

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 AMN	AFSN/SSAN <div style="border: 1px dashed black; height: 20px; width: 100%;"></div>
---	---------------------	---

TYPE GEN	X	PERSONAL APPEARANCE	RECORD REVIEW
----------	----------	----------------------------	----------------------

COUNSEL	NAME OF COUNSEL AND OR ORGANIZATION	ADDRESS AND OR ORGANIZATION OF COUNSEL
YES	No	
	X	

MEMBER SITTING	VOTE OF THE BOARD				
	HON	GEN	UOTHC	OTHER	DENY
<div style="border: 1px dashed black; height: 100px; width: 100%;"></div>					X
					X
				X+	
				X+	
					X

ISSUES A94.05	INDEX NUMBER A67.10 A49.00	EXHIBITS SUBMITTED TO THE BOARD
		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 13 Nov 2006	CASE NUMBER FD-2005-00324	
------------------------------------	-------------------------------------	--

APPLICANT'S ISSUE AND THE BOARD'S DECISIONAL RATIONAL ARE DISCUSSED ON THE ATTACHED AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE

Case heard at Washington, D.C. via video-teleconference with Travis AFB, California.

Advise applicant of the decision of the Board and the right to submit an application to the AFBCMR.

Names and votes will be made available to the applicant at the applicant's request.

+ CHANGE REASON AND AUTHORITY TO ENTRY LEVEL SEPARATION

INDORSEMENT	DATE: 11/14/2006
TO: SAF/MRBR 550 C STREET WEST, SUITE 40 RANDOLPH AFB, TX 78150-4742	FROM: SECRETARY OF THE AIR FORCE PERSONNEL COUNCIL AIR FORCE DISCHARGE REVIEW BOARD 1535 COMMAND DR, EE WING, 3RD FLOOR ANDREWS AFB, MD 20762-7002

AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE

CASE NUMBER

FD-2005-00324

GENERAL: The applicant appeals for upgrade of discharge to honorable and to change the reason and authority for the discharge, and to change the reenlistment code.

The applicant appeared and testified before the Discharge Review Board (DRB) at Andrews AFB via video-conference with Travis AFB, California, without counsel, on 13 November 2006. Mr. [REDACTED] also testified on the applicant's behalf.

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

FINDINGS: Upgrade of discharge and change of reason and authority for discharge and change of reenlistment code are 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:

Applicant contends discharge was inequitable because it was too harsh and that other members committed more significant misconduct but were retained by the Air Force. The records indicated the applicant received three Letters of Reprimand and a Letter of Counseling for misconduct as well as 5 AETC Forms 173 for his academic problems. He also received additional study opportunities. The DRB opined that through these administrative actions, the applicant had ample opportunities to change his negative behavior and improve his academic performance. The Board concluded his cumulative misconduct was a significant departure from the conduct expected of all military members. The DRB was sympathetic to his perception that others had engaged in more significant misconduct but were allowed to remain in the Air Force, but could not grant an upgrade to the respondent's discharge. Each case must be considered on its own merits and the facts of the other individuals' cases were not before the Council. The characterization of the discharge received by the applicant was found to be appropriate.

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 upgrade of 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 AMN) (HGH AMN)

1. **MATTER UNDER REVIEW:** Appl rec'd a GEN Disch fr Lackland AFB, TX on 24 Jun 05 UP AFI 36-3208, para 5.49 and 5.26.1 (Misconduct - Minor Disciplinary Infractions and Unsatisfactory Performance) . Appeals for Honorable Discharge, and to Change the RE Code, Reason and Authority for Discharge.

2. **BACKGROUND:**

a. DOB: 5 Feb 85. Enlmt Age: 19 4/12. Disch Age: 20 4/12. Educ: HS DIPL. AFQT: N/A. A-49, E-61, G-49, M-50. PAFSC: 3P011 - Security Forces Helper. DAS: 10 Jan 05.

b. Prior Sv: (1) AFRes 1 Jul 04 - 21 Nov 04 (4 months 21 days) (Inactive).

3. **SERVICE UNDER REVIEW:**

a. Enlisted as AB 22 Nov 04 for 4 yrs. Svd: 00 Yrs 07 Mo 03 Das, all AMS.

b. Grade Status: Amn - 22 May 05

c. Time Lost: None.

d. Art 15's: None.

e. Additional: LOR, 23 MAY 05 - Using tobacco products.
 LOR, 26 APR 05 - Failed room inspection.
 LOR, 20 APR 05 - Reported to duty without shaving.
 AETC 173, 14 APR 05 - Failed to pass written Test 4, Version A re-test.
 AETC 173, 12 APR 05 - Failed to pass written Test 4, Version A.
 LOC, 24 FEB 05 - Possession of cigarettes.
 AETC 173, 23 FEB 05 - Did not complete homework assignments.
 AETC 173, 23 FEB 05 - Failed written Test 2, Version B.
 AETC 173, 16 FEB 05 - Failed written Test 1, Version A.

f. CM: None.

g. Record of SV: None.

h. Awards & Decs: GWOTSM, NDSM, AFTR.

i. Stmt of Sv: TMS: (00) Yrs (11) Mos (23) Das
 TAMS: (00) Yrs (07) Mos (03) Das

AUG 12 2005

FD 2005-00324

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES <i>(Please read instructions on Pages 3 and 4 BEFORE completing this application.)</i>		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 the Department of Defense, Executive Services and Communications Directorate (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 (X one)		<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input checked="" type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD
b. NAME (Last, First, Middle Initial)		c. GRADE/RANK AT DISCHARGE E2 / Airman
d. SOCIAL SECURITY NUMBER		
2. DATE OF DISCHARGE OR SEPARATION (YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149)		4. DISCHARGE CHARACTERIZATION RECEIVED (X one)
20050624		<input type="checkbox"/> HONORABLE <input checked="" type="checkbox"/> GENERAL/UNDER HONORABLE CONDITIONS <input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS <input type="checkbox"/> BAD CONDUCT (Special court-martial only) <input type="checkbox"/> UNCHARACTERIZED <input type="checkbox"/> OTHER (Explain)
3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION 343 Training Squadron Lackland AFB TX		5. BOARD ACTION REQUESTED (X one)
		<input checked="" type="checkbox"/> CHANGE TO HONORABLE <input type="checkbox"/> CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS <input type="checkbox"/> CHANGE TO UNCHARACTERIZED (Not applicable for Air Force) <input type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION TO:
6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST (Continue in Item 14. See instructions on Page 3.) Academic deficiencies (hard time keeping up in technical training) led to difficulties keeping up in other areas. Please see attached letter to Office of Congressman Dan Lundgren.		
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.)		
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)		
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.)		CASE NUMBER (Do not write in this space.) FD 2005-00324
a. SIGNATURE - REQUIRED (Applicant or person in Item 11 above)		b. DATE SIGNED - REQUIRED (YYYYMMDD) 20050805