

# e-QIP Gateway

## Electronic Questionnaires for Investigations Processing



### e-QIP Walkthrough.

(Questions you need to answer prior to inputting data into the e-QIP system.)

### Follow these Steps:

1. Log in: <https://www.opm.gov/e-qip/> and click the link e-QIP Applicant Site.
2. Type in your Social Security Number and Submit.
3. Answer the three “Golden Questions”\* (What is your LAST name? In what four-digit YEAR were you born? In what CITY were you born?)

**\*\*\* NOTE \*\*\***

*When answering the three golden questions the first time you MUST answer the question “In what CITY were you born?” = “unknown”. Failure to do this will result in a “failure to log-in” error and you will not be able to log into e-QIP.*

After answering the golden questions the first time correctly (as noted above) the computer will re-display the same questions a second time. At this time you will answer the three questions normally.

4. You will then be prompted to answer: Full Name, Date of Birth, and Place of Birth.
5. You will then see three pages of instructions. You will have to click a link stating that you have read these instructions and understand them.
6. Start entering your personal data.

### Section 1: Your Full Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Section 2:** Date of Birth (mmm/dd/yyyy): \_\_\_\_\_

### Section 3: Place of Birth

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**Section 4:** (Don't worry...they've seemed to have skipped this one)

### Section 5: Other Names Used

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Dates used: From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

## Section 6: Other Identifying Information

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Weight: \_\_\_\_\_ lbs Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex: M / F

## Section 7: Telephone Numbers

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

## Section 8: Citizenship

### a. Citizen Status – Mark one:

- I am a US citizen or national by birth in the US or US territory/possession (Answer b & d)
- I am a US citizen, but I was NOT born in the US (Answer b, c, & d)
- I am not a US citizen (Answer b & e)

**b. Your Mother's Maiden Name:** \_\_\_\_\_

**c. United States Citizenship.** (Provide information about one or more of the following proofs of your citizenship:

- **Naturalization Certificate** (Where were you naturalized?)

Court Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Certificate # \_\_\_\_\_ Date Issued: (mmm/dd/yyyy) \_\_\_\_\_

- **Citizenship Certificate** (Where was the certificate issued?)

Place issued – City: \_\_\_\_\_ State: \_\_\_\_\_

Certificate # \_\_\_\_\_ Date Issued: (mmm/dd/yyyy) \_\_\_\_\_

- **State Department Form 240 – Report of Birth Abroad of a Citizen of the US**

Date Form Prepared: (mmm/dd/yyyy) \_\_\_\_\_

- **US Passport**

Passport Number: \_\_\_\_\_ Date Issued: (mmm/dd/yyyy) \_\_\_\_\_

### d. Dual Citizenship

- List Country \_\_\_\_\_

**e. Alien**

- Place you entered the US

City: \_\_\_\_\_ State: \_\_\_\_\_ Date You Entered US: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Country: \_\_\_\_\_

**Section 9: Where You Have Lived** Provide a detailed entry for each place you have lived in the last 7 years. You may omit temporary military duty locations under 90 days (list your permanent address instead). Use your APO/FPO address if you lived overseas. Provide the actual physical location of your residence: do not use a PO Box. Also provide information on a person who knew you at that residence for the past 5 years only. Start with the most recent residence and work back.

- From: \_\_\_\_\_ (mmm/yyyy) To: PRESENT

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

**Person Who Knew You (at this residence)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

- From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

**Person Who Knew You (at this residence)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

- From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

**Person Who Knew You (at this residence)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

• From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

**Person Who Knew You (at this residence)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

• From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ (see pull down list)

**Person Who Knew You (at this residence)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

• From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ *Provide Country only if the residence is outside the US.*

**Person Who Knew You (at this residence)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 10: Where You Went To School

**List the schools you have attended, beyond Junior High School, in the last 7 years. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.**

Dates of Activity:

From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

School Type:  High School  
 College/University/Military College  
 Vocational/Technical/Trade School

School Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Person Who Knew You at School

For schools you attended in the last 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 11: Your Employment Activities

**Provide a detailed entry for each of your employment activities for the last 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.**

**Types of employment:** (Options – choose one for each employment entry)

- Active military duty stations
- National Guard/Reserve
- USPHS Commissioned Corps
- Other Federal employment
- State Government (Non-Federal employment)
- Self-employment
- Unemployment
- Federal Contractor
- Other

**Employers Street Address**

(unit full name)  
(unit street address)  
Fort Hood, TX 76544  
(unit phone number)

● From: \_\_\_\_\_ (mmm/yyyy) To: PRESENT

Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Job Location Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Job Location Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Street Address & Phone (If different than employer address)

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Job Location Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Job Location Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Street Address & Phone (If different than employer address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 12: People Who Know You Well

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Dates Known:

1. From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 13: Your Spouse

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_

Current Address (If different than your own) \_\_\_\_\_

Date Married: (mm/dd/yy) \_\_\_\_\_ Place: \_\_\_\_\_

If separated provide date of separation: (mm/dd/yy) \_\_\_\_\_

If legally separated, where is the record located? (city/state/county) \_\_\_\_\_

Provide the name of each country that this person is (or was) a citizen of: \_\_\_\_\_

\_\_\_\_\_

**Other names Used:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Dates used: From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

Proof of Citizenship Status:

**Section 14: Your Relatives and Associates**

**Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.**

- |                                  |                   |                                     |
|----------------------------------|-------------------|-------------------------------------|
| 1. Mother                        | 8. Brother        | 15. Mother-in-law                   |
| 2. Father                        | 9. Sister         | 16. Guardian                        |
| 3. Stepmother                    | 10. Stepbrother   | 17. Other Relative*                 |
| 4. Stepfather                    | 11. Stepsister    | 18. Associate*                      |
| 5. Foster Parent                 | 12. Half-brother  | 19. Adult Currently Living With You |
| 6. Child (Adopted & Foster also) | 13. Half-sister   |                                     |
| 7. Stepchild                     | 14. Father-in-law |                                     |

\* Other Relative – include only foreign national relatives not listed in 1 – 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

\* Associate – include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

1. Relationship Type: \_\_\_\_\_ Deceased? Y / N

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Current Address: (if living) \_\_\_\_\_  
\_\_\_\_\_

2. Relationship Type: \_\_\_\_\_ Deceased? Y / N

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Current Address: (if living) \_\_\_\_\_  
\_\_\_\_\_

● Relationship Type: \_\_\_\_\_ Deceased? Y / N  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Current Address: (if living) \_\_\_\_\_  
\_\_\_\_\_

● Relationship Type: \_\_\_\_\_ Deceased? Y / N  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Current Address: (if living) \_\_\_\_\_  
\_\_\_\_\_

● Relationship Type: \_\_\_\_\_ Deceased? Y / N  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Current Address: (if living) \_\_\_\_\_  
\_\_\_\_\_

● Relationship Type: \_\_\_\_\_ Deceased? Y / N  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Current Address: (if living) \_\_\_\_\_  
\_\_\_\_\_

● Relationship Type: \_\_\_\_\_ Deceased? Y / N  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Current Address: (if living) \_\_\_\_\_

## Section 16: Your Military History

- a. Have you served in the US military Y / N  
b. Have you served in the US Merchant Marine? Y / N

**List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy)

Service/Certificate # \_\_\_\_\_  Enlisted Status:  Active  
 Officer  Active Reserve  
 Inactive Reserve

## Section 17: Your Foreign Activities

- a. Do you have any foreign property, business connections, or financial interests? Y / N  
b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency? Y / N  
c. Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)  
Y / N  
d. In the last 7 years, have you had an active passport that was issued by a foreign government?  
Y / N

**If you answered "Yes" to one or more of the questions above, provide a detailed entry for each period of foreign activity.**

## Section 18: Foreign Countries You Have Visited

**List foreign countries you have visited, except on travel under official Government orders, working back 7 years. (Travel as a dependent or contractor must be listed.) Include short trips to Canada or Mexico. If you lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Do not repeat travel covered in sections 9, 10, or 11.**

Dates of Activity:

1. From: \_\_\_\_\_ (mmm/yyyy) To: \_\_\_\_\_ (mmm/yyyy)

Purpose of Visit:  Business  Pleasure  Education  Other

Countries Visited: \_\_\_\_\_

## Section 19: Your Military Record

- Have you ever received other than an honorable discharge from the military? Y / N

If "Yes" provide the date of discharge and type of discharge: \_\_\_\_\_

## Section 20: Your Selective Service Record

- a. Are you a male born after December 31, 1959? Y / N

If "Yes" have you registered with the Selective Service System? Y / N

What is your Registration Number: \_\_\_\_\_

## Section 21: Your Medical Record

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? Y / N

If "Yes" provide a detailed entry for each occurrence.

From (mmm/yyyy) \_\_\_\_\_ To (mmm/yyyy) \_\_\_\_\_ -

Name of Therapist/Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Section 22: Your Employment Record

Has any of the following happened to you in the last 7 years?

1. Fired from a job.
2. Quit a job after being told you'd be fired.
3. Left a job by mutual agreement following allegations of misconduct.
4. Left a job by mutual agreement following allegations of unsatisfactory performance.

Left a job for other reasons under unfavorable circumstances.

**If you answered "Yes," provide a detailed entry for each occurrence to report.**

Date Fired, Quit, or Left: \_\_\_\_\_ (mmm/yyyy) Severance Type: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

## Section 23: Your Police Record

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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

Y / N a. Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

Y / N b. Have you ever been charged with or convicted of a firearms or explosives offense?

Y / N c. Are there currently any charges pending against you for any criminal offense?

Y / N d. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

Y / N e. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

Y / N f. In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

**If you answered "Yes" to a, b, c, d, e, or f above, provide an entry for each occurrence to report. Provide explanation and other information requested below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).**

Date of Offense: \_\_\_\_\_ (mmm/yyyy)

- Check all boxes to which the offense applies
- a) Felony
  - b) Firearms or Explosives
  - c) Pending Criminal
  - d) Alcohol or Drugs
  - e) Court Martial or Other Disciplinary Proceeding
  - f) Any offense not listed in a-e above.

### Law Enforcement Authority / Court

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

## Section 24: Your Use of Illegal Drugs and Drug Activity

**The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.**

Y / N a. Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

Y / N b. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

Y / N c. In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

**If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance or prescription drug used, and the number of times used.**

Date(s) Used: From: \_\_\_\_\_ To: \_\_\_\_\_ (mmm/yyyy)

## Section 25: Your Use of Alcohol

Y / N In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

**If you answered "Yes," provide an entry for each treatment to report. Do not repeat information reported in response to section 21.**

If "Yes" provide a detailed entry for each occurrence.

Date of Treatment: From (mmm/yyyy) \_\_\_\_\_ To (mmm/yyyy) \_\_\_\_\_ -

Name of Therapist/Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_



Y / N d. In the last 7 years, have you had any judgments against you that have not been paid?

**If you answered "Yes" to a, b, c, or d, provide an entry for each occurrence to report.**

Date of Action: \_\_\_\_\_ (mmm/yyyy) Amount: \_\_\_\_\_

Type of Action: \_\_\_\_\_ Name Action Occurred Under: \_\_\_\_\_

Court or Agency Handling Case: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

## Section 28: Your Financial Delinquencies

Y / N a. In the last 7 years, have you been over 180 days delinquent on any debt(s)?

Y / N b. Are you currently over 90 days delinquent on any debt(s)?

**If you answered "Yes" to a or b, provide an entry for each occurrence to report.**

Date Incurred: \_\_\_\_\_ (mmm/yyyy) Date Satisfied: \_\_\_\_\_ (mmm/yyyy)

Amount: \_\_\_\_\_ Type of Loan/Obligation: \_\_\_\_\_ Account # \_\_\_\_\_

Creditor or Oblige Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

## Section 29: Public Record Civil Court Actions

Y / N a. In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

**If you answered "Yes," provide the information about each public record civil court action.**

Date: \_\_\_\_\_ (mmm/yyyy)

Nature of Action: \_\_\_\_\_

Result of Action: \_\_\_\_\_

Parties Involved: \_\_\_\_\_

Court Name: \_\_\_\_\_  
Court Address: \_\_\_\_\_  
\_\_\_\_\_

**Section 30: Your Association Record**

Y / N a. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

Y / N b. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

**If you answered "Yes" to a or b, explain in the space below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*IMPORTANT NOTE \*\*\***

**O Once SECTION 30 is completed Validate SF86, Certify, & Release.**

**O Notify your S2/Scty Mgr your e-QIP/SF86 is ready for review.**

**O At this point your S2 will contact your POC at Army G2 Security Branch  
CPT Tuttle [david.c.tuttle@ng.army.mil](mailto:david.c.tuttle@ng.army.mil) & SFC Mercado  
[eric.mercado@ng.army.mil](mailto:eric.mercado@ng.army.mil) .**

**O PSP Invs will print a "Review Copy" of this report and review it prior to submitting it to OPM.**

**O Should additional corrections be required your S2/Scty Mgr will receive an e-mail with a list of corrections to be made. E-QIP must be revalidated, certified and released before POC can review again.**

**O Once corrections are made call your POC who will review and submit if paperwork is good to go.**