INV FORM 44 (Rev. 4/06) U.S. OFFICE OF PERSONNEL **MANAGEMENT (5 CFR 736)**

INVESTIGATIVE REQUEST FOR LAW ENFORCEMENT DATA

U.S. GOVERNMENT USE ONLY

| F R O M | UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618 |
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this person's ask that you complete all items on the back of this form and return the form in the enclosed envelope.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the

The U.S. Office of Personnel Management's Federal Investigations Program is an authorized law enforcement activity required by Statute, Presidential Executive Order and Federal Regulations to make this investigative inquiry.

Request covered by the Security Clearance Information Act (P.L. 99-169)

Request not covered by the Security Clearance Information Act

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

| CASE NUMBER: | CASE TYPE: | ITEM NUM | BER: |
|----------------------------|---------------------|------------------|---------------------------------|
| FULL NAME (LAST, FIRST, MI | DDLE) | | |
| OTHER NAMES USED | | | |
| DATE OF BIRTH | SOCIAL SECURITY | NUMBER | POSITION FOR WHICH INVESTIGATED |
| DATE OF BILLIN | COOIAL OLOGINI I | KOMBEN | POSITION FOR WHICH INVESTIGATED |
| PLACE OF BIRTH | | | |
| CURRENT RESIDENCE | | | |
| | | | |
| | THE FOLLOWING CRIMI | | RECORD AT YOUR LOCATION |
| DATE (MO/YR) | | | (MO/YR) |
| OFFENSE: | | OFFENSE: | |
| ACTION: | | ACTION: | |
| | LAW ENFOR | CEMENT AUTHORI | TY OR COURT |
| | | | |
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| | CLAIMED RE | ESIDENCE AT TIME | OF OFFENSE |
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MARKING **INSTRUCTIONS**

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

INCORRECT MARKS: • DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

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| | | PLEASE CO | MPLETE THE ITEMS SHO | WN BELOW |
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| 1 | MAF | RK THE FOLLOWING AS APPLICABLE: | | |
| | а | WE HAVE NO RECORD ON THIS PERS | ON. b RECORD INFORMATION SHOW | VN BELOW. |
| 2 | IF O | UTSTANDING WARRANT(S) EXIST, LIST | CRIMINAL HISTORY RECORD AND/OR OUTST THE NATURE OF THE ORIGINAL CHARGE. IE CHARGE - <u>DO NOT USE CODES OR ABBRE</u> | . , |
| D | ATE | OFFENSE | DISPOSITION AND DATE | LOCATION OF DISPOSITION (COURT & CITY) |
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| 3 | REN EMF | MARKS, ADDITIONAL INFORMATIO | OVIDED BELOW, YOU MUST FILL IN THIS MARK N THAT MAY HAVE A BEARING ON THI ED INFORMATION OR ASSIGNMENT TO S | S PERSON'S ELIGIBILITY FOR FEDERAL SENSITIVE NATIONAL SECURITY DUTIES. |
| athe | ring the | information requested, and completing and returning | ng the form. You may send comments regarding our estim | per response. This includes time for reviewing the instructions, nate or any other aspect of this form, including suggestions for ington, DC 20415-7900. The OMB Number 3206-0165 is currently |
| alid. | OPM ma | ay not collect this information, and you are not requir | ed to respond, unless this number is displayed. Do not send | your completed form to this address. DATE |
| | | | | |
| YO | UR TIT | <u>rle</u> | | DAYTIME TELEPHONE NUMBER |
| | | | | (INCLUDE AREA CODE) |

| | FOR OPM USE | ONLY | | |
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| RESULT | S | ISSUES/CHARACTERIZATION | | |
| AC ACCEPTABLE | IS ISSUES | 1 0 A B C D E N 9 0 A B C D E N | | |
| AA ACCEPTABLE/ATTACHED | PI CONFIDENTIAL/ISSUES | 2 0 A B C D E N 10 0 A B C D E N | | |
| PA CONFIDENTIAL/ACCEPTABLE | RECORD INCONCLUSIVE | 3 O A B C D E N 11 O A B C D E N | | |
| NO PERTINENT INFORMATION | FR FEE REQUIRED | 4 O A B C D E N 12 O A B C D E N | | |
| NR NO RECORD | RELEASE REQUIRED | 5 O A B C D E N 13 O A B C D E N | | |
| NOT LOCATED | SK SUBJECT UNKNOWN | 6 0 A B C D E N 14 0 A B C D E N | | |
| UC UNABLE TO CONTACT | NZ NOT AVAILABLE | 7 0 A B C D E N | | |
| REFERRED | DN DISCREPANT | 8 O A B C D E N | | |
| RR RECORD | | | | |