**U.S. Department of Justice**

Office of Justice Programs

Office of the General Counsel

*Washington, D.C. 20531*

February 16, 2021

**VIA Electronic Mail**
foia@americanoversight.org

Austin R. Evers
Executive Director
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005

Re: OJP FOIA No. 21-FOIA-00069

Dear Mr. Evers:

This letter is in response to your December 7, 2020, Freedom of Information Act/Privacy Act (FOIA/PA) request, which was received in the Office of Justice Programs (OJP), Office of the General Counsel (OGC), on the same date. A copy of your request is attached for your convenience.

Please be advised that a search has been conducted in the OJP and three documents, consisting of five pages were located which may be responsive to your request. OGC has determined that these documents are appropriate for release with some excisions made pursuant to Exemptions (b)(6) of the FOIA, 5 U.S.C. § 552 (2018). Exemption (b)(6) protects information that if disclosed "would constitute a clearly unwarranted invasion of the person privacy of third parties." This completes the processing of your request by OJP.

Please be advised that we have determined that another component within the Department of Justice may be the responsible component. Your letter has been forwarded to the Justice Management Division at the following address.

Karen McFadden
FOIA Contact
Justice Management Division
Department of Justice
Room 1111 RFK, 950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001
Phone: (202) 514-3101
Email: JMDFOIA@usdoj.gov

You may contact a member of our FOIA staff at (202) 307-6235, via e-mail at FOIAOJP@usdoj.gov, as well as our FOIA Public Liaison for any further assistance and to discuss any aspect of your request at:

US DOJ, Office of Justice Programs
Office of the General Counsel
810 7th Street, NW, Room 5400
Washington, D.C. 20531
Attn: FOIA

Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with OJP's determination in response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, 441 G Street, NW, 6th Floor, Washington, D.C. 20530, or you may submit an appeal through OIP's FOIA STAR portal by creating an account following the instructions on OIP's website: https://www.justice.gov/oip/submit-and-track-request-or-appeal. of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

Sincerely,

*Chaun Eason*

Chaun Eason
Government Information Specialist

Attachments

**U.S. Department of Justice**

Office of Justice Programs

Office of Administration

*Washington, DC 20531*

October 15, 2020

Dear Mr. John Lott, Jr.,

This letter serves as confirmation of your appointment to the position of Advisor for Research and Statistics, GS-0301-13, step 5, $116,353 per annum, with the Office of Justice Programs, Office of the Assistant Attorney General. Congratulations on your appointment!

You are scheduled to attend orientation and begin work on **Tuesday, October 20, at 9:00 a.m.** Our building is located at 810 Seventh Street, NW, Washington, D.C., 20531. Upon entering the building go directly to the security desk. Please inform the security guard you are a new employee reporting for your first day and your POC is Emma Bennett. Emma can be reached at (202) 307-2695.

Please wear a face covering in common areas such as entryways, restrooms, elevators, and hallways. You will not be able to pass the security desk without a face covering. You may remove a face covering when working in a private office, cubicle or workspace where at least six feet of social distancing can be maintained. Please take your temperature before leaving for the building. If you are running a temperature of 100.4 degrees or higher, or experiencing other symptoms of illness, you should remain home and we will work with you to reschedule orientation.

The first part of your first day will be spent in your office, obtaining your official identification card, and obtaining your laptop and mobile phone. Once you are able to connect to the OJP Network, a member of our Human Resources (HR) Staff will schedule an afternoon orientation session with you via WebEx (OJP's virtual meeting application) to provide an overview of many HR related items and assist you with completing your new employee forms. Attached to your welcome email are a variety of forms related to your employment. Please complete the forms before arriving your first day. During orientation with HR, we will review and collect these forms. You will also need to bring with you two forms of identification. A U.S. Passport or State Driver's license and Social Security Card are suitable. On the Employment Eligibility Verification form (page 4), you can find a list of other acceptable documents that can be used as proof of citizenship in the absence of the documents mentioned above.

We look forward to having you join the Office of Justice Programs. If you have any questions, please feel free to contact me at (202) 598-9333.

Sincerely,

Catherine "Katie" Sinicrope
Lead Human Resources Specialist
Talent Management and Employee Services
Human Resources Division
Office of Justice Programs
Department of Justice

# Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

## GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦ John Richard Lott, Jr.

2. **SOCIAL SECURITY NUMBER** (b)(6)

3a. **PLACE OF BIRTH** (Include city and state or country) (b)(6)

3b. **ARE YOU A U.S. CITIZEN?**

☒ YES ☐ NO (If "NO", provide country of citizenship) ♦

4. **DATE OF BIRTH** (MM / DD / YYYY) ♦ (b)(6)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

♦

♦

6. **PHONE NUMBERS** (Include area codes)

Day ♦ (b)(6)

Night ♦

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

7b. Have you registered with the Selective Service System?

7c. If "NO," describe your reason(s) in item 16.

(b)(6)

## Military Service

8. Have you ever served in the United States military? (b)(6)

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*
*If your only active duty was training in the Reserves or National Guard, answer "NO."*

| Branch | From (MM/DD/YYYY) | To (MM/DD/YYYY) | Type of Discharge |
|---|---|---|---|
| (b)(6) | | | |

## Background Information

**For all questions, provide all additional requested information under item 16 or on attached sheets.** The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

(b)(6)

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*

# Declaration for Federal Employment*

Form Approved.
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*

(b)(6)

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position, and your agency is authorized to ask them)*

(b)(6)

(b)(6)

## Certifications / Additional Questions

**APPLICANT: If you are applying for a position and have not yet been selected,** carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE: If you are being appointed**, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ (Sign in ink) Date 8/22/2020

**Appointing Officer:** Enter Date of Appointment or Conversion MM / DD / YYYY

17b. Appointee's Signature: _____ (Sign in ink) Date _____

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? MM / DD / YYYY DATE: 08/01/1989

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

(b)(6)

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

# REQUEST FOR PERSONNEL ACTION

## PART A - Requesting Office *(Also complete Part B, Items 1, 7 - 22, 32, 33, 36 and 39.)*

| 1. Actions Requested | 2. Request Number |
|---|---|
| Fill | 20-OCT-02000 |

| 3. For Additional Information Call *(Name and Telephone Number)* | 4. Proposed Effective Date |
|---|---|
| | |

| 5. Action Requested By *(Typed Name, Title, Signature, and Request Date)* | 6. Action Authorized By *(Typed Name, Title, Signature, and Concurrence Date)* |
|---|---|
| Catherine Sinicrope 10/15/2020 | Summer Duncan 10/15/2020 |

## PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

| 1. Name *(Last, First, Middle)* | 2. Social Security Number | 3. Date of Birth | 4. Effective Date |
|---|---|---|---|
| Lott, Jr., John R. | (b)(6) | (b)(6) | 10/20/2020 |

| FIRST ACTION | | SECOND ACTION | |
|---|---|---|---|
| 5-A. Code: 170 | 5-B. Nature of Action: Exc Appt | 6-A. Code: | 6-B. Nature of Action: |
| 5-C. Code: Y7M | 5-D. Legal Authority: Sch C 213.3301 (a) | 6-C. Code: | 6-D. Legal Authority: |
| 5-E. Code: | 5-F. Legal Authority: | 6-E. Code: | 6-F. Legal Authority: |

| 7. FROM: Position Title and Number | 15. TO: Position Title and Number |
|---|---|
| | Advisor for Research and Statistics<br>DJ1012 0001 |

| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step or Rate | 12. Total Salary | 13. Pay Basis |
|---|---|---|---|---|---|
| | | | | $0.00 | |

| 16. Pay Plan | 17. Occ. Code | 18. Grade or Level | 19. Step or Rate | 20. Total Salary/Award | 21. Pay Basis |
|---|---|---|---|---|---|
| GS | 301 | 13 | 5 | 116353 | |

| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Basic Pay | 12D. Other Pay |
|---|---|---|---|
| $0.00 | $0.00 | $0.00 | $0.00 |

| 20A. Basic Pay | 20B. Locality Adj. | 20C. Adj. Basic Pay | 20D. Other Pay |
|---|---|---|---|
| 89173 | $0.00 | $0.00 | $0.00 |

| 14. Name and Location of Position's Organization | 22. Name and Location of Position's Organization |
|---|---|
| | OAAG<br>JP0300000000000000 |

## EMPLOYEE DATA

| 23. Veterans Preference (1 - None; 2 - 5-Point; 3 - 10-Point/Disability; 4 - 10-Point/Compensable; 5 - 10-Point/Other; 6 - 10-Point/Compensable/30%) | 24. Tenure (0 - None; 1 - Permanent; 2 - Conditional; 3 - Indefinite) | 25. Agency Use | 26. Veterans Preference for |
|---|---|---|---|
| 1 | 3 | | YES: ; NO: x |

| 27. FEGLI | 28. Annuitant Indicator | 29. Pay Rate Determinant |
|---|---|---|
| C0 | 9 | 0 |

| 30. Retirement Plan | 31. Service Comp. Date | 32. Work Schedule | 33. Part-Time Hours Per Biweekly Pay Period |
|---|---|---|---|
| KF | 10/20/2020 | F | |

## POSITION DATA

| 34. Position Occupied (1 - Competitve Service; 2 - Excepted Service; 3 - SES General; 4 - SES Career Reserved) | 35. FLSA Category (E - Exempt; N - Nonexempt) | 36. Appropriation Code | 37. Bargaining Unit Status |
|---|---|---|---|
| 2 | E | | 1533 |

| 38. Duty Station Code | 39. Duty Station *(City - County - State or Overseas Location)* |
|---|---|
| 110010001 | Washington, DC |

| 40. Agency Data | 41. | 42. | 43. | 44. |
|---|---|---|---|---|
| | | | | |

| 45. Educational Level | 46. Year Degree Attained | 47. Academic Discipline | 48. Functional Class | 49. Citizenship (1 - USA; 8 - Other) | 50. Veterans Status | 51. Supervisory Status |
|---|---|---|---|---|---|---|
| | | | | 0 | | |

## PART C - Reviews and Approvals *(Not to be used by requesting office.)*

| 1. Office / Function | Initials / Signature | Date | Office / Function | Initials / Signature | Date |
|---|---|---|---|---|---|
| A. | Sinicrope, Catherine | 10/14/2020 | D. | | |
| B. | | | E. | | |
| C. | | | F. | | |

| 2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements. | Signature | Approval Date |
|---|---|---|
| | Electronic Signature: Summer Duncan | 10/19/2020 |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239
52-119

## PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? (If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

## PART E - Employee Resignation/Retirement

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day -- midnight -- unless you specify otherwise.)

| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address *(Number, Street, City, State, ZIP Code)* |
|---|---|---|---|
| | | | |

## PART F - Remarks for SF 50

M01APPOINTMENT AFFIDAVIT EXECUTED 10/20/2020.
M39 CREDITABLE MILITARY SERVICE: 00 00
M40 PREVIOUS RETIREMENT COVERAGE: Never Covered
M45 EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS.
K18 POSITION IS AT THE FULL PERFORMANCE LEVEL.



*U.S. Government Printing Office : 1995 -- 387-722/20017