DEFENSE LEGAL SERVICES AGENCY
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 24-01274
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Cynthia Ruckno, Esq., Department Counsel
For Applicant: *Pro se*

06/16/2026

Decision

HYAMS, Ross D., Administrative Judge:

Applicant mitigated the alcohol consumption security concerns but failed to mitigate the psychological conditions security concerns. Eligibility for access to classified information is denied.

Statement of the Case

On November 26, 2024, the Defense Counterintelligence and Security Agency (DCSA) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guidelines I (psychological conditions) and G (alcohol consumption). Applicant answered the SOR on January 9, 2025, and requested a hearing before an administrative judge.

The case was assigned to me on January 5, 2026. The hearing convened on March 3, 2026. Department Counsel submitted Government Exhibits (GE) 1-5, which were admitted in evidence without objection. Department Counsel also requested that I take administrative notice of two portions of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). Applicant did not provide any documentation for consideration at hearing. He had pre-planned overseas travel with family right after the hearing, so I held the record open for about 60 days to allow him the

opportunity to provide documentation. He timely submitted Applicant's exhibits (AE) A-F, which were admitted without objection.

Findings of Fact

Applicant admitted SOR allegations ¶¶ 1.a-1.c, and 1.e, and denied ¶¶ 1.d, 1.f, and 2.a with explanation. Based on my review of the pleadings, evidence submitted, and testimony, I make the following findings of fact.

Applicant is 40 years old. He was married from 2010-2013 and has two minor children. He earned a GED in 2003 and an associate degree in 2018. He is working on finishing his bachelor's degree. He served for four years on active duty with the U.S. Marine Corps and was honorably discharged. During that service, he was deployed to Iraq twice and saw combat on both deployments. (Tr. 23-28; GE 1)

After his discharge from the Marine Corps in 2007, Applicant has worked for government contractors overseas supporting the military. He worked in Iraq 2008-2010; Afghanistan 2010-2013 and 2019-2021; and in Central America 2021-2023. Since 2023, he has worked at bases in the Middle East and Africa. (Tr. 23-28; GE 1)

During his work as a government contractor, he has been exposed to direct and indirect attacks at his work locations. Recently, he has been working on a base that has taken incoming missile and drone attacks from Iran. In 2013, he worked on a small remote base in Afghanistan that was attacked and almost overrun. He had to fight to defend the base, and he loaded the wounded and dead into medevac aircraft. (Tr. 28-56)

Shortly after the base attack in 2013, he went home to the U.S on leave. During his leave, he and his wife had an argument. He was cleaning his firearm, and she threw a pan at him, and he pointed the weapon at her, and he told her he was going to kill her. She called police and he was arrested. He was not drinking during this incident. He was charged with aggravated assault with a deadly weapon without intent to harm. Considering the circumstances and the recent base attack he had endured in Afghanistan, the court withheld the adjudication of guilt. He was required to take a gun safety course, take an anger management course, undergo a psychiatric evaluation, complete community service, complete a batterers intervention program, and serve four years of probation. In 2014, the court-ordered psychiatric evaluation found that he needed to get treatment for post-traumatic-stress-disorder (PTSD). He reported that he completed his probation early in 2018, after three years. (Tr. 28-88)

Applicant reported that his PTSD likely originated from his first tour in Iraq, where he experienced intense combat in 2004 with the Marines clearing Fallujah. He stated he was not treated for PTSD after deployment and did not think that mental health treatment was a common occurrence amongst Marines. He reported that the heavy drinking culture intensified when they returned, and the people he served with became more impulsive and aggressive. When he returned to Iraq in 2006, he experienced both direct and indirect fire, but it was not as intense as the first tour. After returning home, he felt he was done

with military service and left the Marine Corps. He reported he soon felt lost and did not know his purpose. He had difficulty re-adjusting to civilian society. He went back to work overseas, because he connected with the veterans working with him, and felt purpose again. However, the danger he continued to experience in the assignments impacted him. He stated the incident with his wife occurred after a buildup of incidents over ten years. He did not seek help and pushed family away. He became more aggressive over time, and when his wife threw the pan at him, he snapped. (Tr. 28-56)

Applicant and his wife divorced in 2013. Since he was unable to return to work overseas while on probation, he attended college in the U.S. and used his savings and G.I. Bill to pay for it. Due to costs associated with his divorce and criminal case, in 2018 he had to file for bankruptcy and lost his house to foreclosure. He was able to return to government contract work in Afghanistan in 2019 and left in June 2021 during the U.S. withdrawal. (Tr. 28-56)

Applicant reported being unhappy while stuck in the U.S. while on probation. In addition to alcohol, he started abusing substances like marijuana and cocaine. He attended and completed a substance abuse program at the Department of Veterans Affairs (VA) in 2017 and stated he attended therapy about weekly. Speaking with other veterans about their experiences has also helped him. (Tr. 28-56)

The records for Applicant's treatment for PTSD with VA start in May 2017. The record includes repeated entries stating he failed to show for appointments. He stated depression is part of PTSD and at times, he did not have the energy or drive to face the world. He stated he was isolating and withdrawing. He reported that in 2018 he had a suicide flag placed on him at the VA based on concerns about his answers to questionnaires the VA required him to take. He reported having one psychiatric provider for about four years while he was in the U.S. Overall, his records show inconsistent treatment. (Tr. 28-88; GE 3, 4; HE 1)

When Applicant returned to work in Afghanistan in 2019, he was in a remote location and had no contact with the VA providers. From about spring 2019 to spring 2023, he had a gap in treatment with the VA. He stated that mental health treatment was not available when he was working overseas, but he was able to obtain antidepressant medication. (Tr. 28-88; GE 3, 4)

Applicant reported he contacted the VA in May 2023 because he was struggling and had extreme thoughts. However, he was not seeking therapy, he was seeking medication. He reported he had extreme thoughts because the VA stopped providing him with antidepressant medication. His medication was cut off because he had not been in contact with the VA for several years. He reported that he still had anxiety and trouble sleeping after restarting the medication, and the dosage had to be increased in 2024. He is still taking the anti-depressant medication prescribed by the VA. (Tr. 28-88; GE 3, 4; HE 1; AE B)

Although it's difficult to get mental health treatment overseas, Applicant reported his biggest challenges were when he came back to the U.S for leave. He feels like civilians in the U.S. do not understand his experiences. He relates better to veterans who work with him in the overseas contracting world. They all have had similar experiences and struggles. He stated his strongest suicidal ideation feelings are at home. He stated he only has minor suicidal ideations while overseas for work but asserted that it's normal for people with PTSD. (Tr. 28-88)

After a change to VA treatment rules in 2025, Applicant claimed the VA no longer provides counseling services to veterans overseas, they only provide medication management. He reported seeing a local therapist overseas, quarterly for the last six months, about twice. He stated he feels stable, so he does not think he needs frequent support. He also talks to coworkers, friends, and family about his feelings. He stated he wants to take his mental health seriously. (Tr. 28-88)

Applicant reported that his heaviest drinking period was 2015-2018. He reported that his drug use was from 2014-2018. He stated he was looking for an escape. He reported using marijuana about three times a week. He only used cocaine twice. He reported he was in a dark place during this time and attempted suicide in the 2015/2016 timeframe. After obtaining a mental health evaluation as part of the terms of his court case, he attended the Substance Abuse Treatment Team program at the VA. His family and friends had encouraged him to seek substance abuse treatment. (Tr. 28-88)

Applicant had an evaluation with a DoD selected psychologist, Dr. B, in March 2024. He stated he does not remember that evaluation or the questions she asked. He stated he experienced a traumatic brain injury (TBI) from an IED blast in Iraq, which causes memory loss and migraines. He stated he sometimes he has a hard time with traumatic memories but stated that's consistent with PTSD. (Tr. 28-88; GE 5)

Applicant reported that he stopped drinking in late 2021 and has not drunk heavily since 2018. He has not used illegal drugs since 2018. He stated that with PTSD he did not realize he needed help until it was too late. He asserted he has supported the U.S. Government overseas in hostile environments since he was 17 years old. He has made amends with his ex-wife and family and has rebuilt himself financially. (Tr. 28-88; GE 2)

Applicant submitted three character letters. They state he is a dedicated and exceptional professional; has a strong character and is reliable and trustworthy; and is skilled and a man of integrity. The writers recommend him for a clearance. (AE D-F)

Under Guideline I, the allegations are as follows:

SOR ¶ 1.a alleges Applicant attended outpatient treatment at the State A Department of Veterans Affairs (VA) as a requirement resulting from his July 2013 arrest. During this treatment time, he continued to intermittently drink alcohol and use marijuana. He admitted this allegation in his Answer. The supporting records are found in GE 2, 3,

and 4, and citations to notable portions of the medical records are found in the demonstrative exhibit HE 1. Relevant facts from Applicant's testimony are noted above.

SOR ¶ 1.b alleges On June 12, 2017, Applicant was diagnosed with Substance Induced Mood Disorder vs. Bipolar Type II, PTSD, and Alcohol Use Disorder, and he has been inconsistent regarding participating in treatment. He admitted this allegation in his Answer. The supporting records are found in GE 2, 3, and 4, and AE A, and citations to notable portions of the medical records are found in the demonstrative exhibit HE 1. Relevant facts from Applicant's testimony are noted above.

SOR ¶ 1.c alleges Applicant reported that by 2018, he was in the middle of a "breakdown" due to life stressors and symptoms of PTSD. During this time, he continued to drink alcohol, use marijuana, and began using cocaine. He admitted this allegation in his Answer. The supporting records are found in GE 2, 3, and 4, and citations to notable portions of the medical records are found in the demonstrative exhibit HE 1. Relevant facts from Applicant's testimony are noted above.

SOR ¶ 1.d alleges In March 2024 Applicant was evaluated by a licensed psychologist, Dr. B. During this evaluation, he reported having a therapist at the VA whom he can contact when experiencing symptoms of PTSD and becoming "withdrawn." He also stated he meets with the psychiatrist at the VA via telehealth as needed to refill antidepressant medications. However, he was unable to recall the psychiatrist's name or the last time he met with this psychiatrist and estimated it has been several years since he reached out to them. His medical records indicated he was being prescribed two anti-depressant medications, and one for anxiety. There is no indication in the records that he discontinued these medications under a physician's care at the VA, or that it was recommended by his treating provider.

Applicant denied this allegation in his Answer. Dr. B's report is GE 5. The supporting medical records are found in GE 3 and 4, and citations to notable portions of the medical records are found in the demonstrative exhibit HE 1. He denied that he is not engaged in mental health care or medication management. He testified he experienced a TBI from an IED blast in Iraq, which impacts his memory. This can cause him to have difficulty recalling specific names and dates related to his care. However, he asserted that he has managed his care and medication. He continues to take the anti-depressant medication prescribed by the VA. Post hearing, he submitted documentation showing that he had administrative communications with the VA in late 2025 and January 2026. He was told that they could not provide care while he was overseas, and it was noted he would make appointments when he came back to the U.S. (Answer; Tr. 28-88; AE A, B)

SOR ¶ 1.e alleges as part of Applicant's evaluation with the licensed psychologist, Dr. B, his emotional and behavioral functioning was assessed using the Personality Assessment Inventory (PAI). The validity scales of this test indicated high Positive Impression response style, indicating he attempted to present himself in a consistently favorable light, free of common shortcomings most people would admit to. His PAI profile indicates a history of antisocial behavior, exposure to traumatic events, and thoughts of

death/suicide. His interpersonal style is best characterized as involving strong needs for affiliation and positive regard from others. His Treatment Rejection (RXR) score indicated his interest/motivation for treatment is below average in comparison to adults who are not being seen in a therapeutic setting, and his treatment motivation is a great deal lower than is typical of individuals being seen in treatment settings. His responses suggest he is satisfied with himself as-is, and does not desire to participate in mental health treatment at this time.

Applicant admitted this allegation in part in his Answer. Dr. B's report is GE 5. The supporting medical records are found in GE 3 and 4, and citations to notable portions of the medical records are found in the demonstrative exhibit HE 1. Applicant denied that he is not motivated or disengaged in his treatment. He stated he is engaged in his mental health care through the VA. His goal is to stay functional, stable, and responsible to himself, his family, and coworkers. He stated the findings of the PAI profile are representative of his intense military and contractor experiences in war zones, in service to the country. (Answer; Tr. 28-88)

SOR ¶ 1.f alleges Dr. B diagnosed Applicant with the following: PTSD, alcohol use disorder, in reported remission, antisocial personality traits, history of substance induced mood disorder, and history of cocaine and cannabis use. She found he has more than one condition that could impact his reliability, judgment, and trustworthiness. There is a risk he will relapse on drugs or alcohol as he did not complete treatment for either, and continues to consume alcohol on occasion. He has a well-documented history of PTSD for which he has not received any ongoing treatment, despite his stated need for medication in order to help with sleep and intermittent feelings of withdrawal. His antisocial personality traits are also of concern. His self-reported rule-breaking and lack of candor illustrate traits of this condition. He admitted to drug and alcohol use while on probation. He initially stated he completed treatment and continued to be followed by mental health providers, however, medical records suggest otherwise and his inability to recall his clinicians' names or the last time he met with a therapist or psychiatrist illustrate a lack of candor. His prognosis is guarded due to the lack of treatment for mental health and substance abuse.

Applicant denied this allegation in his Answer. Dr. B's report is GE 5. The supporting medical records are found in GE 3 and 4, and citations to notable portions of the medical records are found in the demonstrative exhibit HE 1. Applicant denied that he is not engaged in ongoing treatment for PTSD, that he lacks candor, and that he is at risk of relapse due to untreated substance abuse or mental health conditions. He asserted these conclusions are outdated and are contradicted by his medical records. He did not point to any specific records to contradict these assertions. He stated PTSD was the only current diagnosis that he is aware of. He did not specifically address the fact that Dr. B was making this diagnosis. There are also more diagnoses listed in the post hearing VA records he submitted. He denied any current alcohol or substance abuse. He stated he is still taking prescribed anti-depressant medication and mentioned that he has also been recently prescribed migraine medication and a second anti-depressant. He reiterated his explanation about memory lapses and denied that he has any current anti-social

personality traits. He also rejects that his prognosis is guarded. He did not specifically address the fact that Dr. B was making this prognosis. (Answer; Tr. 28-88; AE B)

Applicant submitted a letter from May 2019, from a VA psychologist, Dr. H, that he used to regain overseas employment in Afghanistan. That position, with a defense contractor, did not require a security clearance. Dr. H wrote that Applicant received care at the VA for PTSD, mild anxiety, and sleep issues. She wrote that he had been engaged in treatment since May 2017 and had been taking an anti-depressant medication and participating in therapy. She stated he has had great results, was a low safety risk, and demonstrated a pattern of stability and rational decision making. She stated that his condition does not impede him from performing his job duties, or his ability to handle the rigor of operational stress in a combat zone. (AE C)

Dr. H's report is five years older than Dr. B's report. Applicant did not provide more recent evidence to contradict Dr. B's report, findings, evaluation, diagnoses, or prognosis. He did not submit a recent opinion by a duly qualified mental health professional, stating that his condition is under control or in remission, and has a low probability of recurrence or exacerbation.

SOR ¶ 2.a alleges the information as set forth SOR allegations ¶¶ 1.a-1.c, as alcohol consumption security concerns. Applicant denied this allegation in his Answer. He denied any current alcohol or substance abuse and stated he has taken meaningful steps to change his behavior. He has successfully completed an alcohol and substance abuse program at the VA. He stopped drinking in late 2021 and has not drunk heavily since 2018. He has not used illegal drugs since 2018.

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 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 G, Alcohol Consumption

AG ¶ 21 details the personal conduct security concern:

> Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness.

I have considered the disqualifying conditions for alcohol consumption under AG ¶ 22 and the following is applicable:

> (a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;

I have considered the mitigating conditions under AG ¶ 23. The following are potentially applicable:

(a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

(b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations; and

(d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

AG ¶¶ 23 (a), (b) and (d) apply to SOR ¶ 2.a. Applicant had a problem with alcohol and substance abuse from 2014-2018, during a dark period in his life. He sought treatment at the VA. He stopped drinking in late 2021 and has not drunk heavily since 2018. He has not used illegal drugs since 2018. Enough time has passed, this behavior happened under circumstances unlikely to recur, and it does not continue to cast doubt on his reliability, trustworthiness, and judgment. He has acknowledged his pattern of maladaptive alcohol use, provided evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. The alcohol consumption security concerns are mitigated.

Guideline I, Psychological Conditions

AG ¶ 27 articulates the security concern for psychological conditions:

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.

I have considered the disqualifying conditions for psychological conditions under AG ¶ 28 and the following are 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; 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.

The documentation in the record and Applicant's testimony establish AG ¶¶ 28(a), (b), and (d).

I have considered the mitigating conditions under AG ¶ 29. 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.

Applicant was forthcoming in discussing his mental health history, treatment, and challenges. The Government provided substantial evidence of Applicant's mental health issues, treatment, diagnoses, and ongoing concerns about his condition and prognosis. Applicant did not provide sufficient evidence to rebut the government's evidence, to address the opinions expressed in Dr. B's evaluation and findings, or the security concerns under Guideline I. He did not submit a recent evaluation and documentation from a qualified mental health professional supporting the mitigating conditions. He provided a 2019 letter from Dr. H, which is five years older than Dr. B's evaluation. He

provided documentation showing recent administrative contact with the VA but did not provide sufficient evidence of recent counseling. While it appears he has been taking his anti-depressant medication, he did not provide sufficient evidence to demonstrate a track record of recent and consistent treatment of his PTSD beyond medication. He stopped treatment when going overseas in 2019 and had a recurrence of problems in 2023 and 2024. Considering the evidence in the record and Applicant's testimony, he did not mitigate the psychological conditions security concerns.

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 considered his character letters, and his honorable service to United States in dangerous locations, both in the Marine Corps and as an overseas contractor. I have incorporated my comments under Guidelines G and I in my whole-person analysis.

Applicant is intelligent, skilled, dedicated to his career, and a patriotic veteran. He has experienced some significant mental health challenges in the last 15 years. He needs to establish a longer consistent track record of treatment of his PTSD and related conditions to mitigate the government's security concerns.

Overall, the record evidence leaves me with questions and doubts about Applicant's eligibility for a security clearance. I conclude that Applicant has not mitigated the psychological conditions security concerns. The alcohol consumption security concerns are 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.f:	Against Applicant
Paragraph 2, Guideline G:	FOR APPLICANT
Subparagraph 2.a:	For Applicant

Conclusion

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

_____
Ross D. Hyams
Administrative Judge