

AIR FORCE DISCHARGE REVIEW BOARD HEARING RECORD

NAME OF SERVICE MEMBER (LAST, FIRST MIDDLE INITIAL) <div style="border: 1px dashed black; height: 20px; width: 100%;"></div>		GRADE SRA	AFSN/SSAN <div style="border: 1px dashed black; height: 20px; width: 100%;"></div>			
TYPE HON	PERSONAL APPEARANCE	X	RECORD REVIEW			
COUNSEL		ADDRESS AND OR ORGANIZATION OF COUNSEL				
YES	No					
	X					
MEMBER SITTING		VOTE OF THE BOARD				
		HON	GEN	UOHC	OTHER	DENY
						X*
						X*
						X*
						X*
						X*
ISSUES	INDEX NUMBER	EXHIBITS SUBMITTED TO THE BOARD				
A93.19 A93.09	A49.00	1	ORDER APPOINTING THE BOARD			
		2	APPLICATION FOR REVIEW OF DISCHARGE			
		3	LETTER OF NOTIFICATION			
		4	BRIEF OF PERSONNEL FILE			
			COUNSEL'S RELEASE TO THE BOARD			
			ADDITIONAL EXHIBITS SUBMITTED AT TIME OF PERSONAL APPEARANCE			
			TAPE RECORDING OF PERSONAL APPEARANCE HE			
HEARING DATE	CASE NUMBER					
19 Sep 2006	FD-2006-00037					
APPLICANT'S ISSUE AND THE BOARD'S DECISIONAL RATIONALE ARE DISCUSSED ON THE ATTACHED AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE						
<p>Case heard in Washington, D.C.</p> <p>Advise applicant of the decision of the Board, the right to a personal appearance with/without counsel, and the right to submit an application to the AFBCMR</p> <p>Names and votes will be made available to the applicant at the applicant's request.</p> <p>* Reason and Authority</p>						
SIGNATURE OF RECORDER				SIGNATURE OF BOARD PRESIDENT		
ENDORSEMENT				DATE: 9/25/2006		
TO:				FROM:		
SAF/MRBR 550 C STREET WEST, SUITE 40 RANDOLPH AFB, TX 78150-4742				SECRETARY OF THE AIR FORCE PERSONNEL COUNCIL AIR FORCE DISCHARGE REVIEW BOARD 1535 COMMAND DR, EE WING, 3RD FLOOR ANDREWS AFB, MD 20762-7002		

GENERAL: The applicant appeals to change the reason and authority for discharge.

The applicant was offered a personal appearance before the Discharge Review Board (DRB) but declined to exercise this right.

The attached brief contains available pertinent data on the applicant and the factors leading to the discharge.

FINDINGS: Request for change of reason and authority for discharge is denied.

The Board finds that neither the evidence of record nor that provided by the applicant substantiates an inequity or impropriety that would justify a change of discharge.

ISSUE:

Issue 1. Applicant has expressed his desire for changing the reason and authority for discharge to allow for reenlistment into the armed forces. The records indicate the applicant was discharged for Unsatisfactory Performance on February 5, 1999. A review of his Point Summary indicates from October 17, 1998 to February 5, 1999, the applicant did not complete a satisfactory retirement year. The DRB concluded the reason and authority of discharge received by the applicant was found to be appropriate.

Issue 2. The DRB was pleased to see that the applicant was doing well and has a good job. However, no inequity or impropriety in his discharge was suggested or found in the course of the hearing.

CONCLUSIONS: The Discharge Review Board concludes that the discharge was consistent with the procedural and substantive requirements of the discharge regulation and was within the discretion of the discharge authority and that the applicant was provided full administrative due process.

In view of the foregoing findings, the Board further concludes that there exists no legal or equitable basis for changing the reason and authority for discharge, thus the applicant's discharge should not be changed.

Attachment:

Examiner's Brief

DEPARTMENT OF THE AIR FORCE
AIR FORCE DISCHARGE REVIEW BOARD
ANDREWS AFB, MD

(Former SRA) (HGH SRA)

1. **MATTER UNDER REVIEW:** Appl rec'd a HON Disch fr USAF Hector IAP, Fargo, ND on 5 Feb 99 UP AFI 36-3209, para 3.18 (Unsatisfactory Performance). Appeals for Change in Reason and Authority for Discharge.

2. **BACKGROUND:**

a. DOB: 2 Aug 73. Enlmt Age: 21 2/12. Disch Age: 25 6/12. Educ: HS DIPL. AFQT: N/A. A-99, E-88, G-84, M-80. PAFSC: 4N051 - Medical Services. DAS: 17 Oct 94.

b. Prior Sv: None.

3. **SERVICE UNDER REVIEW:**

a. Enlisted ANG as Amn on 17 Oct 94 for 6 yrs. Svd: 04 Yrs 03 Mo 19 Das, of which AMS is 00 yrs 10 months 12 days.

b. Grade Status: SrA - 21 May 97
A1C - Unknown

c. Time Lost: None.

d. Art 15's: None.

e. Additional: None.

f. CM: None.

g. Record of SV: None.

h. Awards & Decs: AFAM, HSM, AFTR, NDSM, ARFMSM, NDCM, NDANG OCONUS, NDNG EMER SR, NDNGBTR.

i. Stmt of Sv: TMS: (04) Yrs (03) Mos (19) Das
TAMS: (00) Yrs (10) Mos (12) Das

4. **BASIS ADVANCED FOR REVIEW:** Appln (DD Fm 293) dtd 13 Jan 06.
(Change Discharge to Change the Reason and Authority for Discharge)

ISSUES ATTACHED TO BRIEF.

APPLICATION FOR THE REVIEW OF DISCHARGE OR DISMISSAL FROM THE ARMED FORCES OF THE UNITED STATES

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

Form Approved
OMB No. 0704-0004
Expires Aug 31, 2006

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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0004), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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.

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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 (X one)	ARMY	MARINE CORPS	NAVY	<input checked="" type="checkbox"/> AIR FORCE	COAST GUARD
b. NAME (Last, First, Middle Initial)	c. GRADE/RANK AT DISCHARGE		d. SOCIAL SECURITY NUMBER		
	E-4			

2. DATE OF DISCHARGE OR SEPARATION (YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149) 19990205	4. DISCHARGE CHARACTERIZATION RECEIVED (X one)	5. BOARD ACTION REQUESTED (X one)
	<input checked="" type="checkbox"/> HONORABLE	CHANGE TO HONORABLE
	GENERAL/UNDER HONORABLE CONDITIONS	CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS

3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION 119 FW/NORTH DAKOTA ANG 1400 28TH AVE N, FARGO, ND	BAD CONDUCT (Special court-martial only)	<input checked="" type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION TO: Substandard Performance
	UNCHARACTERIZED	
	OTHER (Explain)	

6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST (Continue in Item 14. See instructions on Page 3.)

NGB Form 22 reflects UNSATISFACTORY PERFORMANCE, but eligible to reenlist with an Honorable Discharge (attached). I wish the reason for discharge to be changed to Substandard Performance, so that I may be considered for enlistment into my previous unit with a waiver.

7. (X if applicable) AN APPLICATION WAS PREVIOUSLY SUBMITTED ON (YYYYMMDD) _____ AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUES, JUSTIFICATION, OR EVIDENCE.

8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE: (Continue in Item 17. If military documents or medical records are relevant to your case, please send copies.)
NGB 22; Ltr from CMS: _____ (current 119 FW Command Chief and previous Senior Health Technician at the time of discharge); Ltr from LTC: _____ (commander of my squadron at the time of discharge); Ltr from LTC: _____ (supervisor at time of discharge); and, Ltr from myself requesting consideration.

9. TYPE OF REVIEW REQUESTED (X one)

<input checked="" type="checkbox"/>	CONDUCT A 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.
<input type="checkbox"/>	I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON, D.C. METROPOLITAN AREA.
<input type="checkbox"/>	I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO (enter city and state) (NOTE: The Navy Discharge Review Board does not have a traveling panel.)

10.a. COUNSEL/REPRESENTATIVE (If any) NAME (Last, First, Middle Initial) AND ADDRESS (See Item 10 of the instructions about counsel/representative.)	b. TELEPHONE NUMBER (Include Area Code)
	c. E-MAIL
	d. FAX NUMBER (Include Area Code)

11. APPLICANT MUST SIGN IN ITEM 13.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.

<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)
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12.a. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON ABOVE (Forward notification of any change in address.)	b. TELEPHONE NUMBER (Include Area Code)
	c. E-MAIL
	d. FAX NUMBER (Include Area Code)

13. 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)	b. DATE SIGNED - REQUIRED (YYYYMMDD) 20060113	CASE NUMBER (Do not write in this space.) FD 2006-00037
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January 13, 2006

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

Dear Members of the review board:

I would first of all like to thank you for taking the time to review my request. My request today is for the change of the reason for my discharge from the North Dakota Air National Guard. I was given an honorable discharge, with the option for re-enlistment after my initial enlistment. The reason for discharge as unsatisfactory performance however prevents my re-enlistment. I am asking to have my reason for discharge to be changed from unsatisfactory to substandard performance. With this being done, I then will have a chance to return and continue my obligation to the United States Air Force. In my time of service with the NDANG, I received the Air Force Achievement medal along with the Humanitarian service medal for work that was completed in the Eastern Caribbean. I have also received a commendation medal from the state of North Dakota for my work during the flood of 1998. I took great pride in wearing the uniform and serving our country and my state. During the last 6 months of my initial service with the North Dakota Air National Guard, I was dealing with an alcohol abuse problem and the death of a step brother. I felt ashamed that I could no longer continue to serve my country. I was instructed that to be able to continue my career in the NDANG, I would have to receive treatment and counseling for my problems. Throughout the years I was bothered by the fact that I did not meet my initial obligation to the NDANG and to our country. I confronted this matter, and as of today I have successfully completed an alcohol treatment program and in March of this year I will have two consecutive years of sobriety. I have met with the commissioned and noncommissioned officers in charge of the 119th Medical Wing, and have discussed the expected level of my performance if I am granted reenlistment. I am currently contributing to the good of my community, by doing volunteer work for First Link of North Dakota and the North Dakota Public Health Department. I am currently employed by a non profit organization that deals with the treatment of drug and alcohol abuse, along with being the state funded methamphetamine treatment center. I am also currently attending Fire Fighter 1 and 2 schooling and plan a career in public service. I have a large wealth of ability to continue to contribute to my community and our country. I thank you once again for your time in this review, and the possibility to serve my country again, in a proud and respectful manner.

Sincerely,

