



**DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of:)
)
) ADP Case No. 23-01227
)
Applicant for Public Trust Position)

Appearances

For Government: Adrienne Driskill, Esq., Department Counsel
For Applicant: *Pro se*

10/18/2024

Decision

MURPHY, Braden M., Administrative Judge:

Applicant did not provide sufficient evidence to mitigate trustworthiness concerns under Guideline I (psychological conditions) that were established by her diagnoses of ongoing and untreated mental health conditions. She mitigated trustworthiness concerns under Guideline F (financial considerations) that were established by a 2020 Chapter 7 bankruptcy filing and discharge of her debts. Applicant’s eligibility for access to sensitive information is denied.

Statement of the Case

On August 6, 2021, Applicant submitted an Electronic Questionnaire for Investigations Processing (application) in connection with her employment in the defense industry, for a position of public trust and eligibility for access to sensitive information. On August 3, 2023, the Defense Counterintelligence and Security Agency Consolidated Adjudication Services (DCSA CAS) issued a Statement of Reasons (SOR) to Applicant detailing trustworthiness concerns under Guideline F (financial considerations) and Guideline I (psychological conditions). The DSCA CAS issued the SOR under Department of Defense (DOD) Directive 5220.6, *Defense Industrial*

Personnel Security Clearance Review Program (January 2, 1992), as amended (Directive); and the National Security Adjudicative Guidelines (AG), which became effective within the DOD on June 8, 2017.

Applicant answered the SOR on August 7, 2023, and elected a decision by an administrative judge from the Defense Office of Hearings and Appeals (DOHA) based on the administrative (written) record. She included one document, later marked and admitted as Applicant's Exhibit (AE) A. The case was assigned to the Department Counsel's office on September 15, 2023. On September 22, 2023, the assigned Department Counsel requested a hearing in the case, under paragraph E.3.1.7 of the Additional Procedural Guidance of DOD Directive 5220.6. Department Counsel notified Applicant of the Government's request for a hearing on the same day. She also provided Applicant copies of the Government's proposed exhibits in the case. (Hearing Exhibits (HE) I, II, and III; Tr. 7-8, 15).

The case was assigned to me on May 22, 2024. On July 17, 2024, DOHA issued a notice scheduling the hearing to be held on August 13, 2024, by video-teleconference via an online platform.

At the hearing, Department Counsel offered Government's Exhibits (GE) 1 through 6. All but GE 3 were admitted without objection. Applicant's objection to admission of GE 3 was overruled. (Tr. 15-25) After the hearing, Department Counsel submitted GE 7, a current credit report. It was admitted without objection. Applicant testified and submitted exhibits AE A-1 and AE B through AE G, all of which were marked and admitted without objection. I held the record open to allow her the opportunity to submit additional documentation. She timely submitted seven additional documents, which are marked as AE H through AE N and admitted without objection. They are identified on Applicant's post-hearing exhibit list and in the Facts section, below. DOHA received the hearing transcript (Tr.) on August 23, 2024. The record closed on September 3, 2024. (Tr. 84)

Findings of Fact

Applicant admitted each of the three SOR allegations, ¶¶ 1.a, 1.b, and 2.a, with explanations. Her admissions are incorporated into the findings of fact. After a thorough and careful review of the pleadings and exhibits submitted, I make the following additional findings of fact.

Applicant is 28 years old. She attended high school from 2011 to 2015 and earned a certificate for general education development (GED) in 2017. She has worked for her current employer, a healthcare company, since about July 2020 as a customer service representative at a call center. She requires a trustworthiness determination for her job. She works remotely from home. She earns about \$25 an hour. She works full time, and often works overtime. She has never married and has no children. She lives alone in her own apartment. (GE 1; AE K; Tr. 31-34, 38, 48-49, 82-83)

Guideline I

During her September 2021 background interview, Applicant also revealed that she was voluntarily hospitalized for three days for depression at Hospital G in May (actually, March) 2021, and diagnosed with bipolar disorder. She was given instructions to follow up with a doctor but did not do so because she felt “ok” and did not think she needed additional care. She did not list the hospitalization on her application because she did not think she had a disability and did not understand that she should have disclosed it. (GE 1 at 27-28, GE 2 at 3)

In October 2021, Applicant had another background interview to discuss developed information about her history of illegal drug use. She began using marijuana in 2015, in high school. From then until 2021, including while in her current job, she used and purchased marijuana about twice a month. She often used marijuana to address her periods of depression, anxiety, hallucinations, and paranoia. She believes she became addicted to marijuana, but stopped using it in March 2021 after she was hospitalized. (GE 2 at 5; AE A-1; Tr. 37, 68-71, 77-78)

Applicant did not disclose her drug use, discussed below, on her August 2021 application because she did not think it was important or necessary to do so. (Tr. 74-75) She testified that she provided a second application after she submitted GE 1. She later provided documentation that it was rejected for various errors. (AE M)

Subsequently, at DOD’s request, Applicant participated in a psychological evaluation given her history of mental health issues and marijuana use. The evaluation was conducted in March 2023, and the psychological report was provided in April 2023, by Dr. B, a licensed clinical psychologist (Ph.D.) and board-certified neuropsychologist. (GE 3, GE 6)

Applicant’s interview for her evaluation was conducted virtually, over Zoom. She completed a standard Personality Assessment Inventory (PAI) and the evaluation met appropriate standards of care. Her developmental, educational, and occupational history were addressed. (GE 3 at 1-2, 4)

In discussing her mental health and substance abuse histories, Applicant described longstanding intermittent visual and auditory hallucinations that she kept secret through adolescence. She sought out a psychologist in 2021 due to depression and hallucinations. Outpatient treatment was unsuccessful, so she went voluntarily to Hospital G. She said she had been compliant with medication prescribed by her primary care physician since her discharge. (GE 3 at 2; Tr. 52; AE A-1; AE L)

Records from Hospital G, reviewed by Dr. B, indicate that Applicant presented at Hospital G in March 2021 with symptoms of visual and command hallucinations, including to harm others. She admitted using marijuana. A “Baker Act” petition for involuntary hospitalization was filed. She was diagnosed by hospital medical providers with unspecified schizophrenia spectrum and other psychiatric disorder(s) and

hospitalized for three days. Upon discharge, she was diagnosed with unspecified schizophrenia. She was provided referrals for medication management and substance abuse intervention. (GE 3 at 2; GE 4; Tr. 53) (SOR ¶ 1.a) Her omissions from her application of her mental health conditions and drug abuse were noted by Dr. B, as was the information Applicant provided in her background interviews. (GE 3 at 3)

Applicant denied using marijuana since her hospitalization. She had not yet researched treatment with a psychiatrist but planned to do so. (GE 3 at 3) Dr. B saw no evidence of ongoing substance abuse but noted prior marijuana use with a clearance or position of public trust. (Note: This is not established, since Applicant submitted her application for a position of public trust after she had last used marijuana. However, she did use marijuana while in her current job). Her lack of candor about her drug history and mental health conditions on her application raises questions of trustworthiness. (GE 3 at 3-4)

Dr. B diagnosed Applicant with schizoaffective disorder, depressive type (F25.1) and unspecified anxiety disorder. (F41.9), under the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). She was found to have a clear history of psychosis, occurring during depressive episodes but also in the absence of any mood disturbance. Applicant reported being in remission but displayed negative symptoms of depression. She also displayed anxiety. Dr. B found that Applicant was not in appropriate care for her condition. "Schizoaffective disorder is a chronic condition that cannot be cured and requires pharmacotherapy throughout the lifetime." Even with proper medication, she is prone to breakthrough symptoms that will require adjustments to her regimen by a skilled specialist. (GE 3 at 4-5) (SOR ¶ 1.b)

Applicant said in the evaluation that she had not followed advice to pursue proper psychiatric care. Dr. B, concluded, "Her mental health issues are clearly not in full remission. She is at risk of relapse of major depression, psychosis, and substance abuse." As a result, Dr. B had "significant concerns regarding her stability and reliability." (GE 3 at 4) She found that Applicant's behavior and conditions could impact her decision-making, ability to follow rules and regulations, and workplace behavior. Her judgment and insight are limited. Applicant is at risk of recurrence of symptoms that could make her a danger to others, such as command hallucinations. (GE 3 at 4)

Dr. B recommended that Applicant follow through on her stated intentions to find a psychiatrist in her insurance network. Dr. B has concerns about her treatment compliance, and:

Unless [Applicant] is consistently in treatment with a qualified professional to regularly monitor symptoms and provide the most empirically supported treatment for schizophrenia and mood disorder, her prognosis will continue to be poor. (GE 4 at 4)

Regarding her mental health issues, Applicant testified that she was living in a bad neighborhood and had a bad reaction to a "different strain" of marijuana that she

got from her then live-in boyfriend. She recognized that “something’s not right. I’m mentally going crazy right now.” She went to Hospital G for treatment and was admitted for three days. Applicant said she has not used marijuana since “a couple of months” before her hospitalization in March 2021. (Since her bad reaction to the marijuana was what led to her hospitalization soon thereafter, this timeframe estimate is dubious). At that time, she used marijuana every other week. She asserted that she was admitted to Hospital G more due to the drug reaction than for mental health reasons. She said she has not used marijuana since she was admitted. (Tr. 36-43, 71-72; AE A-1)

Hospital G providers recommended that Applicant see a psychologist. She documented that she visited Ms. D, a provider with medical provider L, in April and May 2021, by video. (AE L) She has not seen any provider for psychological or psychiatric care since then. She asserted that she could call her primary care provider at any time if she felt the need to. (Tr. 44-47) Applicant denied telling the evaluator that she would harm others. She also denied being prescribed any medication. (Tr. 42-43, 53-54)

Applicant recalled telling Hospital G providers about “a dark figure” that sometimes talk to her, and if she says a certain word, she must repeat it over and over. She would use marijuana to cope with the hallucinations and voices. (Tr. 55; Answer; AE A-1) She did not pursue subsequent drug treatment or counseling, despite a recommendation to do so. (GE 4 at 5; Tr. 65-66) She has not used any illegal drug besides marijuana and has not used marijuana since her hospitalization. (Tr. 68, 71-72)

Applicant acknowledged that Hospital G providers recommended follow-up care, which she set up for April and May 2021, through provider L. Those providers prescribed medication. She took the medication daily for a period but has not been on any medications since some time after her March 2023 evaluation. She stopped taking medications because she felt she does not need them anymore. She said she told her primary care provider (PCP) that she was stopping the medication. She does have the medications and can take them as needed. She uses other coping mechanisms like going to the beach, the gym, being outside, and pursuing arts and crafts hobbies. She is close to her family members, who live nearby. They know of her diagnoses and are supportive of her. (Answer; Tr. 56-66, 72)

Applicant has health insurance and a PCP whom she sees regularly, as recently as July 2024. Her PCP is aware of her mental health issues. She has not seen a mental health provider since May 2021 and does not have documentation of an evaluation to rebut or update the DOD evaluation. She is working on paying off her debts and working overtime. She wants to see a provider that has a similar ethnic background and has begun researching providers in her insurance network. She denied any hallucinations since taking the “different strain” of marijuana in early 2021. She denied any issues with being able to care for herself properly. She does not believe that she has a schizoaffective or other disorder, though she acknowledged depression. (Answer; Tr. 61-68)

After the hearing, Applicant submitted a closing statement. She attested that she has been clean (sober) and has not used marijuana for almost five years. (This suggests she has not used marijuana since mid-2019 – well before she went to Hospital G after having a bad reaction to marijuana in March 2021.) She attested that she does not tolerate being around anyone who uses drugs. She is willing to take a drug test. She said she is financially stable since her bankruptcy and manages her finances well. She asserted that her mental health is “wonderful.” She can seek mental health assistance anytime, has a healthy lifestyle, and gets good support from family and friends. (AE H)

Post-hearing, Applicant also documented her visits to mental health provider L in April and May 2021, and provided references to email statements from late 2023 and early 2024, but it is not clear that they concern more recent visits. (AE L) She documented a post-hearing counseling session with a mental health provider in August 2024. (AE N)

Guideline F

Applicant disclosed on her August 2021 application that she had filed a Chapter 7 bankruptcy petition in August 2020, and that it was discharged in June 2021. (GE 1 at 31; GE 5) (SOR ¶ 2.a) In her background interview in September 2021, she discussed her recent bankruptcy and her improved financial situation. GE 2 at 1-2)

Applicant explained during her testimony that in about 2020, she had lost her job and fell behind on her debts, including a car, a cell phone, and a credit card. She was financially naïve. Filing for bankruptcy allowed her to start fresh. She participated in credit counseling and learned how to manage money better. She now has an affordable monthly rent, car, and phone payments (\$234 and \$27), no credit cards and little other debt. She has a budget and is confident in her ability to stick to it. (Answer; AE A-1; AE D, AE F; Tr. 34-36, 49-51, 73) An August 2024 credit report noted several debts that had been discharged in the bankruptcy but no new delinquencies. (GE 7)

After the hearing, Applicant provided a personal financial statement. She indicated that she had a monthly income of about \$2,664 and monthly expenses of \$2,307, for a monthly remainder of about \$350. (AE J) She provided recent paystubs to corroborate her income. (AE K)

Applicant has been recognized by her employer for her for hard work and dedication. She has had no workplace issues. (Answer; Tr. 47; AE H) She is regarded as “highly effective.” (AE A) She was promoted in 2023 and her supervisor noted that she is an asset to the team and provides much value. (AE E; AE G)

Applicant documented that her company has informed employees that the company has lost its government contract. Employees will be laid off by the end of the year (December 2024), if not sooner. (AE I)

Applicant's mother and grandmother wrote strongly supportive letters attesting to her excellent character, hard work, growth and maturity, and financial independence. (AE B, AE C)

Policies

It is well established that no one has a right to a security clearance, or, as here, to a determination of public trust. As the Supreme Court held in *Department of the Navy v. Egan*, 484 U.S. 518, 531 (1988), "the clearly consistent standard indicates that [trustworthiness] determinations should err, if they must, on the side of denials."

When evaluating an applicant's eligibility for a public trust position, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are used in evaluating an applicant's eligibility for access to sensitive information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(a), the entire process is a conscientious scrutiny of a number of variables known as the "whole-person concept." The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that "[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security." In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Likewise, I have not drawn inferences grounded on mere speculation or conjecture.

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, an "applicant is responsible for presenting witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel and has the ultimate burden of persuasion to obtain a favorable security decision."

A person who seeks access to sensitive information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to sensitive information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard

sensitive information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of sensitive information.

Analysis

Guideline I: Psychological Conditions

The trustworthiness concern for psychological conditions is set forth in AG ¶ 27:

Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

The guideline notes several conditions that could raise trustworthiness concerns under AG ¶ 28. The following are potentially applicable in this case:

- (a) behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;
- (b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
- (c) voluntary or involuntary inpatient hospitalization; and
- (d) failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions.

Applicant used marijuana regularly since high school and well into her 20s, up to March 2021, when she sought mental health treatment at Hospital G after experiencing a bad reaction to the drug. She was hospitalized for three days with symptoms of visual and command hallucinations, including to harm others. She was diagnosed with unspecified schizophrenia. Upon discharge, she was provided referrals for medication

management and substance abuse intervention, and it was recommended that she pursue mental health and drug treatment and counseling. She pursued psychological counseling in April and May 2021 and was prescribed appropriate medications. However, she soon stopped going to counseling and stopped taking her medications.

In 2023, DOD requested that she undergo a psychological evaluation. Dr. B, a DOD-approved psychologist, diagnosed Applicant with schizoaffective disorder, depressive type (F25.1) and unspecified anxiety disorder. (F41.9). Dr. B noted that Applicant has a clear history of psychosis, occurring during depressive episodes but also in the absence of any mood disturbance. Dr. B found that Applicant was not in appropriate care for her condition. "Schizoaffective disorder is a chronic condition that cannot be cured and requires pharmacotherapy throughout the lifetime." Even with proper medication, she is prone to breakthrough symptoms that will require adjustments to her regimen by a skilled specialist.

Dr. B found that Applicant's mental health issues are "clearly not in full remission. She is at risk of relapse of major depression, psychosis, and substance abuse." As a result, Dr. B had "significant concerns regarding her stability and reliability." (GE 3 at 4) Dr. B. found that Applicant's behavior and conditions could impact her decision-making, ability to follow rules and regulations, and workplace behavior. Applicant's judgment and insight are limited. She is at risk of recurrence of symptoms that could make her a danger to others, such as command hallucinations. (GE 3 at 4)

Dr. B recommended that Applicant follow through on her stated intentions to find a psychiatrist in her insurance network. Dr. B has concerns about her treatment compliance, and without regular and proper treatment from a qualified professional, she has a poor prognosis.

Appellant's behavior satisfies AG ¶ 28(a), and her March 2021 hospitalization satisfies AG ¶ 28(c). Dr. B's mental health evaluation and diagnosis of Applicant's conditions satisfies AG ¶ 28(b). Applicant briefly attended counseling in April and May 2021 after her discharge from Hospital G, but soon stopped going. She also stopped taking her prescribed medications. AG ¶ 28(d) applies.

AG ¶ 29 sets forth the potentially applicable mitigating conditions:

(a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; and

(e) there is no indication of a current problem.

Dr. B's evaluation includes a recommendation that Appellant follow up on her stated plan to pursue mental health counseling. She has not done so, save for a single appointment after the hearing. She is not on any appropriate medication for her conditions, which are chronic, lifelong, and likely to require regular monitoring by a specialist. The fact that Applicant does not believe she has a mental health disorder and feels "wonderful" is not remotely enough to overcome Dr. B's conclusions. Applicant is not currently in regular counseling or treatment and is not currently taking appropriate, prescribed medication. She asserts, without support, that her condition is essentially in remission. She did not provide an updated mental health evaluation to document this. No mitigating conditions apply.

Guideline F: Financial Considerations

The trustworthiness concern for financial considerations is set out in AG ¶ 18:

Failure to live within one's means, satisfy debts, and meet financial obligations may indicate poor self-control, lack of judgment, or unwillingness to abide by rules and regulations, all of which can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. . . .

The financial considerations guideline sets forth several conditions that could raise trustworthiness concerns under AG ¶ 19. The following are potentially applicable:

(a) inability to satisfy debts; and

(c) a history of not meeting financial obligations.

Applicant fell behind on her financial obligations in 2020 after experiencing employment instability. She filed for Chapter 7 bankruptcy protection, and her debts were discharged in 2021. AG ¶¶ 19(a) and 19(c) apply, even though there was no evidence that she had any delinquencies at the time the SOR was issued.

Conditions that could mitigate financial considerations trustworthiness concerns are provided under AG ¶ 20. The following are potentially applicable:

(a) the behavior happened so long ago, was so infrequent, or occurred under such circumstances that it is unlikely to recur and does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;

(b) the conditions that resulted in the financial problem were largely beyond the person's control (e.g., loss of employment, a business downturn, unexpected medical emergency, a death, divorce or separation, clear victimization by predatory lending practices, or identity theft), and the individual acted responsibly under the circumstances; and

(c) the individual has received or is receiving financial counseling for the problem from a legitimate and credible source, such as a non-profit credit counseling service, and there are clear indications that the problem is being resolved or is under control.

Applicant filed for bankruptcy under Chapter 7 in 2020 when she became financially overextended after experiencing employment instability. Her debts were discharged in 2021. She participated in credit counseling through the bankruptcy proceeding and has not had any financial issues or delinquencies since then. She manages her finances appropriately and has good credit. AG ¶¶ 20(a), 20(b), and 20(c) apply to mitigate financial considerations trustworthiness concerns.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a position of public trust by considering the totality of the applicant's conduct and all relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

(1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a position of public trust must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. I have incorporated my comments under Guidelines F and I in my whole-person analysis. I considered Applicant's whole-person

evidence from her work-related character references and documentation and also her family members.

The financial conditions trustworthiness concerns are resolved as there is no evidence of any current debts and Applicant has established financial responsibility and stability. However, the trustworthiness concerns over her ongoing, long-term, chronic and untreated mental health conditions and behaviors are not resolved.

Further, there is the matter of Applicant's history of marijuana use, which is also long-term, regular, fairly recent, and which resulted in hospitalization. She also failed to disclose either her drug use or her mental health conditions and hospital treatment on her application. There were no trustworthiness concerns alleged in the SOR under either Guideline H (Drugs) or Guideline E (Personal Conduct). Nevertheless, these aggravating circumstances significantly undercut any showing of mitigation. They also negatively impact Applicant's credibility. I also did not find her testimony about either the timeframe of her drug use or her limited self-awareness of her ongoing mental health issues to be credible. Overall, the record evidence leaves me with questions and doubts as to Applicant's eligibility for a public trust position.

Formal Findings

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1, Guideline I:	AGAINST APPLICANT
Subparagraphs 1.a-1.b:	Against Applicant
Paragraph 2, Guideline F:	FOR APPLICANT
Subparagraph 2.a:	For Applicant

Conclusion

In light of all of the circumstances presented, it is not clearly consistent with the interests of national security to grant Applicant access to sensitive information. Eligibility for a public trust position is denied.

Braden M. Murphy
Administrative Judge