

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

(Please read instructions on Pages 3 and 4 BEFORE completing this application.)

OMB No. 0704-0004

The public reporting burden for this collection of information is estimated to average 30 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0004). 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. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553; E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA *(The person whose discharge is to be reviewed).* **PLEASE PRINT OR TYPE INFORMATION.**

a. BRANCH OF SERVICE <i>(X one)</i>	ARMY <input type="checkbox"/>	MARINE CORPS <input checked="" type="checkbox"/>	NAVY <input type="checkbox"/>	AIR FORCE <input type="checkbox"/>	COAST GUARD <input type="checkbox"/>
b. NAME <i>(Last, First, Middle Initial)</i>	ROBERT, JAMES A.		c. GRADE/RANK AT DISCHARGE	d. SOCIAL SECURITY NUMBER	
			E-5	123-45-6789	
e. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON NAMED IN ITEM 11 <i>(Forward notification of any change in address.)</i>			f. TELEPHONE NUMBER <i>(Include Area Code)</i>		
720 KENNON ST SE WASHINGTON NYD DC 20374			202-685-6600		
			g. E-MAIL JAMESROBERT@GMAIL.COM		
			h. FAX NUMBER <i>(Include Area Code)</i>		
			202-685-6581		

2. DATE OF DISCHARGE OR SEPARATION <i>(YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149)</i>	4. DISCHARGE CHARACTERIZATION RECEIVED <i>(X one)</i>	5. BOARD ACTION REQUESTED <i>(X all that apply)</i>
	HONORABLE	<input checked="" type="checkbox"/> CHANGE TO HONORABLE
3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION	GENERAL/UNDER HONORABLE CONDITIONS	CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS
	<input checked="" type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS	CHANGE TO UNCHARACTERIZED <i>(Not applicable to Air Force or service members with over 6 months of service)</i>
	BAD CONDUCT <i>(Special Court-Martial only)</i>	
	UNCHARACTERIZED	<input checked="" type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION:
	OTHER <i>(Explain)</i>	

6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST *(Continue in Item 13 See instructions on Page 3.)*

I am requesting an upgrade in the characterization and narrative reason I received upon my discharge. I was never offered access to counsel at my court-martial.

7. *(X if applicable)* AN APPLICATION WAS PREVIOUSLY SUBMITTED AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUE

8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACH *(If military documents or medical records are relevant to your case, please see instructions on Page 3.)*

- DD Form 214-member 4
- College Transcript
- Letter of Recommendation
- Part of my service record (continue on item 14)

9. TYPE OF REVIEW REQUESTED *(X one)*

CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY SERVICE RECORD AS SUBMITTED BY ME. I AND/OR *(counsel/representative)* WILL NOT APPEAR AT A HEARING AT WASHINGTON, D.C. METROPOLITAN AREA.

I AND/OR *(counsel/representative)* WISH TO APPEAR AT A HEARING AT WASHINGTON, D.C. METROPOLITAN AREA.

I AND/OR *(counsel/representative)* WISH TO APPEAR AT A HEARING AT *(enter city and state)* (NOTE: Traveling Board is not available for hearing at this location.)

10.a. COUNSEL/REPRESENTATIVE *(If any) NAME* *(Last, First, Middle Initial)* *(See Item 10 of the instructions about counsel/representative.)*

Note: 1. If this is your first NDRB review, we recommend you select a "Document Review" first. If you select a "Hearing Review" first, you will forfeit your right of having a "Document Review."

2. If you already had a "Document Review," you are only eligible for a "Hearing Review."

3. A "Hearing Review" is conducted at Washington Navy Yard, DC.

4. NDRB does not have a traveling panel. **DO NOT SELECT "I WISH TO APPEAR BEFORE THE TRAVELING BOARD"**

11. APPLICANT MUST SIGN IN ITEM 12.a. 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 *(print)* and relationship by marking a box below.

SPOUSE WIDOW WIDOWER NEXT OF KIN LEGAL REPRESENTATIVE OTHER *(Specify)*

12. CERTIFICATION. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. *(U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)*

a. SIGNATURE - REQUIRED *(Applicant or person in Item 11 above)*

James A. Robert.

b. DATE SIGNED - REQUIRED *(YYYYMMDD)*

20110618

CASE NUMBER *(Do not write in this space.)*

13. CONTINUATION OF ITEM 6, ISSUES (if applicable)

14. CONTINUATION OF ITEM 8, SUPPORTING DOCUMENTS (if applicable)

- 5. Medical Record
- 6. VA Claim paperwork
- 7. Certification from therapist
- 8. My resume

15. REMARKS (if applicable)

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW.

ARMY

Army Review Boards Agency
ADRB
1901 South Bell Street
Arlington, VA 22202-4508
(See <http://arba.army.pentagon.mil>)

NAVY AND MARINE CORPS

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

AIR FORCE

Air Force Review Boards Agency
SAF/MRBR
550-C Street West, Suite 40
Randolph AFB, TX 78150-4742

COAST GUARD

Commandant (CG-122)
Attn: Office of Military Personnel
US Coast Guard
2100 2nd Street S.W., Stop 7801
Washington, DC 20593-7801