

**APPLICATION FOR THE REVIEW OF DISCHARGE
FROM THE ARMED FORCES OF THE UNITED STATES**

(Please read Privacy Act Statement and instructions on back BEFORE completing this application.)

OMB No. 0704-0004
OMB approval expires:
20221231

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON PAGE 2.

DO NOT WRITE BELOW

CASE NUMBER

SECTION 1: SERVICE MEMBER *(The person whose discharge is to be reviewed.)* **PLEASE PRINT OR TYPE INFORMATION**

1. BRANCH AT TIME OF INEQUITY OR IMPROPRIETY ARMY NAVY AIR FORCE COAST GUARD MARINE CORPS

2. COMPONENT AT TIME OF INEQUITY OR IMPROPRIETY REGULAR RESERVE GUARD

3. NAME WHILE SERVING	Last											MI	Suffix		
	First														

4. CURRENT NAME (if different)	Last											MI	Suffix		
	First														

5a. SSN WHILE SERVING - - **5b. DoD ID Number** *(provide, if applicable)*

6. MAILING ADDRESS *(If Service Member is deceased, skip this question.)*

Street

City, State / APO / Country or Foreign Address ZIP

Email Phone

7. HIGHEST EDUCATION ACHIEVED GED / Equivalent High School Diploma Bachelor's Degree Master's Degree Doctorate Degree

SECTION 2: SERVICE INFORMATION *(Information from DD form 214. Enter as much as is readily available.)*

8. DATE OF DISCHARGE (YYYYMMDD) <i>(If more than 15 years, submit DD Form 149 to BCMR/BCNR.)</i>	9. RANK AT DISCHARGE	10. HIGHEST RANK HELD
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11. DISCHARGE CHARACTERIZATION RECEIVED *(for Dishonorable / Dismissal, submit DD Form 149 to BCMR/BNCR)*

Honorable Under Honorable Conditions (General)

Bad Conduct Discharge (Special/ Summary Court-Martial only)

Under Other than Honorable Conditions

Uncharacterized / Entry Level Separation

12. SEPARATION AUTHORITY <i>(DD Form 214, box 25)</i>	13. SEPARATION CODE <i>(DD Form 214, box 26)</i>	14. REENTRY CODE <i>(DD Form 214, box 27)</i>
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15. NARRATIVE REASON *(DD Form 214, box 28)*

16. UNIT AND LOCATION AT DISCHARGE

SECTION 3: REQUEST

17a. IS THIS A REQUEST FOR RECONSIDERATION OF A PRIOR APPLICATION TO THE BOARD? Yes No

17b. IF YES AND KNOWN, PROVIDE THE CASE NUMBER **AND THE DECISION DATE** (YYYYMMDD)

18. ACTION REQUESTED *(Enter applicable changes.)* CHARACTER OF SERVICE SEPARATION CODE REENTRY CODE NARRATIVE REASON FOR SEPARATION

19. TYPE OF REVIEW REQUESTED *(Select one.)*

CONDUCT INITIAL RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR *(counsel/representative)* WILL NOT APPEAR BEFORE THE BOARD.

I AND/OR *(counsel/representative)* WISH TO APPEAR AT MY OWN EXPENSE BEFORE THE BOARD IN THE WASHINGTON, D.C., METROPOLITAN AREA.

I AND/OR *(counsel/representative)* WISH TO APPEAR AT MY OWN EXPENSE BEFORE A TRAVELING BOARD CLOSEST TO *(enter city and state)*

(NOTE: The Naval and Coast Guard Discharge Review Boards do not have traveling boards.)

20. IS THIS REQUEST RELATED TO ANY OF THESE WARS OR CONTINGENCY OPERATIONS?	<input type="checkbox"/> Operation Iraqi Freedom (OIF) (03/19/2003 - 08/31/2010) <input type="checkbox"/> Other
<input type="checkbox"/> Yes <i>(Select all that apply.)</i> <input type="checkbox"/> No	

21. ARE ANY OF THE FOLLOWING ISSUES/CONDITIONS RELATED TO YOUR REQUEST: *(Select all that apply.)*

PTSD TBI Other Mental Health Sexual Assault / Harassment DADT Transgender Reprisal / Whistleblower

SECTION 3: REQUEST (Continued)			
22. WHY IS A CHANGE REQUESTED?			
SECTION 4: EVIDENCE AND RECORDS			
23. IN SUPPORT OF THIS CLAIM, THE FOLLOWING DOCUMENTARY EVIDENCE IS ATTACHED (LIST DOCUMENTS): Example evidence / records: Separation packet, medical documents (e.g. diagnosis, VA rating), post-service documents (e.g. diplomas, professional certificates, character references), and/or investigations. (Do NOT submit irreplaceable original documents. They will NOT be returned.)			
a.	d.	g.	
b.	e.	h.	
c.	f.	i.	
LIST ADDITIONAL SUPPORTING DOCUMENTS (if needed)			
IMPORTANT NOTE: If the basis of your request involves the effects of one or more physical, medical, mental, and/or behavioral health condition(s) and if available, please attach copies of any VA rating decisions, relevant medical records, and counseling treatment records.			
SECTION 5: REPRESENTATIVE OR COUNSEL (if applicable)			
The following representative is authorized to receive and provide communication on the Service Member's or applicant's behalf.			
24. NAME	Last		
	First		MI Suffix
25. ORGANIZATION			
26. MAILING ADDRESS Street			
City, State / APO / Country or Foreign Address			ZIP
Email			Phone
SECTION 6: APPLICANT (if other than the Service Member)			
27. APPLICANT MUST SIGN IN ITEM 31A BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (type/print) _____ and relationship by marking a box below			
<input type="checkbox"/> SPOUSE <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> NEXT OF KIN <input type="checkbox"/> LEGAL REPRESENTATIVE <input type="checkbox"/> OTHER (specify) _____			
SECTION 7: SIGNATURE			
28. I WOULD LIKE TO RECEIVE ALL CORRESPONDENCE / DOCUMENTS ELECTRONICALLY (This may reduce overall processing time.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
CERTIFICATION. I MAKE THE FOREGOING STATEMENTS, AS PART OF THIS CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Section 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.) I authorize the release of post-service, protected health information, i.e. Veterans Administration Medical Records.			
29a. SIGNATURE - REQUIRED		29b. DATE SIGNED - REQUIRED (YYYYMMDD)	
SUBMIT COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW			
ARMY	NAVY AND MARINE CORPS	AIR FORCE	COAST GUARD
Army Review Boards Agency 251 18th Street South, Suite 385 Arlington, VA 22202-3531 http://arba.army.pentagon.mil	Secretary of the Navy Council of Review Boards ATTN: Naval Discharge Review Board 720 Kennon Ave. S.E., Suite 309 Washington Navy Yard, DC 20374-5023 http://www.secnav.navy.mil/mra/CORB/pages/ndrb/default.aspx	Air Force Discharge Review Board 3351 Celmers Lane Joint Base Andrews, MD 20762-6435 http://www.afpc.af.mil/Separation/Discharge-Review-Board/	Commandant (CG-133) ATTN: Office of Military Personnel US Coast Guard Stop 7907 2703 Martin Luther King Jr. Ave. S.E. Washington, DC 20593 https://www.uscg.mil/Resources/legal/DRB/

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553, Review of Discharge or Dismissal; DoD Instruction 1332.28, Discharge Review Board (DRB) Procedures and Standards; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual. The appropriate Military Service Discharge Review Board reviews submitted packages and makes determinations. Completed forms are covered by the correction of discharge review board and official military records Systems of Records (SORNs) maintained by each Military Service.

ROUTINE USE(S): The DoD Routine Uses can be found in the applicable system of records notices below:

Army (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569931/a0015-185-sfmr.aspx>)

Navy and Marine Corps (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570411/nm01000-1/>)

Air Force (<https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569833/f036-safcb-a/>)

Defense Finance and Accounting Service (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570192/t7340b/>)

Coast Guard (<https://www.gpo.gov/fdsys/pkg/FR-2013-10-02/html/2013-23991.htm>)

Official Military Personnel Files:

Army (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc.aspx>)

Navy (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>)

Marine Corps (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>)

Air Force (<http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-Component-Article-View/Article/569821/f036-af-pc-c/>)

Coast Guard (<http://www.gpo.gov/fdsys/pkg/FR-2011-10-28/html/2011-27881.htm>)

DISCLOSURE: Voluntary. However, failure to provide the information not annotated as "optional" may result in a denial of your application. The Service Member's SSN is used to retrieve these records and links to the member's official military personnel file and pay record.

INSTRUCTIONS FOR COMPLETION OF DD FORM 293**REQUESTING COPIES OF YOUR OFFICIAL MILITARY PERSONNEL FILE**

Information on obtaining military or health records is available at the National Personnel Records Center website at www.nara.gov/regional/mpr.html or your local Veterans Administration office.

Applicants are strongly encouraged to submit any request for their military records prior to applying for a discharge review rather than after submitting a DD Form 293 to avoid substantial delays in processing of the application and scheduling of review. Applicants and their counsel may also examine their military personnel records at the site of their scheduled review prior to the review. The Board shall notify applicants of the date of availability of the records for examination in their standard scheduling information.

DD FORM 293 - PLEASE TYPE OR PRINT INFORMATION FOR ALL APPLICABLE ITEMS. Items on the form are self-explanatory unless otherwise noted below. If the item is not applicable, enter "NA." If the space provided is insufficient, attach an extra page.

SECTION 1, ITEM 6. MAILING ADDRESS - Indicate the address to be used for all future correspondence regarding the application. If you change this address while the application is processing, you must notify the Discharge Review Board immediately. **Note:** Failure to attend a hearing because of an unreported change in address may result in waiving of your right to a hearing.

SECTION 2, ITEM 8. DATE OF DISCHARGE - If you received more than one discharge, refer to the discharge that you want changed. Discharge Review Boards cannot consider any discharge resulting from a sentence given by a general court-martial. If the discharge you want reviewed was issued more than 15 years ago, you must submit an application to the appropriate Board for Correction of Military Record using the DD Form 149, Application for Correction of Military Record under the Provisions of Title 10, U.S. Code, Section 1552.

SECTION 3, ITEM 20. ACTION REQUESTED - If you request a change of narrative reason for separation, you must list the specific reason for discharge that you believe to be appropriate; otherwise the Board will presume that you do not want a change in reason for discharge. If you do not request a change of discharge characterization in this item, the Board will presume you want to change discharge to Honorable.

If you were separated on or after 1 October 1982 while in an entry level status with an under other than honorable conditions discharge and less than 180 days of active service, you can request a change of discharge characterization to "Uncharacterized" and reason to "Entry Level Separation."

ITEM 21. TYPE OF REVIEW REQUESTED - Discharge Review is conducted in one of three ways: 1) records review, 2) Board hearing, or 3) traveling Board. Location is the defining factor between a Board hearing in the Washington, DC Metro Area, and a traveling board, located throughout the Continental United States (CONUS).

Records Review: You may have the Board conduct a discharge review based solely on military records and any additional documentation that you provide. This review is conducted without personal appearance by you and/or your representative/counsel appearing. A personal appearance hearing can be requested, however, you forfeit your right to a record review.

Board Hearing: You may appear alone or assisted by a representative/counsel before the Board in the Washington, D.C. Metro Area or before a Traveling Board in selected CONUS locations. Neither the Service nor the DoD is responsible for, nor will it pay for, any costs incurred by the applicant or representative/counsel for appearance in person, providing testimony, or obtain documentation. Detailed notification and/or scheduling information for all personal appearances will be provided after the application has been processed. In addition, without appearing yourself, you may have your case presented by a representative/counsel of your choice. **NOTE:** The Naval and Coast Guard Discharge Review Boards do not have traveling panels. Applicants participating in a personal appearance hearing may make sworn or unsworn statements, introduce witnesses, documents, or other information on their behalf.

Applicants may make oral or written arguments personally and/or through representative/ counsel. Applicants and witnesses who present sworn or unsworn statements may be questioned by the Board.

INSTRUCTIONS (Continued)

FAILURE TO APPEAR AT A HEARING OR RESPOND TO A SCHEDULING NOTICE. If you do not appear at a scheduled personal appearance hearing or respond as required to a scheduling notice, and you did not make a prior, timely request for a continuance, postponement, or withdrawal of the application, you will forfeit the right to a personal appearance and the Board shall complete its review of the discharge based upon the evidence of record.

ITEM 23, ISSUES/CONDITIONS RELATED TO YOUR REQUEST - For clarification, the response acronyms represent are Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Don't Ask Don't Tell (DADT).

ITEM 24, WHY IS A CHANGE REQUESTED? - List each issue that you want the Board to address. There is no limit to the number of issues that you may submit. If you need additional space, continue on a plain sheet of paper and attach it to the application. You are not required to submit any issues with your application; however, if you want the Board to respond to specific issues of concern, you must list your specific matters per the instructions and regulations governing the Board. Issues must be stated clearly and specifically, and should address the reasons you believe that the discharge received was improper or inequitable. It is important to focus on matters that occurred while you served in the Armed Forces.

The following examples demonstrate one way in which issues may be stated (the example issues do not indicate, in any way, the only type of issues that should be submitted to the Board):

Example 1. My discharge was inequitable because it was based on one isolated incident in 28 months of service with no other adverse action.

Example 2. The discharge is improper because the applicant's pre-service civilian conviction, properly listed on his enlistment documents, was used in the discharge proceedings.

NOTE: If an issue is not listed in Item 24, it may result in the Board not addressing the issue even if it is discussed in a legal brief or other written submission, or at the hearing. Changes or additions to the list may be made on the DD Form 293 any time before the Discharge Review Board closes the review process for deliberation. Please be sure that your issues are consistent with the Board Action Requested (Item 20). If there is a conflict between what you say in your issues and what you requested in Item 20, the Board will respond to your issue in the context of the action requested in Item 20. For example, if you request a General Discharge in Item 20 but your issue in Item 24 indicated you want an Honorable Discharge, the Board will respond to the issue in terms of your request for a General Discharge. Therefore, if you are submitting issues for the purpose of obtaining an Honorable Discharge, be sure to mark the box for an Honorable Discharge in Item 20.

Incorporation by Reference. Issues that are listed on a legal brief or other written submissions may be incorporated by reference in Item 24. The reference must be specific for the Board to understand clearly the matter being submitted as an issue. At a minimum, it shall identify the page, paragraph, and sentence incorporated.

Example: Issue 1. Brief, page 2, paragraph 1, sentences one and two.

Applicants should be as specific as possible with all references so the Board can clearly distinguish the scope of the issue. Because it is to your benefit to bring such issues to the Board's attention as early as possible in the review, if you submit a brief, you are strongly urged to set forth all such issues as a separate item at the beginning of the brief.

SECTION 4, ITEM 25. DOCUMENTS IN SUPPORT OF CLAIM - Evidence not in your official records should be submitted to the Board with the application but at least before the review date. This also applies to legal briefs or counsel submissions. However, you have the right to submit evidence until the time the Discharge Review Board closes the review process for deliberation. Documents that are of the most benefit are those which substantiate or relate directly to your issues in Item 24. Other documents that may be helpful are character references; criminal, credit and employment reports; educational achievements; exemplary post-service conduct; and medical reports. You should add your name and SSN to each document submitted. The Board will consider all documents submitted in your behalf, but will respond in writing only to those issues set forth in Item 24.

SECTION 5, REPRESENTATIVE OR COUNSEL (ITEMS 27-29) - Skip this section if you do not have a representative/counsel. At a later date, if you obtain the services of either a representative/counsel, inform the Board immediately. The military services neither provide a representative/counsel or evidence for you, nor do they pay the cost of such representation regardless of the circumstance. The following organizations regularly furnish representation at no charge: American Legion, Disabled American Veterans, and state or regional Veterans Offices. In addition, there are other organizations willing to assist you in completing this application and to provide representation at no cost. It is to your advantage to coordinate with your representative/counsel prior to submitting an application. This will insure that your representative/counsel is able to appear at the location you listed in Item 21. **NOTE:** Representatives may or may not be lawyers. Some of the organizations listed only represent applicants who appear before the Board in the Washington, D.C. Metro Area. Contact your local Veterans Affairs Office, Veterans Administration Office or veterans service organization for further information.

SECTION 6, APPLICANT: If the former Service Member is deceased or incompetent, the application may be submitted by the next of kin, a surviving spouse or a legal representative. Legal proof of death or incompetency and satisfactory evidence of the relationship to the former Service Member must accompany the application.