

MOTION AS A VETERAN

The Petitioner requests leave of this Court to file as a veteran exempting the prepayment of fees or court costs or furnishing security. As a veteran of the Vietnam Era conflict, I served our country from April 28, 1969 until January 22, 1973 in the United States Navy. My service consisted of duty as a Communication Technician, with a Top Secret Security Clearance. My duty stations after A-school in Pensacola, Florida, was Kamisa, Japan and Adak Alaska. I have attached a copy of my DD-214 which will confirm my service and 'Honorable' discharge.

AFFIDAVIT

Petitioner declares under penalty of perjury and under the laws of the United States of America the foregoing statement is true and correct.

Executed on June, 31, 2023 (date), in accordance with 28 USC §1766.

Donald Lynn Martin  
Donald Lynn Martin  
Petitioner  
All Rights Reserved  
UCC 1-103 and UCC 1-308.

437  
331  
THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME <b>MARTIN, DONALD LYNN</b>		2. SERVICE NUMBER <b>NA</b>		3. SOCIAL SECURITY NUMBER								
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>NAVY USN</b>		5a. GRADE, RATE OR RANK <b>CT02</b>	5b. PAY GRADE <b>E-5</b>	5c. DATE OF RANK	DAY <b>01</b>	MONTH <b>APR</b>	YEAR <b>72</b>					
7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>NEW ALBANY, IND.</b>		9. DATE OF BIRTH	DAY <b>07</b>	MONTH <b>JAN</b>	YEAR <b>49</b>					
10a. SELECTIVE SERVICE NUMBER <b>12 133 49 10 133</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NEW ALBANY, IND.</b>		11. DATE INDUCED DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>								
11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASED FROM ACTIVE DUTY &amp; TRF TO NAVAL RESERVE</b>		11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>NAVSUPPACT, SEATTLE, WA</b>		12. REASON AND AUTHORITY <b>BUPERSMAN 3850220-21G- NAVOP 12 REDUCTION IN AUTHORIZED STRENGTH (SEE REMARKS)</b>								
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>ADAK AK</b>		13a. CHARACTER OF SERVICE <b>NAVAL COMMUNICATION STA CLAM LAGOON HONORABLE</b>		14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MD 21905</b>	15. TYPE OF CERTIFICATE ISSUED <b>NONE</b>							
16. TERMINAL DATE OF RESERVE/UMTS& OBLIGATION DAY <b>16</b> MONTH <b>FEB</b> YEAR <b>75</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED		18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>SR HSEF</b>	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>NEW ALBANY, IND.</b>						
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>NEW ALBANY, FLOYD, IND 47150</b>		22. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD <b>03 08 25</b> (2) OTHER SERVICE <b>00 02 11</b> (3) TOTAL (Line 1) plus Line (2) <b>03 11 06</b>		23. SPECIALTY NUMBER & TITLE <b>CT -0000/0000</b>				24. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>208 - CRYPTOGRAPHIC MACHINE OPRS</b>	25. TOTAL ACTIVE SERVICE <b>03 08 25</b>	26. FOREIGN AND/OR SEA SERVICE <b>01 01 00</b>		
27. EDUCATION AND TRAINING COMPLETED <b>ECC FOR SN ECC FOR BMR ECC FOR MR PO 3&amp;2 ECC FOR CTO 3&amp;2 PASSED E-4, E-5 CLASS ACT/O SCHOOL</b>		28. VA CLAIM NUMBER <b>C- NONE</b>				29. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>NA</b>				30. AMOUNT OF ALLOTMENT <b>NA</b>		31. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
32. VA AND EMP. SERVICE DATA <b>TL -NONE</b>		33. DAYS ACCRUED LEAVE PAID <b>NONE (00)</b>		34. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>NA</b>		35. AMOUNT OF ALLOTMENT <b>NA</b>						
36. REMARKS <b>HIGH SCHOOL -04- X-335</b>		37. VA CLAIM NUMBER <b>C- NONE</b>		38. INSURANCE IN FORCE (NSLI or USGLI) <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		39. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <b>23 12 Page 331</b>						
40. AUTHENTICATION <b>RE. BRIDWELL, LT, USNR ASST PERSONNEL OFFICER BY DIR</b>		41. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>4304 GRANT LINE RD NEW ALBANY, IND. 47150</b>		42. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>R.E. Bridwell</b>		43. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>R.E. Bridwell</b>						