



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



In the matter of:)	
)	
)	ISCR Case No. 25-00709
)	
Applicant for Security Clearance)	

Appearances

For Government: Andre M. Gregorian, Esq., Department Counsel
For Applicant: *Pro se*

03/31/2026

Decision

Dorsey, Benjamin R., Administrative Judge:

Applicant did not mitigate the psychological conditions security concerns. Eligibility for access to classified information is denied.

Statement of the Case

On October 14, 2025, the Department of Defense (DOD) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline I (psychological conditions). Applicant responded to the SOR on November 20, 2025 (Answer), and requested a decision based on the written record.

The Government submitted its written file of relevant material (FORM) on January 21, 2026. A complete copy of the FORM was provided to Applicant, along with information advising her that she had 30 days from her date of receipt to make objections to evidence, and submit material to refute, extenuate, or mitigate the security concerns. Applicant received the FORM on January 29, 2026, and provided a response dated February 17, 2026 (FORM Response). The case was assigned to me on March 2, 2026. The Government exhibits included in the FORM, marked as Items 1 through 12, and the FORM Response are admitted in evidence, without objection.

Findings of Fact

In the SOR, the Government alleged the following:

(a) Since approximately 2001, Applicant has experienced depression, anxiety, and suicidal ideations.

(b) In approximately June 2011, Applicant received mental health treatment from [Dr. B], MD. She was diagnosed with Bipolar II Disorder.

(c) From November 2015 to August 2017, Applicant received mental health treatment at [Treatment Center A]. She was diagnosed with Bipolar II Disorder, Anxiety Disorder, and Insomnia. She reported manic and depressive episodes, feeling hopeless, and having dark thoughts. She failed to take prescribed medications.

(d) From March 2019 to May 2019, Applicant received mental health treatment from [Dr. A], MD. She was diagnosed with Bipolar II Disorder, Generalized Anxiety Disorder, and Panic Disorder. She reported manic and depressive episodes, suicidal ideations, and failing to take prescribed medications.

(e) From May 2023 to November 2023, Applicant received mental health treatment at [Treatment Center B]. She was diagnosed with Bipolar II Disorder, Generalized Anxiety Disorder, Binge Eating Disorder, and Insomnia. She reported manic and depressive episodes. She failed to follow the prescribed treatment plan and failed to take prescribed medications.

(f) From January 2024 to at least May 2025, Applicant received mental health treatment at [Treatment Center C]. She was diagnosed with Bipolar Disorder and Generalized Anxiety Disorder. She reported manic and depressive episodes, suicidal ideations, and failing to take prescribed medications.

(g) Applicant was evaluated by a licensed clinical psychologist in April 2024. Based on her clinical interview, available treatment records, testing observations, and psychological assessments, it was determined that she meets the criteria for Bipolar Disorder. She fluctuates between depressive and manic symptoms, and has impaired functioning in her personal life and at work. Her treatment history is inconsistent at best, calling into question the long-term stability of her symptoms. Her inconsistent medication compliance has resulted in symptom relapse and evidently affected her psychiatric stability. Her inconsistent treatment despite evident functional impairment suggests that her reliability is compromised, especially if she experiences additional depressive and/or manic episodes. Her stability is compromised by her current psychiatric state, as shown by unresolved mood fluctuations. She would benefit from ongoing, long-term medication treatment and adjunctive psychotherapy. Given these findings, it was determined that her capacity to perform sensitive national security duties appears impaired.

(h) From August 2024 to March 2025, Applicant received mental health treatment at [Treatment Center E]. She was diagnosed with Bipolar II Disorder, Generalized Anxiety Disorder, and Insomnia. She reported manic and depressive episodes, and suicidal ideations. She failed to take prescribed medications. (Item 1)

Applicant admitted the SOR allegations with additional comments. She denied that her inconsistent medical compliance has impacted her reliability, trustworthiness, or dependability and claimed her ability to perform sensitive national security duties has not been impaired. (Item 2)

Applicant is a 40-year-old employee of a government contractor for which she has worked since about August 2021. She graduated from high school in 2003, earned an undergraduate degree in 2007, and earned a master's degree in 2013. She has never married and has no children. (Items 3-11)

Since about 2001, Applicant has experienced depression, anxiety, and suicidal ideations. She has not acted on these suicidal ideations, but, when she was 20 to 23 years old, she formulated a plan of overdosing on medication and sought assistance from her mother with "pills in hand." She also called an emergency hotline a few times during an undisclosed timeframe. Beginning in about March 2003, with some disruptions, such as times coinciding with her security interviews in 2010 and 2020, and, for a few years prior to May 2023, she has received mental health counseling from various duly licensed mental health professionals. These periods of treatment include treatment from the following mental health treatment centers or professionals: Treatment Center A from November 2015 to August 2017; Dr. A, a licensed medical doctor (MD) from March 2019 to May 2019; Treatment Center B from May 2023 to November 2023; Treatment Center C from January 2024 to at least May 2025; Treatment Center D from June 2024 to September 2024; and Treatment Center E from August 2024 to March 2025. At times, her mental health treatment has overlapped with multiple providers, occasionally because she was being treated by separate professionals from the same treatment center for talk therapy and for medication management. She has not had any inpatient hospitalizations. (Items 2-11; FORM Response)

In about June 2011, an MD, Dr. B, diagnosed Applicant with bipolar II disorder. Other duly qualified mental health professionals that have treated her have diagnosed her with additional disorders, such as anxiety disorder, generalized anxiety disorder, insomnia disorder, panic disorder, and a binge-eating disorder. While she has had periods where her bipolar II symptoms have been less acute, her bipolar II disorder diagnosis and concomitant symptoms have remained consistent over the years. Her recurring bipolar II symptoms generally consist of a multi-week period of depression that includes a depressed mood, being withdrawn, decreased concentration, decreased energy, fluctuating sleep, and increased appetite. These symptoms are often followed by a few days of hypomanic symptoms of increased productivity, hyper-energy, hyper-sexuality, flight of ideas, increased rate of speech, and a willingness to make high-risk decisions.

Other symptoms that she has described to her mental health professionals are feeling hopeless and having dark thoughts. (Items 2, 4-11; FORM Response)

Throughout Applicant's mental health treatment, she has been prescribed various medicines to treat her mental health conditions. Despite being counseled about the importance of adhering to her medication regimen, she has repeatedly not complied with her providers' medication recommendations. For example, her treating mental health professionals noted that she missed medication on the following occasions: for several weeks in January 2017; for months, including in March 2019; for several months beginning in November 2023; for two weeks in November 2024; and for a month in January 2025 (coinciding with suffering from extreme anxiety). Another episode of medicinal noncompliance in March 2025 resulted from a negative reaction to a medication that she reported sent her into mania. Her medical records reflect that she acknowledged that she is bad about taking meds, "expressed reluctance towards medications adherence," and that she is not a very cooperative patient and is not good with medications. (Items 2, 6-11; FORM Response)

In addition to Applicant's failure to take her prescribed medicine, at times, she has failed to follow her mental health professionals' treatment plan. Her medical records reflect that the mental-health professional that she consulted from May 2023 until November 2023 at Treatment Center B advised her to undergo both talk therapy and medicine-maintenance treatment while under his care. However, she terminated her talk-therapy sessions in mid-August 2023, after last attending one at the end of the prior month. (Items 2, 6, 9, 11; FORM Response)

On April 5, 2024, at the request of the DOD, a licensed clinical psychologist and doctor of psychology (Dr. C), evaluated Applicant. Dr. C issued his report of evaluation on April 26, 2024. His report was based upon a virtual interview, information about Applicant derived from multiple security clearance eligibility investigations from 2010 through December 2022, and portions of the aforementioned mental health records from Treatment Centers A, B, and C, and from Dr. A. His evaluation also referenced the National Security Adjudicative Guidelines, effective beginning June 8, 2017. As part of his evaluation, he used Applicant's results of two psychological online tests that she took during the meeting. One was the Paulhus Deception Scales (PDS), and the other was the Minnesota Multiphasic Personality Inventory-3 (MMPI-3). He reported some of the same matters in the medical records that were discussed above. He noted that her PDS results indicated that she was presenting herself truthfully. (Items 2-12; FORM Response)

Dr. C diagnosed Applicant with bipolar disorder based on her symptoms of fluctuation between depressive and manic symptoms and functional impairment in both her personal and professional life. He cited crying on the way to and from work and requiring special accommodations as evidence of her work impairment. He opined the number of years over which her symptoms and need for medication persisted evidenced the chronic nature of her disorder. However, he also noted that her familial support,

positive work history, and honesty and “openness about her symptoms bode well for her in the long-term.” He noted that her prognosis is “fair.” (Items 2, 11; FORM Response)

Dr. C noted several conclusions and recommendations. He noted Applicant’s desire to continue treatment while also recognizing her inconsistent treatment history “at best,” which calls into question her ability to control her symptoms. He also wrote that her inconsistent medication compliance has caused “symptom relapse” and “affected her psychiatric stability.” In his professional opinion, given her PDS results and the lack of discrepancies between her reporting and her records, “*her judgment and trustworthiness are not affected* by her *current* psychiatric state (emphasis in the original). He continued:

However, her inconsistent treatment despite evident functional impairment is suggestive of *compromised reliability*, especially if she experiences subsequent depressive and/or manic episodes. Further, in my opinion, her *stability is compromised* by her *current* psychiatric state, as shown by recent mood fluctuations that do not appear to have completely resolved. She would benefit from ongoing, long-term medication treatment and her overall psychiatric state will additionally benefit from adjunctive psychotherapy. Given these findings [Applicant’s] current capacity to perform sensitive national security duties appears impaired (emphasis in the original). (Item 11)

Applicant admitted and acknowledged her aforementioned diagnoses, her attendant symptoms, and “inconsistent medical compliance” over the years. She claimed that she has continued to seek mental health treatment, including weekly therapy sessions and monthly psychiatric appointments and is committed to complying with her treatment plan. She denied that her inconsistent medical compliance has affected her reliability, trustworthiness, or dependability. She referenced letters she provided with her Answer from her current and former colleagues attesting to her strong work performance, that I will discuss in greater detail below. (Item 2; FORM Response)

As an attachment to the Answer, Applicant provided a letter dated October 29, 2025, from a mental health professional who treated Applicant at Treatment Center C beginning in January 2024. In the letter, he wrote that Applicant’s current diagnoses are bipolar disorder and generalized anxiety disorder and listed her current medications. He wrote that she “has demonstrated medication compliance throughout the duration of her treatment with this practice.” He also wrote that she has been stable with no hypomanic episodes, that she “continues to attend scheduled appointments, and that she actively participates in her treatment plan.” (Item 2)

Applicant also provided a letter dated November 10, 2025, from Treatment Center E with the Answer. In the letter, the mental health professional who treated her wrote that, as of the time of her last appointment with him in March 2025, she indicated that she was moving out of the area and would seek treatment from another mental health provider that she had already contacted. He did not reference her past failure to comply with his

medication regimen, instead writing that she “did not provide any concerns that she would be unable or unwilling to continue prescribed medication treatment.” He wrote that she “expressed over the course of treatment a desire and willingness to be medically treated and was an active participant in her treatment plans.” He opined that when he last treated her, she presented as stable and of sound mind. (Item 2)

Applicant provided an undated letter from Treatment Center D written by a mental health professional who began treating her in September 2025. He wrote that she has been receiving ongoing treatment from Treatment Center E since June 2024. In the interrogatory responses that she provided on June 10, 2025, she wrote that she obtained counseling from this provider from June 2024 to September 2024. This mental health professional wrote that throughout the course of her treatment with Treatment Center E, she has “demonstrated consistent compliance with all prescribed medications and has routinely attended all scheduled appointments.” He wrote that “at this time” she is considered stable, can fulfill her personal and professional responsibilities, and demonstrates “insight, reliability, and active engagement in maintaining their overall mental health and functioning.” (Items 2, 6)

Finally, in the Answer, Applicant provided letters from her current and former work colleagues attesting to her high-quality performance, integrity, discretion, and ability to safeguard sensitive information. They note that they are aware of her bipolar II disorder diagnosis, but they have not seen it affect her work performance or ability to hold a security clearance. To the extent they opined on the topic, the authors all recommended her for a security clearance. (Item 2)

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

The DSM-5 is the standard classification of mental disorders used by mental health professionals in the United States. Applicant’s treatment providers cited in their diagnoses to DSM-5. The following is summarized from the DSM-5:

Bipolar II Disorder

Bipolar II disorder is characterized by a clinical course of recurring mood episodes consisting of one or more major depressive episodes and at least one hypomanic episode. The major depressive episode must last at least two weeks, and the hypomanic episode must last at least four days to meet the diagnostic criteria.

Major Depressive Episode

The essential feature of a major depressive episode is a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities.

Hypomanic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least four consecutive days and present most of the day, nearly every day. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic. The disturbance in mood and the change in functioning are observable by others. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization.

Bipolar I Disorder

Bipolar I disorder features recurring mood episodes consisting of one or more major depressive episodes and at least one manic episode. The major depressive episode must last at least two weeks and the manic episode must last at least seven days to meet the diagnostic criteria.

Manic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least seven consecutive days and present most of the day, nearly every day. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

Generalized Anxiety Disorder

The key feature of generalized anxiety disorders is persistent and excessive anxiety and worry about various domains, including work and school performance, that the individual finds difficult to control.

Insomnia Disorder

A predominant complaint of dissatisfaction with sleep quantity or quality associated with difficulty falling asleep or difficulty maintaining sleep, or early-morning awakening with inability to return to sleep that causes clinically significant impairment in functioning. The sleep difficulty must occur at least three nights per week, be present for three months, and occur despite adequate opportunity for sleep.

Panic Disorder

In panic disorder, the individual experiences recurrent, unexpected panic attacks and is persistently concerned or worried about having more panic attacks or changes his or her behavior in maladaptive ways because of the panic attacks (e.g., avoidance of exercise or of unfamiliar locations). Panic attacks are abrupt surges of intense fear or

intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms.

Binge-Eating Disorder

Recurrent episodes of binge eating. An episode of binge eating is characterized by eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time; and a lack of control over eating during the episode.

Policies

This case is adjudicated under Executive Order (EO) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG), which became effective within DOD on June 8, 2017.

When evaluating an applicant's suitability for a security clearance, 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 to be used in evaluating an applicant's eligibility for access to classified information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, administrative judges apply the guidelines 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(c), 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."

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

A person who seeks access to classified 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 classified information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of classified information.

Section 7 of EO 10865 provides that adverse decisions shall be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See *also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

Analysis

Guideline I: Psychological Conditions

The security concern for psychological conditions is set out 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.

AG ¶ 28 provides conditions that could raise psychological conditions security concerns. The following are potentially applicable:

(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; 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.

AG ¶ 28(a)

Applicant has had suicidal ideations for years. She also formulated a plan to act on her suicidal ideation and was in the process of enacting it before reaching out for help, and thankfully, receiving it. She has also had a consistent pattern of depressive episodes, followed by manic or hypomanic episodes. AG ¶ 28(a) is applicable.

AG ¶ 28(b)

AG ¶ 28(b) requires 1) an opinion by a duly qualified mental health professional that the individual has a condition; and 2) that the condition may impair judgment, stability, reliability, or trustworthiness. Qualified mental health professionals have consistently diagnosed Applicant with bipolar II disorder.

Some conditions clearly impair judgment, stability, reliability, and trustworthiness, and by their very nature raise security concerns, and can be accepted as such without further elaboration by the mental health professional. Other conditions may require elaboration by the mental health professional as to how the condition may impair the individual's judgment, stability, reliability, or trustworthiness. Bipolar disorders (both bipolar I and bipolar II) fall into the category of conditions that by their very nature raise security concerns. See, e.g., USAF-M Case No. 23-00056-R at 3 (App. Bd. Jan. 4, 2024).

Dr. C, a licensed clinical psychologist, opined that Applicant had a bipolar disorder. He did not clarify whether he diagnosed her with bipolar I or bipolar II disorder, but he referenced her depressive and *manic* symptoms as a basis for his diagnosis, which are indicative of a bipolar I disorder. He opined that this condition impaired her reliability and stability. As both of the aforementioned conditions of AG ¶ 28(b) are met, it is applicable to the diagnoses of bipolar disorder. Applicant's other psychological diagnoses are not among those that raise security concerns by their very nature, and a mental health professional did not opine as to how those conditions may impair Applicant's judgment, stability, reliability, or trustworthiness. Therefore AG ¶ 28(b) is not applicable to any of her diagnoses other than her bipolar disorder.

AG ¶ 28(d)

Applicant has a consistent history of failing to take prescribed medicine related to her bipolar disorder. She also failed to continue with talk therapy as she was advised to do while being treated at Treatment Center B. AG ¶ 28(d) is established.

AG ¶ 29 provides conditions that could mitigate psychological conditions security concerns. The following are potentially applicable:

- (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.

It is unclear from the record whether Applicant's bipolar disorder is readily controllable with treatment. Regardless, while I acknowledge her recent evidence of compliance, given her years-long, sustained history of medication noncompliance, she has not demonstrated ongoing and consistent compliance with her treatment plan. AG ¶ 29(a) is not applicable.

Applicant has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment. This finding is evidenced by the importance that her mental health professionals place on consistent treatment plan compliance and her periods of relative stability when she does follow their advice. However, while her treating mental health professionals have described her as "stable," there is no record of them providing her with a favorable prognosis. As her bipolar condition by its very nature can impair judgment, stability, reliability, and trustworthiness, a stable prognosis, which indicates the condition is present, but controlled, does not attain the level of "favorable." AG ¶ 29(b) is not applicable.

Applicant provided opinions by duly qualified mental health professionals that her bipolar condition is stable, which implies it is under control. However, these mental health professionals were not employed by or acceptable to and approved by the U.S. Government. There is also no record evidence that her condition has a low probability of recurrence or exacerbation. The chronic nature of her condition, along with the repeated instances of her symptoms manifesting themselves when certain common life stressors are present, show that they are recurrent and subject to exacerbation. AG ¶ 29(c) is not applicable.

The chronic nature of Applicant's ongoing condition over the years reveals that it is not temporary. Moreover, while there is some evidence that she was stable and willing to be compliant with her treatment plan when she filed her Answer, given the far more

extended time that she suffered from her symptoms and was noncompliant, there is insufficient evidence that the situation has been resolved. AG ¶ 29(d) is not applicable. Likewise, given her diagnosis of a condition that clearly impairs judgment, stability, reliability, and trustworthiness, absent any evidence that she no longer has that condition, I do not find that there is no indication of a current problem. AG ¶ 29(e) is not applicable.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance 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 security clearance 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 Guideline I in my whole-person analysis. I have considered her character-reference evidence attesting to her personal attributes and ability to perform her professional responsibilities. I have also considered her evidence that she is now stable and compliant with her treatment plan. However, given the nature of her bipolar diagnosis, in conjunction with her consistent failures to follow treatment plans over a far more significant time, I have doubts concerning her judgment, reliability and trustworthiness that I must resolve in favor of national security. The psychological conditions security concerns are not mitigated.

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.h:	Against Applicant (except for diagnoses other than bipolar disorder, i.e., generalized anxiety

disorder, panic disorder, binge-eating disorder, and insomnia disorder, which I find for Applicant).

Conclusion

It is not clearly consistent with the national interest to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is denied.

Benjamin R. Dorsey
Administrative Judge