Record

Have you ever received any type of psychiatric or psychological counseling or treatment, to include marital counseling? ☐ No ☒ Yes - If so, provide the following information:

For each therapist or doctor provided above, describe the type of mental health professional:

☐ Don't know ☐ Psychiatrist ☐ Psychologist ☐ Social Worker ☐ Other

Specify Reason for Visit	Name / Telephone Number /Address of Therapist or Doctor	Type of Mental Health Professional	Frequency of Visits	Mo/Yr to Mo/Yr
1. Personal development / life issues / stress	[REDACTED]	Psychologist	1-2 / per month	9/05 - currently

What did your therapy consist of? Results?

Talk therapy / Cognitive Behavioral Therapy

Were you prescribed medication by your physician? ☒ No ☐ Yes - If so, provide specifics:

(Brand name examples: Abilify, Ambien, Celexa, Cymbalta, Depakote, Desyrel, Effexor, Geodon, Lamictal, Lexapro, Lithium, Luvox, Paxil, Prozac, Remeron, Risperdal, Seroquel, Serzone, Wellbutrin, Xanax, Zoloft, Zyprexa, Other : _____)

Specify Reason for Visit	Name / Telephone Number /Address of Therapist or Doctor	Type of Mental Health Professional	Frequency of Visits	Mo/Yr to Mo/Yr
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2.

What did your therapy consist of? Results?

Were you prescribed medication by your physician? ☐ No ☐ Yes - If so, provide specifics:

(Brand name examples: Abilify, Ambien, Celexa, Cymbalta, Depakote, Desyrel, Effexor, Geodon, Lamictal, Lexapro, Lithium, Luvox, Paxil, Prozac, Remeron, Risperdal, Seroquel, Serzone, Wellbutrin, Xanax, Zoloft, Zyprexa, Other: _____)

Please attached addendum if needed.

L. Police Record

Please disclose all moving traffic violations regardless of penalty amount.

Date	Violation	Where (county or city):	Law Enforcement Agency:	Disposition:
2/2001	Speeding			Traffic school complete
30/2004				

Have you ever committed a serious crime for which you have not been arrested or charged? ☐ No ☒ Yes - If so, provide details below. Be specific. Attach additional pages if necessary to obtain details. 12/2000 - Listed false information to obtain college parking pass. 4

Have you ever been charged or arrested for a crime? ☒ No ☐ Yes - If so, provide details below. Be specific.

Date	Violation	Where (county or city)	Law Enforcement Agency	Disposition

For each incident please provide details:
Attach additional pages as necessary

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Have you ever been considered a subject/suspect in a criminal matter? ☒ No ☐ Yes – If so, provide details below. Be specific.

Date	Violation	Where (county or city):	Law Enforcement Authority	Disposition

Details of the incident(s):

Attach additional pages as necessary

Have you ever been involved in business or investment circumstances that could involve or have involved conflict of interest allegations? ☒ No ☐ Yes

–If so, provide details. Be specific:

(If necessary, provide attachment of additional information)

Have any members of your immediate family (to include spouse, parents, children, stepchildren, brothers or sisters) or roommates with whom you have resided during this investigation period, been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority within the investigative period? (Include traffic violations which were aggravated or excessive, resulted in arrest by local authorities; or when the use of alcohol or controlled substances was cited as part of the offense.)

☒ No ☐ Yes – If so, provide the following information:

Name of person charged:		Relationship:	Official Charge(s):
Date charged:	Where (county or city):	Law Enforcement Agency	Disposition
Details of the incident(s):			

(If necessary, provide attachment of additional information)

M. Alcohol/Drugs

1. Have you used marijuana/cannabis during the last three (3) years?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
a) Have you ever used marijuana/cannabis?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, complete questions on Illegal Drug Disclosure Form. (See ASIU web site.)

2. Have you used any illegal drugs(s) or combination of illegal drugs, other than marijuana, during the past ten (10) years?*	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
a) Have you ever used any illegal drugs(s) or combination of illegal drugs, other than marijuana?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If yes, complete questions on Illegal Drug Disclosure Form. (See ASIU web site.)

*(For the purpose of this question, the term "illegal drugs" includes the use of anabolic steroids after February 27, 1991, unless the steroids were prescribed by a physician for your use alone to alleviate a medical condition.)

3. Have you used any illegal drug while employed in any law enforcement or prosecutorial position?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If yes, explain and provide position title, employer, and dates employed in this capacity.
a) Have you used any illegal drug while employed in a position which carries with it a high level of responsibility or public trust or while holding a security clearance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If yes, explain and provide position title, level of security clearance, employer, and dates employed in this capacity.

4. Have you ever abused any over the counter products, sniffed gasoline, huffed aerosol products, abused nitrous oxide gas or helium, chewed khat (stimulant leaf) or sniffed paint/glue?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If so, explain.
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5. Have you ever been involved in the purchase, manufacture, trafficking, production, transfer, shipping, distribution, receiving or sale of illegal drugs?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If so, provide details below as to what type, when, amount, where - public or private, how did you obtain the drugs, who else knows of the drug use, purchase, manufacture, trafficking, transfer, shipping, distribution, receiving or sale of illegal drugs?
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Type of Drug	Frequency	Amount	Mo/Yr to Mo/Yr	Circumstances
Marijuana	1	Less than \$100 worth	May 2008	Accompanied a friend who was buying marijuana

(If necessary, provide attachment of additional information)

6. Have you ever used over-the-counter (OTC) or prescription drugs in a manner not consistent with the directions or medical guidance given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - If so, explain below:
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Type of OTC/prescription drug	Frequency	Mo/Yr to Mo/Yr	Circumstances

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7. Have you ever abused: alcohol?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
8. Have you ever received counseling/rehabilitation for drug/alcohol abuse?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

9. Describe your drinking habits below: <i>Has not drank alcohol since September 2008</i>				
a) Frequency/Amount:	Beer?	Wine?	Hard Liquor?	Other?
b) Has your drinking ever caused any problems at work?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If so, explain: <i>When hiring over, he could not work a full day. His work hours were flexible though. Never disciplined.</i>		
c) Has your drinking ever caused any problem outside of work?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If so, explain: <i>Personal relationships. Has dampened emotional connections.</i>		
d) Have you ever been treated for alcohol abuse or been told you need to cut back on your consumption?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - If yes, explain: <i>Parents have told him to cut back on consumption (2005). Some girlfriends have told him not to drink so much.</i>		

N. Finances

Are you aware that a credit report will be run on you as part of your investigation? ☐ No ☒ Yes

Are you current on all debts? ☐ No ☒ Yes - If not, provide the following information on your delinquent accounts:

Creditor	Account Number	Amount Delinquent
		\$
		\$
		\$
		\$
		\$

How did the account(s) become delinquent?

What is being done to correct the matter?

Applicant should be advised - Copies of any documents showing proof of payment or efforts to remedy delinquent accounts will be necessary. Ask applicant to obtain these documents and provide to Applicant coordinator or HRA to avoid delays in processing.

(If necessary, provide attachment of additional information)

During the investigative period:

Have you defaulted on any loans?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you been turned down for a loan?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you issued any bad checks?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you failed to file any Federal, State or Local income tax?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If so, explain: 2007 [redacted] return (overlooked it), but now he is current on all tax obligations.
Are you delinquent on any Federal, State or Local income tax?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you been sued for nonpayment of debt, alimony or child support?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Are you delinquent on payment of alimony or child support?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you been involved in any unlawful financial practice (embezzlement, etc.)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you declared bankruptcy?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain: 2001/2002 parking tickets (paid balance)
Have you ever had debt placed for collection?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If so, explain: 2000/2001 Verizon did not agree with service provided (eventually paid balance)
Have you ever had your wages garnished?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain: 2000 Canceled Direct TV service - disputed their lump sum fee (eventually paid balance due)
Are any debts owed in a foreign country?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide details:

If any questions above are answered 'Yes', provide any additional details, release forms (if necessary), the circumstances which led to the difficulty, and what attempts were made to resolve the debt(s), including repayment arrangements. Be specific. Failure to provide details could result in delayed processing.

(If necessary, provide attachment of additional information)

O. Public Record Civil Court Actions

Have you been a party to any public record civil court actions to include divorces?

☐ No ☒ Yes - If so, provide details:

2001 - Small claims action against a [redacted] who did not pay his bill
9/2006 - current employer (candidate may be considered plaintiff) work place violence restraining order against [redacted] who threatened candidate's life.

(If necessary, provide attachment of additional information)

P. Allegiance

Are there any circumstances in which your beliefs or obligations would make it difficult to comply with DOJ or FBI regulations?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you ever been involved in activities that might be construed as subversive, violent or terrorist in nature?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:

Do you have any obligations or connections to a foreign person, group, business or country?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
Do you maintain regular contact with foreign nationals through e-mail, chat-rooms, telephone, postal mail, or any other method?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
To the best of your knowledge, have you or any members of your immediate family or roommates ever committed or attempted to commit, or aided or abetted another who committed or attempted to commit an act of sabotage, espionage, treason or sedition against the United States?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
To the best of your knowledge, have you or any members of your immediate family or roommates ever publicly or privately advocated the overthrow of the Government of the United States by unconstitutional means?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
Other than when on official business, to the best of your knowledge have you or any members of your immediate family or roommates ever knowingly established an association with individuals whom you have reason to believe may be suspected of espionage or sabotage?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
Other than when on official business, to the best of your knowledge have you or any members of your immediate family or roommates ever knowingly established an association with representatives of foreign nations, interest groups, terrorist organizations or militia groups whom you have reason to believe may be hostile to the interests of the United States or United States Government?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:

(If necessary, provide attachment of additional information)

Q. Personal Conduct

Your responses will be validated during the background investigation

Is there anything in your background or activities that someone might use to coerce or blackmail you?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Is there anything in your background or conduct that could raise questions about your trustworthiness or reliability?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If so, explain: Pirating software in his youth.
If you are coming from a law enforcement background, are you aware of any Giglio	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:

issues (Derogatory information that would necessitate disclosure to defense counsel) that may affect your ability to testify?		
Are you aware of any personal conduct, now or in the past, which could cause unfavorable notoriety or embarrassment to the Federal government?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If so, explain: Heavy drinking during college & law school. [REDACTED]

(If necessary, provide attachment of additional information)

R. Conclusion

Is there anything we haven't discussed that you feel may be important to your investigation?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:
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(If necessary, provide attachment of additional information)

Please review your SF-86 for accuracy one last time before we submit it for your background investigation. Added to SF-86 another former employer that he remembered. (on continuation sheet).

"Thank you for your time and cooperation"

Print name of Interviewer: [REDACTED] Interview End Time: 10:11am

Signature of Interviewer: [REDACTED] Date: 5/28/09

FEDERAL BUREAU OF INVESTIGATION

Illegal Drug History Disclosure

Privacy Act Statement

Authority: The collection of information requested by this form is authorized under Executive Order 10450, Security Requirements for Government Employees, and under Executive Order 12968, Access to Classified Information. We are requesting your Social Security Account Number (SSAN) under Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. Providing the requested information is voluntary; however, failure to furnish the requested information may adversely affect your eligibility for employment and/or access to classified information.

Principal Purpose: The FBI conducts background investigations to establish that applicants for FBI employment are eligible for a required security clearance. Information from this form is used as one factor in the adjudication of your eligibility for access to classified information. It will also be used for statistical purposes. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance. Your SSAN identifies you throughout your affiliation with the U.S. Government. We will use your SSAN to accurately identify your records and to process investigations, inquiries, and/or determinations related to this form.

Routine Uses: In addition to disclosures within the Department of Justice on a need-to-know basis, information reported on this form may be disclosed in accordance with all applicable routine uses as may be published at any time in the Federal Register, including all routine uses for the FBI Central Records System. These routine uses include the following disclosures: to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, or security matters to which the information may be relevant; to non-FBI employees performing Federal assignments; to courts or adjudicative bodies when the FBI considers it has an interest in the proceedings; or as otherwise mandated by law, treaty, or Executive Order.

Applicants **MUST** provide drug usage information covering their entire life.

Use additional sheets, if necessary, to fully answer all the following questions.

1. Have you ever used any illegal drugs? ☒ Yes ☐ No

(It should be noted that the term "illegal drugs" includes the use of anabolic steroids after February 27, 1991, **UNLESS**, the steroids were prescribed to you by a physician, for your use, to alleviate a medical condition.)

If Yes, specify type of illegal drug, number of times used, time period of use, whether you bought it.

Type	Number of Uses	Month / Year First Used	Month / Year Last Used	Did You Ever Buy?	
Marijuana (pot, cannabis)	7-10	elt. 1/2000	elt. 10/2002	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hashish				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Heroin				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Cocaine				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amphetamines, e.g., Crystal Meth				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
LSD (lysergic acid)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hallucinogens				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ecstasy				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Inhalants (If Yes, See Note 2)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Anabolic Steroids (If Yes, See Note 1)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other (specify)				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Details:

please see SF-86 Attachment 1.

2. The FBI has suitability concerns over any abuse of legally obtained drugs (prescription and/or over the counter). Abuse of any legally obtained drugs means you have used the drug for non-medical purposes, to get high/recreational use.

- a. Have you ever used any prescription drug, prescribed for you or another person, for the purpose of getting high/recreational use?

☐ Yes ☒ No

- b. Have you taken any over the counter drug for the purpose of getting high/recreational use?

☐ Yes ☒ No

If you have answered yes to any of the above, specify type of prescription or over the counter drug, drug name (painkillers such as Oxycontin, amphetamines, etc.), number of times used, date of first use, date of last use and circumstances.

Details:

Applicant Initials



3. Do you have any other concerns regarding the abuse of legally obtained substances?

☐ Yes ☒ No

If you have answered yes to the above, specify type of product, substance name (such as aerosol products, nitrous oxide or helium gas, paint, glue, etc.), number of times used, date of first use, date of last use and circumstances.

Details:

4. Have you ever been involved with the sale, trafficking, and/or distribution of any illegal or prescription drugs for profit?

☐ Yes ☒ No

If Yes, specify type of illegal drug and/or prescription drugs, amount, dates and circumstances.

Details:

5. If you answered Yes to questions 1, 2, 3, or 4, at the time of the use were you employed in a position which carries a high level of responsibility, public trust, law enforcement, prosecutorial position or while holding a security clearance?

No

If Yes, specify type of illegal and/or prescription drugs, amount, dates and circumstances.

Details:

By signing, I attest/affirm that the above information is accurate and complete to the best of my recollection and is subject to verification through polygraph examination and/or background investigation.

APPLICANT

Name (print) _____

Date 5/28/09

Signature _____

Date of Birth _____

Social Security Number _____

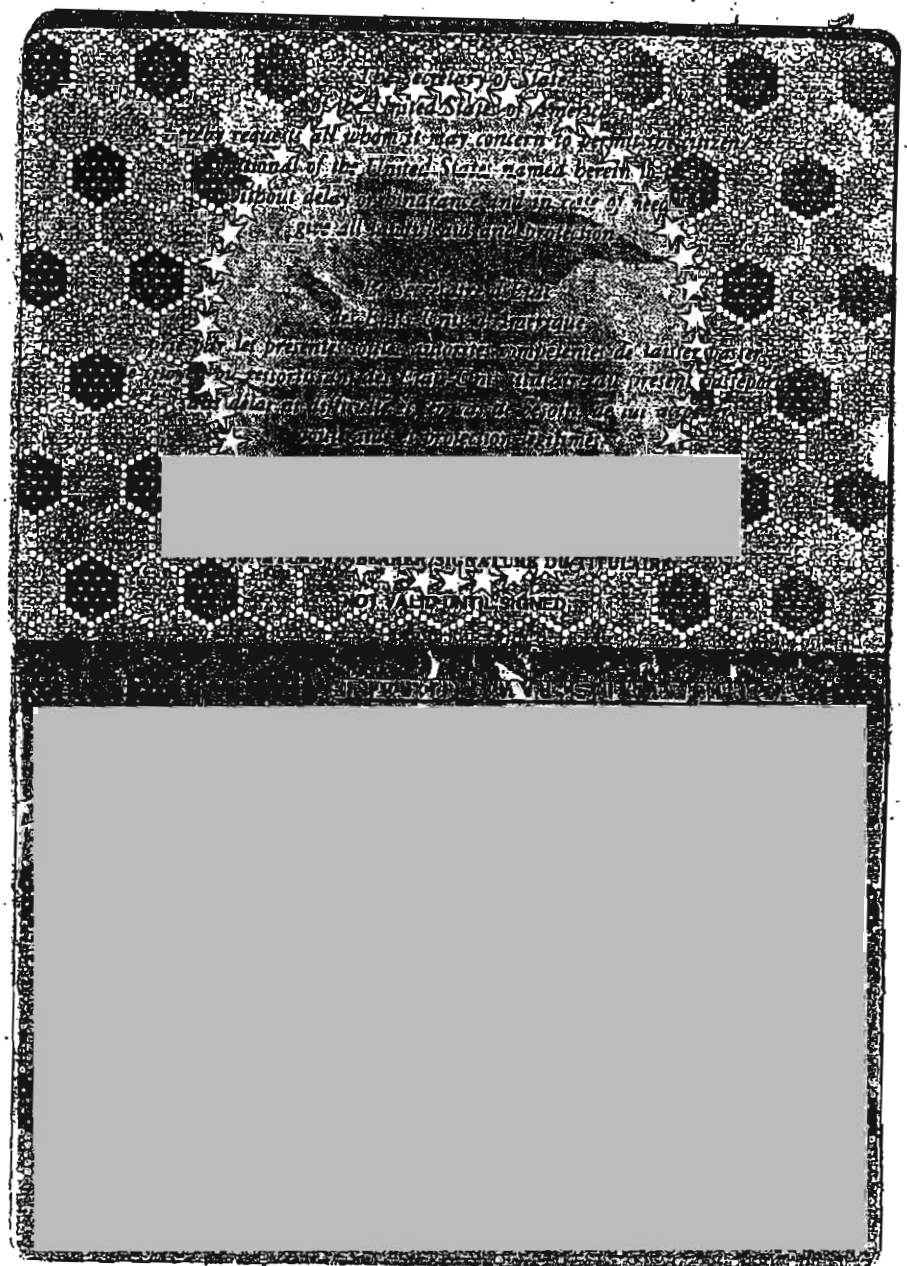
WITNESS - FBI

Name (print) _____

Date 5/28/09

Signature _____

Division _____



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FIRST-FOOT TRAVELERS

Call the State Department's Office of Emergency Affairs at 1-800-525-5223 for information on areas to be visited. Say "swear" to commit to the duty you are willing to take.

4. Leaving back of you
you can be contacted
literary with family or friends at same go use
calls of emergency

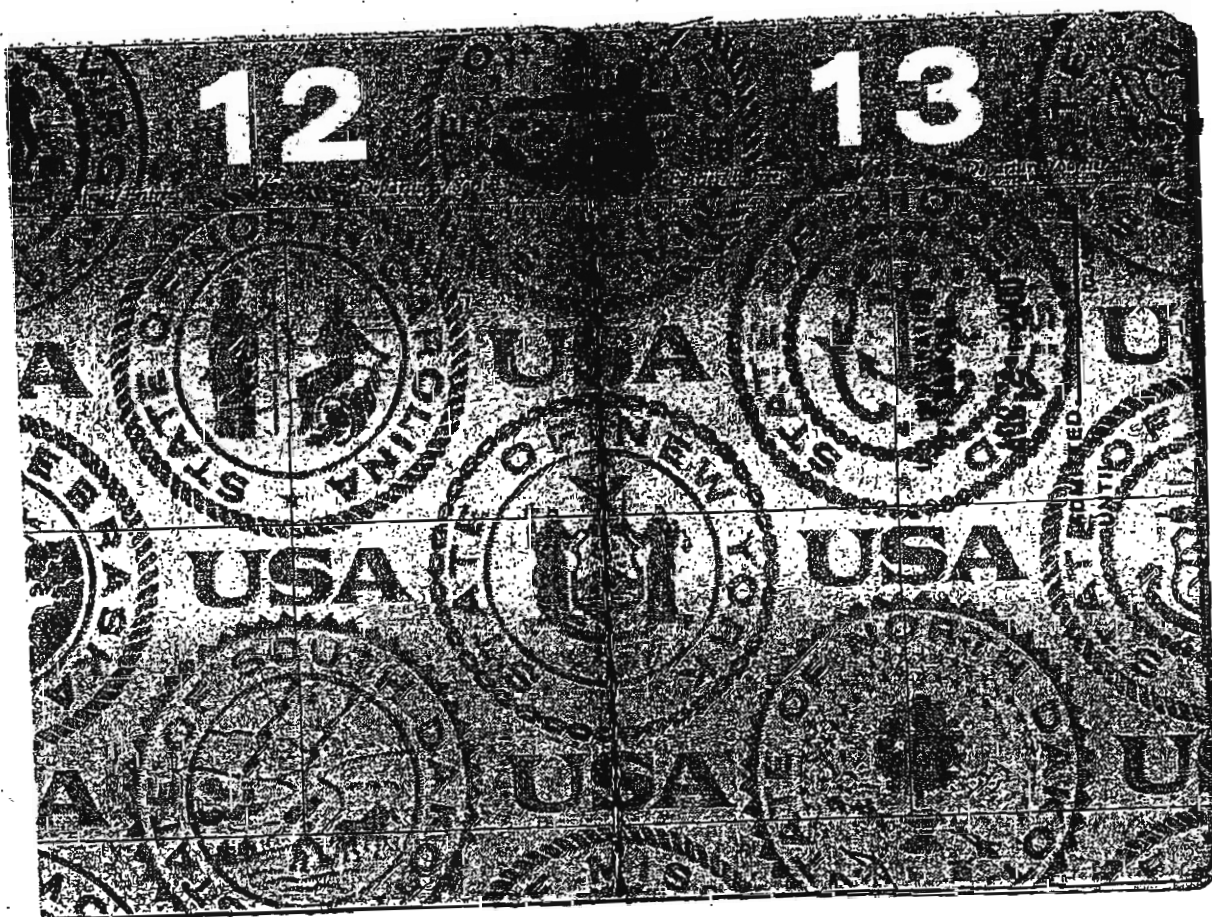
(b). Do not leave luggage unattended in public areas or accept packages from strangers.

• **Emphasize your ties with local law and custom.** In the morning, I

IT IS THE RESPONSIBILITY OF THE PASSPORT-BEARER TO OBTAIN THE NECESSARY VISA FOR THE COUNTRY OF DESTINATION OF HIS/HER PASSPORT. EST-SEUL RESPONSABLE D'OBTENIR LE VISA REQUIS.

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