

9. Please list any other names used while employed by the FBI.

10. When did you attend New Agent training at the FBI Academy?

11. While attending training at the FBI Academy, did you ever work more than 40 hours in a work week (Sunday through Saturday)?

Yes No

If you answered yes to Question 11, please briefly describe the nature of the work you allege was performed in excess of 40 hours to the best of your ability and recollection.

If you need additional space to respond to any of the above questions, use a separate sheet of paper. Clearly print your name and Social Security Number at the top of each additional page, and indicate the question number.

12. Did you complete the full training course at the FBI Academy?

Yes No

If you answered no to Question 12, how many weeks of training did you attend?

13. While attending training at the FBI Academy, were you ever required to participate in mandatory supplemental physical training in addition to the regular physical training regimen?

___ Yes ___ No

If you answered yes to the Question 13, how many weeks of mandatory supplemental physical training did you attend? _____

14. Did you complete the mandatory web-based New Agent training?

___ Yes ___ No

If you answered no to Question 14, how many hours of web-based training did you complete? _____

15. Do you believe your supervisor knew or had reason to know that you worked overtime prior to your working the overtime?

___ Yes ___ No

16. If you answered yes to Question 15, explain why you believe your supervisor knew or had reason to know that you worked overtime prior to your working the overtime.

If you need additional space to respond to any of the above questions, use a separate sheet of paper. Clearly print your name and Social Security Number at the top of each additional page, and indicate the question number.

If you have any documents that may tend to show that you worked the overtime claimed (e.g. datebooks, calendar entries, etc.), attach copies of the documents to this claim form. If you provide documents, send copies only. No originals should be provided as your documents will not be returned to you. *Note that documentary proof is not required as part of the Claim Form.*

Certification. I swear or affirm under penalty of perjury that the above statements are true to the best of my knowledge and belief.

Date: _____

Signature: _____

Print Name: _____

Please complete, sign and return this Claim Form no later than 60 days from the date this was mailed to you to:

Brian S. King, Attorney at Law
336 South 300 East
Suite 200
Salt Lake City, UT 84111
Telephone: (801) 532-1739
Facsimile: (801) 532-1936
email: brian@briansking.com

If you wish to confirm our receipt of this form, we strongly recommend that you send it via Registered Mail or Return Receipt requested.

You must keep a copy of completed forms for your records.