DISTRICT OF COLUMBIA COURT OF APPEALS
500 Indiana Avenue, N. W.
Washington, D. C. 20001

Application of Norman J. Latker
for Admission to the Bar of the
District of Columbia Court of Appeals

January 22, 1979

TO THE HONORABLE DISTRICT OF COLUMBIA COURT OF APPEALS:

The undersigned hereby makes application for admission to the Bar of this Court pursuant to Rule 46, and in support thereof submits the accompanying documents.

N. T. Latker

Signature of Applicant

INSTRUCTIONS TO THE APPLICANT

All statements are to be based on your own knowledge, unless the statement is expressly qualified to show the source of your information. Answer all questions and make your answers as specific as possible. If the space for any answer is insufficient, you may complete your answer on a separate attached sheet. Please have the answers typewritten.

APPLICANT'S QUESTIONNAIRE AND AFFIDAVIT

For Admission to the Bar of DISTRICT OF COLUMBIA COURT OF APPEALS

1. State:

(a) Full name Norman Joseph Latker Social Security No. 356-22-3260

(b) Have you ever been known by any other name or surname No (Yes or No); if so state all names used and the places and times thereof. If a married woman give maiden name.

(c) Date of birth Dec. 19, 1931 Birthplace Chicago (City), Illinois (State) Age 47

(d) Are you a citizen of the United States? Yes (Yes or No) If claiming citizenship other than by birth in the United States, state the basis of such claim and exhibit proof. If naturalized, state the date and name and location of the Court with the Number of Certificate and the Petition Number.

2. State every residence you have had since you were sixteen years of age:

City and State	Street Number	From (Mo. and Yr.)	To (Mo. and Yr.)
Chicago, Ill.	5039 Winthrop Ave.	1936	1950
Chicago, Ill.	901 Argyle	1950	Oct.1950
(During Sept. 1951-Jun.1955 while attending the University of Ill. at Champaign-Urbana, I lived in the men's dormitory (Sept. 1951-Jun. 1953) and two rental houses with other law students (Sept. 1953- Jun. 1955));			
Arlington, Va.	703 N. Quincy	Oct. 1956	Dec. 1956
Bethesda, Md.	4405 East-West Hwy.	Dec. 1956	Jun. 1957
Silver Spring, Md.	2250 N. Washington	Jun. 1956	Jun. 1958
Silver Spring, Md.	1220 Blair Mill Rd.	Jun. 1956	Oct. 1959
Silver Spring, Md.	8005 Eastern Dr.	Oct. 1959	Aug. 1960
Oak Park, Mich.	24640 Rensselaer	Aug. 1960	Mar. 1962
Silver Spring, Md.	1724 East-West Hwy.	Mar. 1962	July 1962
Washington, D.C.	3202 Stephenson Pl. N.W.	Aug. 1962	Oct. 1964
Chevy Chase, Md.	3515 Woodbine St.	Nov. 1964	To Date

Present Business Address & Telephone Number:
1329 E. St., N.W. Munsey Bldg., Suite 1233 Tel. 202-628-5197
Washington, D.C. 2004
Home Address and Telephone Number:
3515 Woodbine St Tel. 301-656-5475
Chevy Chase, Maryland 20015

15M—12-77

3. Parents: (if living)
Father Morris Latker (Name) — Owner of Sporting Goods Store (Occupation)
1321 Birchwood, Chicago, Illinois (Address)
Mother Charlotte Latker (Name) — Housewife (Occupation)
1321 Birchwood, Chicago, Illinois (Address)

4. State all schools attended and indicate information requested below:

(a) High School Senn High School (Name) Chicago, Illinois (Location)
Dates of attendance: From Sept. 1945 To Jun. 1949

(b) College or University other than law study:
U. of Illinois, Chicago, Ill. (Name / Location) From Sept. 1949 To Jun. 1951
U. of Illinois, Champaign-Urbana, Ill. (Name) From Sept. 1951 To Jun. 1953

Degree B.S. Civil Engineering School U. of Illinois; School of Engineering

(c) Law Study:
Law School U. of Ill. Champaign-Urbana, Ill. (Name) Day (Day or Evening)
Dates of Attendance: From Sept. 1953 To Jun. 1955
Degree LLB

Law School Northwestern- Chicago, Illinois (Name / Location) Day (Day or Evening)
Dates of Attendance: From Sept. 1955 To Jun. 1956
Degree

(d) Law Office Study (Name of firm or employer)
(Address)
Dates: From To

5. Make a complete statement of the general character of your practice of the law since first being admitted to practice in any jurisdiction. Include temporary or part time work. State as to each employment or period of private practice:
   (1) The periods during which you were employed as an attorney or engaged in private practice, with the exact dates.
   (2) The exact addresses of the offices or places at which you were so employed or engaged and the complete names and present addresses of all such former employers, partners and associates, if any, and specify relationship. (If room number of office is known, this should be given. If you shared office space with other lawyers or business firms, please so state and give their full names and present addresses.)
   (3) The nature and extent of your duties and/or practice.
   (4) The reason for the termination of each employment or period of private practice.

	(1) (2)	(3)	(4)
Mar. 4, 1962- Sept. 11, 1963	Air Force Systems Command HQ., Andrews Air Force Base, Office of Staff Judge Advocate, Superiors- Paul Sherwood and Gen. Robert Manss, both retired	Patent Attorney (Position Description is attached as Item A)	Advancement Accepted position as Patent Advisor, National Institutes of Health
Oct. 31, 1969- Dec. 13, 1978	Office of the Secretary, Office of General Counsel, Patent Branch of Div. of Business and Administrative Law. Superiors- Manual B. Hiller (retired) Bernard Finer	Dept. Patent Counsel (Position Description is attached as Item B)	Services no longer required.

6. Make a complete statement of all employments you have had, or business or occupations in which you have been engaged on your own account, since you were sixteen years of age, other than as set forth under questions 5 and 7. *Include temporary or part time work.* State as to each employment, business or other occupation:
   (1) The periods during which you were so employed or engaged, with the exact dates.
   (2) The exact addresses of the offices or places at which you were so employed or engaged and the names and present addresses of all such former employers, partners or associates in business, if any, and specify relationship.
   (3) The position held by you.
   (4) The reason for the termination of each employment, business, or other occupation.

	(1)	(2)	(4)
Jun. 1954- Aug. 1954	Illinois State Highway Dept. Superior- Unknown	Civil Engineer- Inspector	Return to Law School
Jun. 1955- Aug. 1955	"	"	"
Jun. 1956- Sept. 1956	Friedman, Zoline and Rosenfeld, LaSalle St. Chicago, Ill. Superiors- Listed Partners	Law Clerk	Accepted Position in the U.S. Patent Office
Oct. 4,1956- Aug. 15, 1960	U.S. Patent Office Wash. D.C. Divisions 33 and 66 Superior- Issac Lisann	Patent Examiner	Advancement- Accepted Position as Patent Advisor, Detroit Arsenal
Aug. 15, 1960- Feb. 15, 1962	U.S. Dept. of Army Detroit Arsenal, Patent Branch Centerline, Mich. Superior- Robert Lyon	Patent Advisor	Advancement- Accepted Position as Patent Advisor to the Nat. Institutes of Health

See Attached Sheet for Additional Places of Employment

7. State any present employment, not listed under question 5 or 6, including beginning date, name and address of employer, name and title of immediate superior, and the nature of your responsibilities. If self-employed, state name and nature of business, office address and names of associates, if any.

   Self-employed patent attorney since January 2, 1979
   Suite 1233 Munsey Building, Washington, D. C. 20004
   Associates - Browdy and Neimark at same address

8. Give detailed statement regarding any service in the armed forces, including dates of active service, rank, serial number, locations, last commanding officer, and your last service address complete. If separated from service, state nature of separation and, if other than honorable, specify type thereof and circumstances surrounding your release. Give full particulars as to any formal complaints or disciplinary proceedings against you.

Branch of Service _____ Serial Number _____

Other details:

Attached Sheet for Item 6 (continued)

6. (1)	(2)	(3)	(4)
Sept. 11, 1963- Oct. 31, 1969	U.S. Dept. of Health, Education and Welfare, National Institutes of Health and Divi. of Business and Administrative Law	Patent Advisor	Became Dept. Patent Counsel

9. (a) Have you ever held a license, other than as an attorney at law, the procurement of which required proof of good character (i.e., certified public accountant, patent attorney, real estate broker, etc.)

Yes
Yes or No

As to each license, state the date it was granted, and the name and address of the issuing authority.

U.S. Dept. of Commerce
U.S. Patent Office
License No. 19,963 Granted Oct. 19, 1960

(b) State every other application presented and examination taken by you for a license granted by the state or for an official position, the procurement of which required proof of good character, EXCEPT APPLICATIONS FOR ADMISSION TO THE BAR. As to each application, state the date, the name and address of the authority to whom it was addressed and the disposition made with the reasons therefor; as to each examination, state the date and whether successful or unsuccessful.

10. State every application presented and examination taken by you for admission to the bar. (This should include applications for reinstatement and any applications subsequently withdrawn.) State as to each application, the date, the name and address of the authority to whom it was addressed and the disposition made with the reasons therefor; state as to each examination the date and whether successful or unsuccessful.

Took the Illinois State Bar Exam in August, 1956 and Passed

11. Name all jurisdictions and courts in which you have been admitted to practice law. Give dates of admission to practice.

(a) Jurisdiction	(b) Courts	(c) Date of Admission
Illinois	Supreme Court	Nov. 15, 1956

12. Have you been entitled to practice in each of the locations specified under question 11 and before each court continuously from the date you first became entitled until the date hereof? Yes (Yes or No)
If not, state the dates during which you have not been so entitled, the nature of the disqualification, the facts, and the name and address of the person or body in possession of the record thereof.

Item C-
See certificate of good standing from Supreme Court of Illinois

13. Have you been disbarred, suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as an attorney or a member of any profession or organization, or holder of any office, public or private; or have any complaints or charges, formal or informal, ever been made or filed or proceedings instituted against you? No (Yes or No) If so, state the dates, the facts, the disposition of the matter, and the name and address of the authority in possession of the record thereof.

14. If you have been previously admitted to the bar, state the exact names and addresses of courts before which your former practice of law was chiefly conducted.

Name	Location
U.S. Patent Office	Washington, D.C.

15. Have you ever held any judicial office? No (Yes or No) If so, state where, when, offices held, and if terminated, the reasons therefor.

16. Have you ever held a bonded position? No (Yes or No) If so, specify the nature of position, dates, amount of bond and whether or not anyone ever sought to recover upon your bond or to cancel the same. State facts fully, including the name and address of the bonding company, if any.

17. (a) Have you, in your individual capacity, ever been a party to or had or claimed any interest in any civil proceeding? NO (Yes or No)

(b) Have you ever been charged with, arrested, or questioned regarding the violation of any law? No (Yes or No)

Charged with minor traffic violations

(c) Have you ever been charged with fraud, formally or informally, in any legal proceeding, civil or criminal, or in bankruptcy? No (Yes or No)

(d) Have you ever been declared a ward of any court? No (Yes or No)

(e) Have you ever been adjudicated an incompetent person, an insane person or a lunatic by any court? No (Yes or No)

(f) Have you ever been adjudicated a bankrupt, or has a petition in bankruptcy been filed at any time by you or against you, either alone or in association with others? Have you ever been brought in as a party to any proceedings in a bankruptcy court; or have you ever been sued or threatened with suit by the receiver, trustee, or other authority of any bankrupt estate, for unlawful preference, conspiracy to conceal assets, or any other fraud or offense, whether punishable by criminal law or not? No (Yes or No)

GIVE FULL DETAILS for (a), (b), (c), (d), (e), and (f), including dates, exact name and location of court, if any, case numbers, references to the court records, if any, the facts, the disposition of the matter; if no court records are available, give to the best of your ability the names and addresses of all persons involved, including counsel. (Include all such incidents no matter how minor the infraction or whether guilty or not except for minor traffic violations which did not involve a court appearance.)

Only minor traffic violations

18. (a) Were you ever dropped, suspended, or expelled from school or college? No (Yes or No) If so, state facts fully.

(b) Have you ever been discharged or have you ever resigned from any employment after being told that your conduct or work was not satisfactory? No (Yes or No) If so, state facts fully.

19. Have you ever been a voluntary patient in any sanitarium, hospital or mental institution for the treatment of a mental illness? No (Yes or No) If so, attach statement giving full explanation, including name and address of doctor and institution.

20. Are you now, or have you ever been, addicted to, or have you undergone treatment for the use of narcotics or drugs or the excessive use of intoxicating liquors? No (Yes or No) If so, attach statement giving full explanation.

21. (a) Are there any unsatisfied judgments against you? No (Yes or No)

(b) Have you any debts which are 90 days past due? No (Yes or No)

If answer is Yes to (a) or (b) list details, giving names and addresses of creditors, amounts, dates and the nature of debts or judgments, and the reason for nonpayment.

22. (a) Are you now or have you ever been married? Yes (Yes or No) If so, give date and place of each marriage and full name of spouse prior to that marriage.

June 15, 1958, Carole Helen Henkin

(b) State whether or not you have ever been divorced. No (Yes or No) If so, give the name of the spouse from whom divorced, the exact name and address of the court, case number, date, ground(s) of divorce, by whom suit was brought, together with names and addresses of counsel.

(c) If a divorce suit is pending or a marriage has been annulled, give particulars similar to those requested under (b).

23. Is there any other incident in your career, not hereinbefore referred to, having a bearing upon your character or fitness for admission to the bar? No (Yes or No) If so, give full details.

24. Give the name and location of each bar association of which you are or have been a member.

Federal Bar Association- Washington, D.C.
American Bar Association- Chicago, Illinois
Government Patent Law Association- Washington, D.C.

25. State names and addresses of three persons in each locality where you have practiced law with whom you are personally acquainted, preferably others than those referred to in your answers to questions 5, 6 or 7. (If you have not practiced previously, give the same information for each locality in which you have lived.)

Name	Address	Occupation	Years Known
Howard Monderer	3210 Leland St. Chevy Chase, Maryland 20015	Attorney	13 years
Danial Shear	3520 Woodbine St. Chevy Chase, Maryland 20015	Attorney	7 years
Lawrence Margolis	Constitution Ave. and John Marshall Pl., N.W. Wash. D.C.	Magistrate, District of Columbia	20 years

26. Give the names and addresses of three attorneys and two clients who know you. THESE SHOULD BE OTHER than those supporting your application or named in questions 5, 6, 7 or 25. (If you have not practiced, previously, give the names of law school professors, etc.) Designate clients specifically.

Name	Address	Occupation
David Eden	5024 King Richard Dr Annandale, Va.	Attorney
Howard Bremer	Wisconsin Alumni, Research Foundation, P.O. Box 7365 Madison, Wis. 53707	Patent Counsel- Client (provided advice as Dept. Patent Counsel).
Sheriden Neimark	12908 Roxton Rd. Silver Spring, Md.	Patent Attorney
G. Willard Fornell	Univ. of Minn. 332 Merrill Hall Minneapolis, Minn. 55455	Patent Advisor- Client (Provided advice as Dept. Patent Counsel).
Niels Reimers	Stanford University Stanford, Calif. 94305	Manager Technology- Client (Provided advice as Dept. Patent Counsel).

EXECUTE IN DUPLICATE

AUTHORIZATION AND RELEASE

I, Norman Joseph Latker (Name), born at Chicago, Illinois (City, State), on December 19, 1931 (Date), having filed an application for admission to the bar of the District of Columbia (Jurisdiction), hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the admitting authority. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report are privileged.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the National Conference of Bar Examiners any such information, including documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the National Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I specifically authorize the National Conference of Bar Examiners to obtain any information from my official record on file with Local Board Number 27 of the Selective Service System, located in the City of Chicago, State of Illinois; and hereby consent to and authorize the release of such information by the Selective Service System.

I hereby request and authorize the Department of the _____ (Army, Navy, Air Force) to furnish to the National Conference of Bar Examiners, the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number was _____

I hereby release, discharge, exonerate the National Conference of Bar Examiners, its agents and representatives, the admission agency of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the National Conference or by the admission agency.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

~~State of~~ DISTRICT OF
~~County of~~ COLUMBIA ss.

Norman Joseph Latker
Signature of Applicant

Subscribed and sworn to before me
this 24th day of January A.D., 1979

Notary Public

AUTHORIZATION AND RELEASE

I, Norman Joseph Latker (Name), born at Chicago, Illinois (City, State), on December 31, 1931 (Date), having filed an application for admission to the bar of the District of Columbia (Jurisdiction), hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the admitting authority. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report are privileged.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the National Conference of Bar Examiners any such information, including documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the National Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I specifically authorize the National Conference of Bar Examiners to obtain any information from my official record on file with Local Board Number 27 of the Selective Service System, located in the City of Chicago, State of Illinois; and hereby consent to and authorize the release of such information by the Selective Service System.

I hereby request and authorize the Department of the _____ (Army, Navy, Air Force) to furnish to the National Conference of Bar Examiners, the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number was _____

I hereby release, discharge, exonerate the National Conference of Bar Examiners, its agents and representatives, the admission agency of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the National Conference or by the admission agency.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

~~XXXXX~~ DISTRICT OF
~~XXXXXX~~ County of COLUMBIA ss.

N. Joseph Latker
Signature of Applicant

Subscribed and sworn to before me this 24th day of January A.D., 1939

Notary Public, D.C.

RESUME

Name: Norman J. Latker

Address: 3515 Woodbine Street, Chevy Chase, Maryland 20015

Date and Place of Birth: December 19, 1931 in Chicago, Illinois

Marital Status: Married to Dr. Carole Henkin-Latker - two children

Bar and Court Membership:

Admitted to practice before Illinois bar in 1956;
Admitted to practice before Patent bar 1960 (Registration No. 19,967);
Admitted to U.S. Supreme Court in 1974;
Application to practice before District of Columbia bar pending

Education:

LLD from University of Illinois in 1956;
BSCE from University of Illinois in 1953;
Judge Advocate General's Procurement Law School (University of Virginia) in 1961;
Post Graduate courses in electronics, transistors, advanced organic chemistry, biochemistry and medical chemistry

Employment History:

Presently, Patent Counsel, Office of Advocacy, Small Business Administration. Responsible for resolution of intellectual property, and research and development problems that affect Small Business participation in Federal Agency programs by presenting persuasive administrative, legislative or regulatory positions on behalf of Small Business.

1969-1979 - Patent Counsel for the Department of Health, Education and Welfare. In charge of the Patent Branch, Office of General Counsel, which was responsible for administration of the Department patent program and for legal services to the Department relating to and involving patents, inventions, copyrights, and other forms of intellectual property resulting from the Department's two billion dollar annual Research and Development. Also adviser to the Veternas Administration and the Agency for International Development on an ad hoc basis.

Employment History (cont.):

1966-1969 - Senior Patent and Copyright Attorney, Office of General Counsel, Department of Health, Education and Welfare.

1963-1965 - Patent Counsel, Office of the Director, National Institutes of Health.

1961-1963 - Patent Advisor, Judge Advocate General, Air Force Systems Command.

1960-1961 - Patent Advisor, Judge Advocate General, Army Ordnance.

1956 - 1959 - Patent Examiner, U.S. Patent Office.

Interagency Executive and Legislative Committee and Commission Service:

Ad Hoc drafting committee for development of standard patent rights clauses for use in the Federal Procurement Regulations -- 1971-72;

Ad Hoc drafting committee for development of the Federal Property Management Regulations on Licensing of Government-Owned Inventions -- 1971-72;

Ad Hoc drafting committee for development of the patent rights clause for the Non-Nuclear Energy Research and Development Act of 1974;

Draftsman for the Patent Task Force for the Commission on Government Procurement -- 1971;

Draftsman of the Disclosure of Research Information for the Report of the President's Biomedical Research Panel -- 1976;

Vice-Chairman of the Subcommittee on Intellectual Property of the Federal Council for Science, Engineering and Technology -- 1974-78;

Chairman of the Subcommittee on University Patent Policy of the Federal Council for Science, Engineering and Technology -- 1971-78;

DHEW Interagency Committee on Significant Drugs With Little Commercial Value -- 1978;

House Committee on Science and Technology's Workshop on Aids to the Handicapped -- 1980;

Subcommittee on Trade Secret and Data Confidentiality, Council on Environmental Quality -- 1978;

Technical Advisor on intellectual property and research and development to Subcommittee on the Constitution of Senate Judiciary.

Major Presentations and Publications:

"Technical Data in the AFSC" Federal Bar Journal, Fall, 1962
"Utilization of Government-Owned Health and Welfare Inventions," Journal of the Patent Office Society, November 1965
Testimony before the U.S. House of Representatives Committee on Science and Technology, Government Patent Policy, September 29, 1976
Testimony before the U.S. House of Representatives Committee on Science and Technology, Science Policy Implications of DNA Recombinant Molecule Research, May 26, 1977
Presentation before the National Congress on "The Availability of New Technology to Industry from American Universities and Technological Institutes," April 2, 1973
Presentation at the Conference on Technology Transfer - Case Western U. - "University Opportunities and Responsibilities," October 15, 1974
Address to the Third Annual University/Industry Forum - Technology Exchange, February 3-7, 1975, "Current Trends in Technology Transfer,"
Address to the New Jersey Patent Bar Association, September 18, 1975, "Current Trends in Government Patent Policy,"
Presentation before the Academy of Pharmaceutical Sciences, November 19, 1975, "The Protection of Intellectual Property under the Fourth Exemption of the Freedom of Information Act,"

Presentation before the American Patent Law Association, January 8, 1976, "Current Government Patent Policy as Applicable to Universities and Nonprofit Organizations,"
Presentation before the Second Annual Academic Planning Conference, January 20, 1977, "Ethical and Economic Issues: University Policies for Consulting, Overload Instructional Activities and Intellectual Property", and
Presentation before the Second Annual Meeting of the Society of University Patent Administrators, February 9, 1977, "The Impact of Laws and Regulations on the Innovative Process,"
Address to the 2nd Annual TechEx World Fair - "The Ramifications of the Small Business and University Patent Procedures Act", March 1, 1979
Address to the Government Patent Lawyers Association "The Philosophy of Different Policies on Disposing of Government Funded Inventions", April 1980.

Honors: Dean's List; Chi Epsilon Honorary Civil Engineering Society; Presidential Citation for services rendered in developing patent section of the Non-Nuclear Energy Research and Development Act of 1974; 2nd in Judge Advocate General's Procurement Law School class.

Major Accomplishments:

Developed and implemented the Institutional Patent Agreement Policy for DHEW, which presently involves 75 agreements with major universities and other nonprofits;

Developed and implemented all the procedures and policies involving waiver of DHEW funded inventions;

Aided through the above policies in the delivery of over 75 health-related inventions to the marketplace and the licensing of hundreds of other inventions still in the state of development;

Identified through the management of the above programs the factors necessary to achieve successful technology transfer and utilization of government-funded inventions;

Aided in the incorporation of the above factors into the "Small Business and University Patent Procedure Act of 1979".

Associations:

American Bar Association
Federal Bar Association
Government Patent Lawyers Association

BOB approval No. 50-R208

Standard Form 86
AUGUST 1954
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-107

SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION

CASE SERIAL NO. (CSC use only)

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME (Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)")	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	LATKER,	NORMAN	JOSEPH

OTHER NAMES USED. (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)

2. DATE OF BIRTH: 12/19/31

3. PLACE OF BIRTH: CHICAGO, ILLINOIS

4. [X] MALE [ ] FEMALE

5. HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
6'	140	Brn	Brn

6. [ ] SINGLE [X] MARRIED [ ] WIDOW(ER) [ ] DIVORCED

7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. (Give same information regarding all previous marriages and divorces.)

CAROL H. HENKIN LATKER BORN 6/6/39 WASH., D.C. Married 6/16/57 Wash., D.C.

8. DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)

FROM	TO	NUMBER AND STREET	CITY	STATE
1936	1950	5039 Winthrop Avenue	Chicago,	Illinois
1950	Oct.1950	901 Argyle	Chicago,	Illinois
Oct. 1956	Dec.1956	703 North Quincy	Arlington,	Virginia
Dec. 1956	June 1957	4405 East-West Highway	Bethesda,	Maryland
June 1956	June 1958	2250 North Washington	Silver Spring,	Maryland
June 1958	Oct. 1959	1220 Blair Mill Rd.	Silver Spring,	Maryland
Oct. 1959	Aug. 1960	8005 Eastern Drive	Silver Spring,	Maryland
Aug. 1960	Mar. 1962	24640 Rensselaer	Oak Park,	Michigan
Mar. 1962	July 1962	1724 East-West Highway	Silver Spring,	Maryland
August 1962	Oct. 1964	3202 Stephenson Pl., N.W.	Washington,	D.C.
Nov. 1964	To Date	3515 Woodbine Street	Chevy Chase,	Maryland

9. [X] U.S. CITIZEN — [X] BY BIRTH [ ] NATURALIZED — ALIEN REGISTRATION NO. — DATE, PLACE, AND COURT — CERT. NO. — PETITION NO. — [ ] DERIVED-PARENTS CERT. NO(S).

[ ] ALIEN — REGISTRATION NO. — NATIVE COUNTRY — DATE AND PORT OF ENTRY

10. EDUCATION. (All schools above elementary.)

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES
Senn High School	Chicago, Ill	Sept. 1945	June 1949	
University of Illinois	Chicago, Ill	Sept. 1949	June 1951	
University of Illinois	Champaign - Urbana, Illinois	Sept. 1951	June 1955	B.S. Civil Engineering LLB Law
Northwestern Univ.	Chicago, Illinois	Sept. 1955	June 1956	

11. THIS SPACE FOR FBI USE. (See also item 29.)

12. SOCIAL SECURITY NUMBER: 356-22-3260

13. MILITARY SERVICE (Past or present)

SERIAL NO. (If none, give grade or rating at separation)	BRANCH OF SERVICE (Army, Navy, Air Force, etc.)	FROM (Yr.)	TO (Yr.)

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? ☐ YES ☒ NO.
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. *(List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)*

FROM	TO	NAME OF EMPLOYER (*Firm or agency*) AND SUPERVISOR (*Full name, if known*)	ADDRESS (*Where employed*)	TYPE OF WORK	REASON FOR LEAVING
8/80	Present	Small Business Administration Mr. Jere W. Glover	1441 "L" St., N.W. Wash., D.C. 20416	Patent Counsel	
8/65	8/80	Dept. of Health, Education and Welfare Office of General Counsel Mr. Manuel B. Hiller (retired) Mr. Bernard Finer (retired)	Bethesda, Md.	Patent Attorney	Advancement
9/63	8/65	Nat'l Institutes of Health Mr. Richard Seggel (retired)	Bethesda, Md.	Patent Advisor	Advancemer
3/62	9/63	Air Force Systems Command Hqr. Staff Judge Advocate Mr. Paul Sherwood (retired)	Andrews Air Force Base	Patent Attorney	Advancement
8/60	3/62	U.S. Dept. of Army Ordinance Mr. Robert Lyon (retired)	Detroit Arsenal Centerline, Mich.	Patent Advisor	Advancement
10/56	8/60	U.S. Patent Office Mr. Isaac Lisunn	Wash., D.C.	Patent Examiner	Advancement
6/56	10/56	Friedman, Zoline & Rosenfled Superiors - Listed partners	Chicago, Ill	Law Clerk	Advancement
6/54	8/54	Illinois State	Chicago, Ill	Civil Engineer	
6/55	8/55	Highway Department	Chicago, Ill	Returned to Law School	

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☒ NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? ☐ YES ☒ NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? *(You may omit: (1) Traffic violations for which you paid a fine of $30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)* ☐ YES ☐ NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

☆U.S.Government Printing Office:1976—241-530/3059

BOB approval No. 50-R208

CASE SERIAL NO. *(CSC use only)*

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? ☐ YES ☒ NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). *(Exclusive of military service.)*

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
Cuba	Dec. 1947	Feb. 1948	Vacation
Canada	Feb. 1967	March 1967	Vacation
Italy, Holland, Belgium	May 1968	June 1968	Vacation

refer to attached page

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? ☐ YES ☒ NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☒ NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
NOT APPLICABLE				

24. MEMBERSHIP IN OTHER ORGANIZATIONS. *(List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)* *(If none, so state.)*

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
American Bar Association	Wash., D.C.	Law	1956	Present	None
Federal Bar Association	Wash., D.C.	Law	1960	Present	None
Government Patent Lawyers Association	Wash., D.C.	Law	1962	Present	None
Rollingwood Civic Assn.	Rollingwood, Md.	Civic	1967	1972	None

25. RELATIVES. *(Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)*

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Morris Latker	1898	1321 Birchwood, Chicago	Russia	U.S.
Mother	Charlotte Latker	1906	1321 Birchwood, Chicago	Russia	U.S.
Wife	Carol Henkin Latker	1939	3515 Woodbine, Chevy Ch.	U.S.	U.S.
Daughter	Miriam Latker	1959	3515 Woodbine, Chey Ch.	U.S.	U.S.
Son	Richard Latker	1963	3515 Woodbine, Chevy Ch	U.S.	U.S.
Brother	Alex C. Latker	1927	3425 Barger Av. Falls Church, Va.		U.S.
Sister	Rita Latker - Rosengarden	1933	9510 Kolmar, Skokie, Ill.	U.S.	U.S.

26a. REFERENCES. *(Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
David Eden	2900 Farmbrook Trail Oxford Michigan 48051	G.M. Tech Center Warren, Michigan	7
Ben Bochenek	1322 Xavier Dr., Silver Spring, Md.	EPA	15
O.A. Neumann	6821 Old Stage Rd., Rockville, Md.	U.S. Patent Office	15

26b. CLOSE PERSONAL ASSOCIATES. *(Name three persons, such as friends, schoolmates or colleagues, who know you well.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Dan Shear	3520 Woodbine, Chevy Chase, Md.	1314 "G" St., N.W.	10
Lawrence S. Margolis	107 Carlisle Dr., Silver Spring Md.	John Marshall Pl.	23
Howard Manderer	3210 Leland, Chevy Chase, Md.	18th and K Sts., N.W., D.C.	15

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? ☒ YES ☐ NO. *(If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)*

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. *(Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)*

27.	Department of Defense	1960	Secret
	NIH (F.B.I.)	1964	Secret
	HEW	1970	Secret
	HEW	1974	Secret

29. REPORT OF INFORMATION DEVELOPED. *(This space reserved for FBI use.)* DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form is punishable by law.

Sept. 2, 1980 (DATE)

J. Talbert (SIGNATURE—*Sign original and first carbon copy*)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the *proposed* appointment in the other spaces for appointment data. The *original* and the *first* carbon copy should be signed by the applicant or appointee. Submit the *original* and the *unsigned* carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
	☐ EXCEPTED ☐ COMPETITIVE *(Include indefinite and temporary types of competitive appointments.)*		

DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:

THIS IS A SENSITIVE POSITION

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

☆U.S.Government Printing Office:1976—241-530/3059

Continuance of Item 20. Foreign Countries Visited (Since 1930). (Exclusive of military service.)

	Left U.S.A.	Returned to U.S.A.	Purpose
France and England	May 1968	June 1968	Vacation
Italy	April 1973	April 1973	Business
England	May 1973	May 1973	Vacation
Italy, England, Italy	August 1974	September 1974	Vacation

BOB approval No. 50-R208

Standard Form 86
AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-107

SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION

CASE SERIAL NO. *(CSC use only)*

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME *(Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)")*	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	LATKER,	NORMAN	JOSEPH

OTHER NAMES USED. *(Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)*

2. DATE OF BIRTH: 12/19/31

3. PLACE OF BIRTH: CHICAGO, ILLINOIS

4. [X] MALE [ ] FEMALE

5. HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
6'	140	Brn	Brn

6. [ ] SINGLE [X] MARRIED [ ] WIDOW(ER) [ ] DIVORCED

7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. *(Give same information regarding all previous marriages and divorces.)*

CAROL H. HENKIN LATKER BORN 6/6/39 WASH., D.C. Married 6/16/57 Wash., D.C.

8. DATES AND PLACES OF RESIDENCE. *(If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)*

FROM	TO	NUMBER AND STREET	CITY	STATE
1936	1950	5039 Winthrop Avenue	Chicago,	Illinois
1950	Oct.1950	901 Argyle	Chicago,	Illinois
Oct. 1956	Dec.1956	703 North Quincy	Arlington,	Virginia
Dec. 1956	June 1957	4405 East-West Highway	Bethesda,	Maryland
June 1956	June 1958	2250 North Washington	Silver Spring,	Maryland
June 1958	Oct. 1959	1220 Blair Mill Rd.	Silver Spring,	Maryland
Oct. 1959	Aug. 1960	8005 Eastern Drive	Silver Spring,	Maryland
Aug. 1960	Mar. 1962	24640 Rensselaer	Oak Park,	Michigan
Mar. 1962	July 1962	1724 East-West Highway	Silver Spring,	Maryland
August 1962	Oct. 1964	3202 Stephenson Pl., N.W.	Washington,	D.C.
Nov. 1964	To Date	3515 Woodbine Street	Chevy Chase,	Maryland

9. [X] U.S. CITIZEN — [X] BY BIRTH [ ] NATURALIZED — ALIEN REGISTRATION NO. — DATE, PLACE, AND COURT — CERT. NO. — PETITION NO. — [ ] DERIVED-PARENTS CERT. NO(S).

[ ] ALIEN — REGISTRATION NO. — NATIVE COUNTRY — DATE AND PORT OF ENTRY

10. EDUCATION. *(All schools above elementary.)*

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES
Senn High School	Chicago, Ill	Sept. 1945	June 1949	
University of Illinois	Chicago, Ill	Sept. 1949	June 1951	
University of Illinois	Champaign - Urbana, Illinois	Sept. 1951	June 1955	B.S. Civil Engineering
Northwestern Univ.	Chicago, Illinois	Sept. 1955	June 1956	LLB Law

11. THIS SPACE FOR FBI USE. *(See also item 29.)*

12. SOCIAL SECURITY NUMBER: 356-22-3260

13. MILITARY SERVICE *(Past or present)*

SERIAL NO. *(If none, give grade or rating at separation)*	BRANCH OF SERVICE *(Army, Navy, Air Force, etc.)*	FROM (Yr.)	TO (Yr.)

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? ☐ YES ☒ NO.
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. *(List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)*

FROM	TO	NAME OF EMPLOYER (*Firm or agency*) AND SUPERVISOR (*Full name, if known*)	ADDRESS (*Where employed*)	TYPE OF WORK	REASON FOR LEAVING
8/80	Present	Small Business Administration Mr. Jere W. Glover	1441 "L" St., N.W. Wash., D.C. 20416	Patent Counsel	
8/65	8/80	Dept. of Health, Education and Welfare Office of General Counsel Mr. Manuel B. Hiller (retired) Mr. Bernard Finer (retired)	Bethesda, Md.	Patent Attorney	Advancement
9/63	8/65	Nat'l Institutes of Health Mr. Richard Seggel (retired)	Bethesda, Md.	Patent Advisor	Advancement
3/62	9/63	Air Force Systems Command Hqr. Staff Judge Advocate Mr. Paul Sherwood (retired)	Andrews Air Force Base	Patent Attorney	Advancement
8/60	3/62	U.S. Dept. of Army Ordinance Mr. Robert Lyon (retired)	Detroit Arsenal Centerline, Mich.	Patent Advisor	Advancement
10/56	8/60	U.S. Patent Office Mr. Isaac Lisunn	Wash., D.C.	Patent Examiner	Advancement
6/56	10/56	Friedman, Zoline & Rosenfled Superiors - Listed partners	Chicago, Ill	Law Clerk	Advancement
6/54	8/54	Illinois State	Chicago, Ill	Civil Engineer	
6/55	8/55	Highway Department	Chicago, Ill	Returned to Law School	

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☒ NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? ☐ YES ☒ NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? *(You may omit: (1) Traffic violations for which you paid a fine of $30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)* ☐ YES ☐ NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

☆U.S.Government Printing Office:1976—241-530/3059

BOB approval No. 50-R208

CASE SERIAL NO. *(CSC use only)*

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? ☐ YES ☒ NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). *(Exclusive of military service.)*

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
Cuba	Dec. 1947	Feb. 1948	Vacation
Canada	Feb. 1967	March 1967	Vacation
Italy, Holland, Belgium	May 1968	June 1968	Vacation

refer to attached page

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? ☐ YES ☒ NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☒ NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
NOT APPLICABLE				

24. MEMBERSHIP IN OTHER ORGANIZATIONS. *(List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)* *(If none, so state.)*

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
American Bar Association	Wash., D.C.	Law	1956	Present	None
Federal Bar Association	Wash., D.C.	Law	1960	Present	None
Government Patent Lawyers Association	Wash., D.C.	Law	1962	Present	None
Rollingwood Civic Assn.	Rollingwood, Md.	Civic	1967	1972	None

25. RELATIVES. *(Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)*

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Morris Latker	1898	1321 Birchwood, Chicago	Russia	U.S.
Mother	Charlotte Latker	1906	1321 Birchwood, Chicago	Russia	U.S.
Wife	Carol Henkin Latker	1939	3515 Woodbine, Chevy Ch.	U.S.	U.S.
Daughter	Miriam Latker	1959	3515 Woodbine, Chey Ch.	U.S.	U.S.
Son	Richard Latker	1963	3515 Woodbine, Chevy Ch	U.S.	U.S.
Brother	Alex C. Latker	1927	3425 Barger Av. Falls Church, Va.		U.S.
Sister	Rita Latker - Rosengarden	1933	9510 Kolmar, Skokie, Ill.	U.S.	U.S.

26a. REFERENCES. *(Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
David Eden	2900 Farmbrook Trail Oxford Michigan 48051	G.M. Tech Center Warren, Michigan	7
Ben Bochenek	1322 Xavier Dr., Silver Spring, Md.	EPA	15
O.A. Neumann	6821 Old Stage Rd., Rockville, Md.	U.S. Patent Office	15

26b. CLOSE PERSONAL ASSOCIATES. *(Name three persons, such as friends, schoolmates or colleagues, who know you well.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Dan Shear	3520 Woodbine, Chevy Chase, Md.	1314 "G" St., N.W.	10
Lawrence S. Margolis	107 Carlisle Dr., Silver Spring Md.	John Marshall Pl.	23
Howard Manderer	3210 Leland, Chevy Chase, Md.	18th and K Sts., N.W., D.C.	15

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? ☒ YES ☐ NO. *(If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)*

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. *(Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)*

27.	Department of Defense	1960	Secret
	NIH (F.B.I.)	1964	Secret
	HEW	1970	Secret
	HEW	1974	Secret

29. REPORT OF INFORMATION DEVELOPED. *(This space reserved for FBI use.)* DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form is punishable by law.

Sept. 2, 1980 (DATE)

(SIGNATURE—*Sign original and first carbon copy*)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the *proposed* appointment in the other spaces for appointment data. The *original* and the *first* carbon copy should be signed by the applicant or appointee. Submit the *original* and the *unsigned* carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
	☐ EXCEPTED ☐ COMPETITIVE. *(Include indefinite and temporary types of competitive appointments.)*		

DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:

THIS IS A SENSITIVE POSITION

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

☆U.S.Government Printing Office:1976—241-530/3039

Continuance of Item 20. Foreign Countries Visited (Since 1930). (Exclusive of military service.)

	Left U.S.A.	Returned to U.S.A.	Purpose
France and England	May 1968	June 1968	Vacation
Italy	April 1973	April 1973	Business
England	May 1973	May 1973	Vacation
Italy, England, Italy	August 1974	September 1974	Vacation

Standard Form 86
AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-107

SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION

CASE SERIAL NO. (CSC use only)

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME (Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)")	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	LATKER	NORMAN	JOSEPH

OTHER NAMES USED. (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)

2. DATE OF BIRTH: 12/19/31

3. PLACE OF BIRTH: Chicago, Illinois

4. [X] MALE [ ] FEMALE

5. HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
6'		Brown	Brown

6. [ ] SINGLE [X] MARRIED [ ] WIDOW(ER) [ ] DIVORCED

7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. (Give same information regarding all previous marriages and divorces.)

Carol H. Henkin Latker Born 6/6/39 Washington, D.C. Married 6/16/57 - Washington, D.C.

8. DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)

FROM	TO	NUMBER AND STREET	CITY	STATE
Nov. 1964	Present	3515 Woodbine Street	Chevy Chase	Maryland 20015

9. [X] U.S. CITIZEN — [X] BY BIRTH [ ] NATURALIZED — ALIEN REGISTRATION NO. — CERT. NO. — PETITION NO. — DATE, PLACE, AND COURT — [ ] DERIVED-PARENTS CERT. NO(S).

[ ] ALIEN — REGISTRATION NO. — NATIVE COUNTRY — DATE AND PORT OF ENTRY

10. EDUCATION. (All schools above elementary.)

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES

11. THIS SPACE FOR FBI USE. (See also item 29.)

12. SOCIAL SECURITY NUMBER: 356 22 3260

13. MILITARY SERVICE (Past or present)

SERIAL NO. (If none, give grade or rating at separation)	BRANCH OF SERVICE (Army, Navy, Air Force, etc.)	FROM (Yr.)	TO (Yr.)

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? ☐ YES ☒ NO.
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. *(List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)*

FROM	TO	NAME OF EMPLOYER (*Firm or agency*) AND SUPERVISOR (*Full name, if known*)	ADDRESS (*Where employed*)	TYPE OF WORK	REASON FOR LEAVING
August 1965	Present	Department of Health, Education, & Welfare Office of General Counsel Mr. Manuel B. Hiller	Bethesda, Md.	Patent Counsel	- -

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☒ NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? ☐ YES ☒ NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? *(You may omit: (1) Traffic violations for which you paid a fine of $30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)* ☐ YES ☒ NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? ☐ YES ☐ NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). *(Exclusive of military service.)*

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
Cuba	Dec. 1947	Feb. 1948	Vacation
Canada	Feb. 1967	March 1967	Vacation
Italy, Holland, Belgium, France and England	May 1968	June 1968	Vacation
Italy	April 1973	April 1973	Business
England	May 1973	May 1973	Vacation
England, Italy	August 1974	September 1974	Vacation

PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☒ NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
Not Applicable.				

24. MEMBERSHIP IN OTHER ORGANIZATIONS. *(List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)* *(If none, so state.)*

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
American Bar Ass'n	Washington, D.C.	Law	1956	Present	None
Federal Bar Ass'n	Washington, D.C.	Law	1960	Present	None
Government Patent Lawyers' Ass'n	Washington, D.C.	Law	1962	Present	None
Rollingwood Civic Ass'n	Rollingwood, Md.	Civic	1967	Present	None

25. RELATIVES. *(Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)*

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Morris Latker	1898	1321 Birchwood, Chicago	Russia	U.S.
Mother	Charlotte Latker	1906	1321 Birchwood, Chicago	Russia	U.S.
Wife	Carol Henkin "	1939	3515 Woodbine, Ch.Ch., Md.	U.S.	U.S.
Daughter	Miriam Latker	1959	3515 Woodbine, Ch.Ch., Md.	U.S.	U.S.
Son	Richard Latker	1963	3615 Woodbine, Ch.Ch., Md.	U.S.	U.S.
Brother	Alex C. Latker	1927	3425 Barger Dr., Falls Ch., Va.	U.S.	U.S.
Sister	Rita Latker Copeland	1933	9510 Kolmar, Skokie, Ill.	U.S.	U.S.

26a. REFERENCES: (*Name three persons, not relatives or employers, who are aware of your qualifications and fitness.*)

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Isaac Lisann	6223 Utah Ave., N.W., Wash., D.C.	Retired	17
O. A. Neumann	6821 Old Stage Rd., Rockville, MD.	F.C.S.T. Comm., Commerce Dept.	16
Benjamin Bochenek	1322 Xavier Dr., Silver Spg., Md.	Environ. Pro. Ag.	10

26b. CLOSE PERSONAL ASSOCIATES. (*Name three persons, such as friends, schoolmates or colleagues, who know you well.*)

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Elvin Bush	2225 Crestview, Wilmette, Ill.	Unknown	27
Lawrence S. Margolis	107 Carlisle Dr., Silv.Spg.,Md.	"	17
David I. Benkin	3506 Woodbine St., Ch.Ch., Md.	"	7

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? ☒ YES ☐ NO. (*If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted.*)

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. (*Show item number to which answers apply. Attach a separate sheet if there is not enough space here.*)

Department of Defense	1960	Secret
NIH (F.B.I.)	1964	Secret

29. REPORT OF INFORMATION DEVELOPED. (*This space reserved for FBI use.*) DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form is punishable by law.

Nov. 6 1974 (DATE)

(SIGNATURE—*Sign original and first carbon copy*)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the *proposed* appointment in the other spaces for appointment data. The *original* and the *first* carbon copy should be signed by the applicant or appointee. Submit the *original* and the *unsigned* carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
	☐ EXCEPTED ☐ COMPETITIVE (*Include indefinite and temporary types of competitive appointments.*)		

DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:

THIS IS A SENSITIVE POSITION

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

U.S. GOVERNMENT PRINTING OFFICE : 1968 O—299-784

CSC | LEAVE THIS SPACE BLANK

LATKER (LAST NAME) Norman (FIRST NAME) Joseph (MIDDLE NAME)

SIGNATURE OF PERSON FINGERPRINTED

N—J. Latker

RESIDENCE ADDRESS

3515 Woodbine St.
Chevy Chase Md

POSITION TO WHICH APPOINTED

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

Ingram L. Armitage

TITLE AND ADDRESS

Sup. Personnel Clerk

U. S. CIVIL SERVICE COMMISSION FINGERPRINT CHART

DEPARTMENT, BUREAU, AND DUTY STATION (*City and State*)

HEIGHT (*Inches*) 6' 0"

DATE OF BIRTH Dec. 19 193,

SERIAL NUMBER (*CSC use only*)

PLACE OF BIRTH Chicago Ill

COLOR OF EYES Brown

COLOR OF HAIR Brown

WEIGHT 155

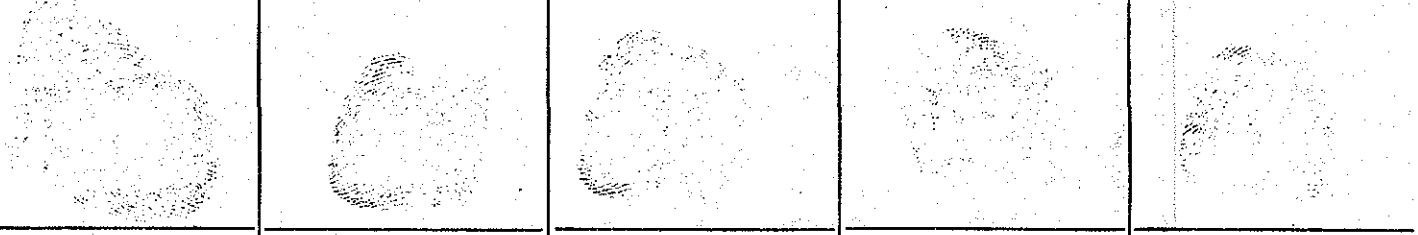
SEX M/C

LEAVE THIS SPACE BLANK

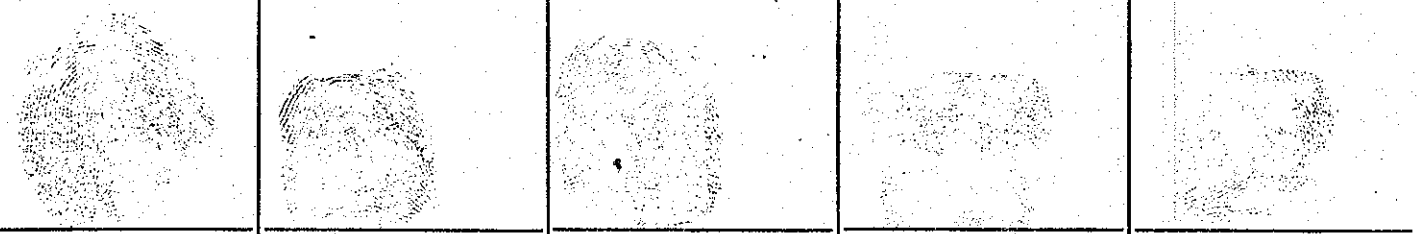
CLASS. .....

REF. .....

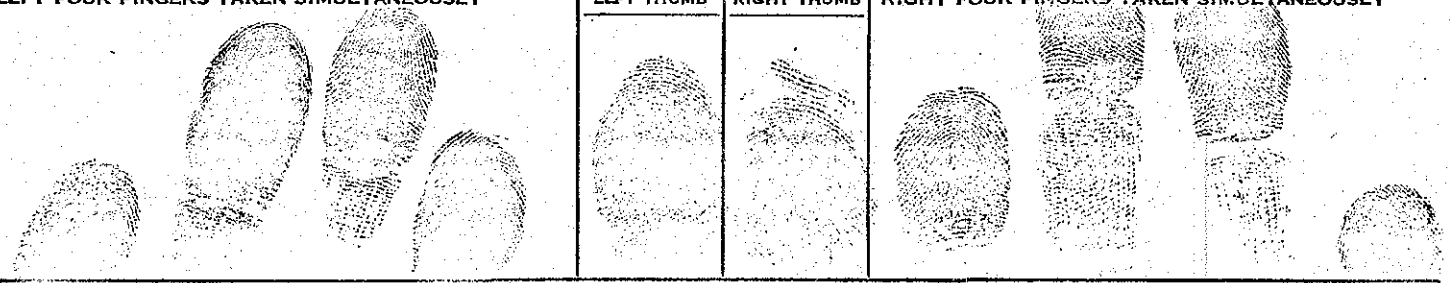
1. RIGHT THUMB | 2. RIGHT INDEX | 3. RIGHT MIDDLE | 4. RIGHT RING | 5. RIGHT LITTLE



6. LEFT THUMB | 7. LEFT INDEX | 8. LEFT MIDDLE | 9. LEFT RING | 10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | LEFT THUMB | RIGHT THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



Standard Form 87. Revised December 1950, Civil Service Commission **DO NOT FOLD**

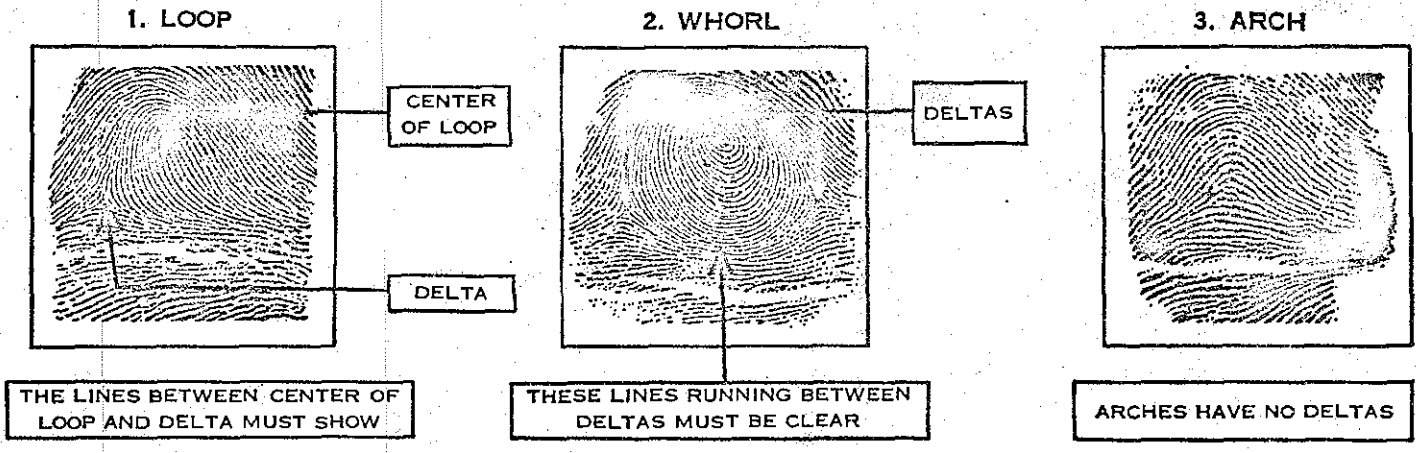
87-102

INSTRUCTIONS

To obtain classifiable fingerprints:

1. Use printer's ink.
2. Distribute ink evenly on inking slab.
3. Wash and dry fingers thoroughly.
4. Roll fingers from nail to nail, and avoid allowing fingers to slip.
5. Be sure impressions are recorded in correct order.
6. If an amputation or deformity makes it impossible to print a finger, make a notation to that effect in the individual finger block.
7. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained with a memo stapled to the card explaining the circumstances.
8. Examine the completed prints to see if they can be classified, bearing in mind the following:

   Most fingerprints fall into the patterns shown below (other patterns occur infrequently and are not shown here):



   (a) A delta (Δ) is the point at which the lines forming the loop or whorl pattern spread and begin going in different directions. All loop prints have one delta. Whorl prints have two.

   (b) Loop prints cannot be classified unless the center of the loop and the delta, and the lines between them, are clear.

   (c) Whorl prints cannot be classified unless the two deltas and the lines connecting the deltas are clear.

   (d) Arch fingerprints can be classified if a sufficiently clear impression is obtained to permit identification of the pattern as being an arch.

9. If, upon examination, it appears that any of the impressions cannot be classified, new prints should be made. If not more than three impressions are unclassifiable, new prints of these fingers may be taken and pasted over the defective ones. If more than three are unclassifiable, make a new chart.

THIS SPACE FOR FBI USE

U.S. GOVERNMENT PRINTING OFFICE : 1959—O-510559

NJL

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

PATENT BRANCH, OGC

SEP 11 1974

TO : Mr. Latker

DATE: September 5, 1974

FROM : Mary Moulton
Administrative Officer, OGC

SUBJECT: Updating of Security Clearance.

Attached hereto is a copy of a memorandum from Mr. Nathan D. Dick, Director of Investigations and Security together with forms 86 and 87. Please complete the necessary forms at your earliest convenience and return to me.
Thank you.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : Mrs. Mary Moulton
Administrative Officer
Office of the General Counsel

DATE: August 28, 1974

FROM : Director, Office of Investigations and Security

SUBJECT: LATKER, Norman J. (Dob: 12/19/31)
Chief, Patent Branch, Business and Administrative Law Division, Office of the General Counsel

Departmental regulations require the incumbent of each critical-sensitive position to submit at five-year intervals forms for updating his security clearance. It is requested that the employee promptly complete and submit the following to this office:

1. Standard Form 86, Security Investigative Data for Sensitive Position, in triplicate - original and one copy signed by employee. All questions must be answered fully except that information as to places of residence, employment, and education need only be completed for the period since March 1970.

2. Standard Form 87, Fingerprint Chart.

The above forms may be submitted by the employee directly to the Director, Office of Investigations and Security. However, completed forms should be submitted within the next 15 work days.

[ ] This will not involve investigative cost to your organization.

[X] Updating by reimbursable investigation is necessary. Please submit HEW Form 210 showing obligation of funds and appropriation and CAN numbers.

NOTE: Fingerprints can be taken in OS Personnel, Rm 4110, North Bldg.

Nathan D. Dick
WDZ

Enclosures: SF 86s and SF 87

Nathan D. Dick

245-6566

(OIS-21)

"Yes - Current fingerprints necessary"

Per Exec. Ord. 10450
Call Kettl's Off. - 62511
Bg. 31 - Personnel -
B 3C - 33

Standard Form 86
AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
85-106

SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION

CASE SERIAL NO. *(CSC use only)*

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME *(Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)"*	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	2. DATE OF BIRTH
	LATKER	NORMAN	JOSEPH	12/19/31

OTHER NAMES USED. *(Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)*

3. PLACE OF BIRTH: Chicago, Illinois

4. ☒ MALE ☐ FEMALE

5. HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
6'	140	Brown	Brown

6. ☐ SINGLE ☒ MARRIED ☐ WIDOW(ER) ☐ DIVORCED

7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. *(Give same information regarding all previous marriages and divorces.)*

Carol H. Henkin Latker Born 6/6/39 Washington, D.C. Married 6/16/57 Wash., D.C.

8. DATES AND PLACES OF RESIDENCE. *(If actual places of residence differ from the mailing addresses, furnish and identify both and go back to January 1, 1937. Continue under item 28 on other side if necessary.)* *Begin with present*

FROM	TO	NUMBER AND STREET	CITY	STATE
	Nov. 1964	3202 Stephenson Place,N.W.	Washington	D. C.
Nov. 1964	Present	3515 Woodbine St.	Chevy Chase	Maryland 20015

9. ☒ U.S. CITIZEN

☒ BY BIRTH ☐ NATURALIZED ALIEN REGISTRATION NO. DATE, PLACE, AND COURT

CERT. NO. PETITION NO.

☐ DERIVED-PARENTS CERT. NO(S).

☐ ALIEN REGISTRATION NO. NATIVE COUNTRY DATE AND PORT OF ENTRY

10. EDUCATION. *(All schools above elementary.)*

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES

11. THIS SPACE FOR FBI USE. *(See also item 29.)*

12. SOCIAL SECURITY NUMBER 356 22 3260

13. MILITARY SERVICE *(Past or present)*

SERIAL NO. *(If none, give grade or rating at separation)*	BRANCH OF SERVICE *(Army, Navy, Air Force, etc.)*	FROM (Yr.)	TO (Yr.)

Mailed 3/3/70

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? ☐ YES ☒ NO.
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. *(List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)*

FROM	TO	NAME OF EMPLOYER *(Firm or agency)* AND SUPERVISOR *(Full name, if known)*	ADDRESS *(Where employed)*	TYPE OF WORK	REASON FOR LEAVING
4/64	8/65	National Institutes of Health	Bethesda, Md.	Patent Advisor	-----
8/65	Present	Dept. of Health, Education, and Welfare, Office of General Counsel Mr. Manuel B. Hiller	Bethesda, Md.	Patent Attorney	

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☒ NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? ☐ YES ☒ NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? *(You may omit: (1) Traffic violations for which you paid a fine of $30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)* ☐ YES ☒ NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

U.S. GOVERNMENT PRINTING OFFICE: 1964—O—755-147 #18—E

Standard Form 86 | CASE SERIAL NO. (CSC use only)

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? ☐ YES ☒ NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). *(Exclusive of military service.)*

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
Cuba	Dec. 1947	Feb. 1948	Vacation
Canada	Feb. 1967	March 1967	Vacation
Italy, Holland, Belgium, France and England	May 1968	June 1968	Vacation

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? ☐ YES ☒ NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☒ NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
Not Applicable				

24. MEMBERSHIP IN OTHER ORGANIZATIONS. *(List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)* *(If none, so state.)*

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
American Bar Assn.	Washington, D. C.	Law	1956	Present	None
Federal Bar Assn.	Washington, D. C.	Law	1960	Present	None
Govt. Patent Lawyers Assn.	Washington, D.C.	Law	1962	Present	None
Rollingwood Civic Assn.	Rollingwood, Md.	Civic	1967	Present	None

25. RELATIVES. *(Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)*

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Morris Latker	1898	1321 Birchwood, Chicago	Russia	U.S.
Mother	Charlotte Latker	1906	1321 Birchwood, Chicago	Russia	U.S.
Wife	Carol Henkin	1939	3515 Woodbine, Chevy Ch	U.S.	U.S.
Daughter	Miriam Latker	1959	3515 Woodbine, Chevy Ch.	U.S.	U.S.
Son	Richard Latker	1963	3515 Woodbine, Chevy Ch.	U.S.	U.S.
Brother	Alex C. Latker	1927	1309 Krise Circle, Lynchburg, Va.	U. S.	U.S.
Sister	Rita Latker Copeland	1933	9510 Kolmar, Skokie, Ill.	U.S.	U.S.

26a. REFERENCES. *(Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Isaac Lisann	6223 Utah Ave.,N.W. Wash. D.C.	Retired	13
O. A. Neumann	6821 Old Stage Rd. Rockville,Md.	U.S.Pat. Office	12
Ben Bochenek	1322 Xavier Dr.,Silver Spring,"	Interior Dept.	6

26b. CLOSE PERSONAL ASSOCIATES. *(Name three persons, such as friends, schoolmates or colleagues, who know you well.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Elvin Bush	2225 Crestview, Wilmette, Ill.	Unknown	23
Lawrence S. Margolis	107 Carlisle Dr.,Silver Spring,Md.	"	13
David I. Benkin	3506 Woodbine, Chevy Chade, Md.	"	3

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? ☒ YES ☐ NO. *(If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)*

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. *(Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)*

Department of Defense	1960	Secret
NIH (F.B.I.	1964	Secret

29. REPORT OF INFORMATION DEVELOPED. *(This space reserved for FBI use.)* DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form is punishable by law.

(DATE) _____ Warren J. Luther (SIGNATURE—*Sign original and first carbon copy*)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the *proposed* appointment in the other spaces for appointment data. The *original* and the *first* carbon copy should be signed by the applicant or appointee. Submit the *original* and the *unsigned* carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
	☐ EXCEPTED ☐ COMPETITIVE. *(Include indefinite and temporary types of competitive appointments.)*		

DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:

THIS IS A SENSITIVE POSITION

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

U.S. GOVERNMENT PRINTING OFFICE, 1964—O-759-147 #18-E

CSC | LEAVE THIS SPACE BLANK

LAST NAME | FIRST NAME | MIDDLE NAME

U. S. CIVIL SERVICE COMMISSION FINGERPRINT CHART

SIGNATURE OF PERSON FINGERPRINTED
Norman J. Latthon

DEPARTMENT, BUREAU, AND DUTY STATION (*City and State*)

HEIGHT (*Inches*)
6' 0"

DATE OF BIRTH
Dec. 19, 1931

RESIDENCE ADDRESS
3515 Woodbine St.
Chevy Chase, Md 20015

SERIAL NUMBER (*CSC use only*)

PLACE OF BIRTH
Chicago Ill.

POSITION TO WHICH APPOINTED

COLOR OF EYES
Brown

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
Alice W. Poole

COLOR OF HAIR
BROWN

LEAVE THIS SPACE BLANK

CLASS. _____

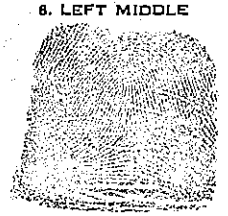
TITLE AND ADDRESS
Personnel Clerk
NIH, Bethesda, Maryland

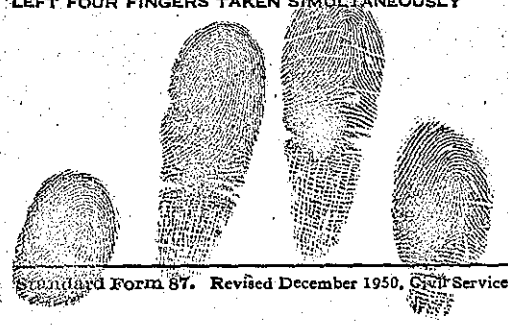
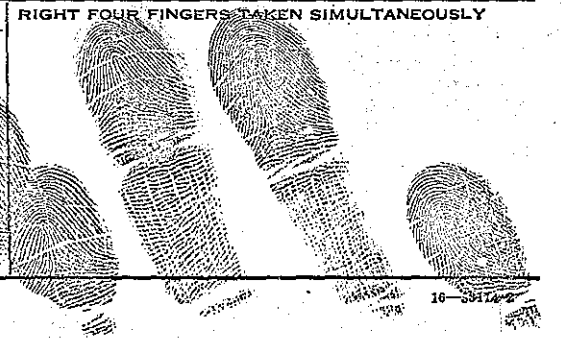
WEIGHT
142

SEX
male

REF. _____

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
				

6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE
				

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY
			

Standard Form 87. Revised December 1950, Civil Service Commission. **DO NOT FOLD** 16—39174-2

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
Office of Internal Security, OS

TO : Mr. Norman Latker
~~Security Representative~~
Office of General Counsel

DATE: August 5, 1969

Inventions Office
DHEW/OS

AUG 6 1969

FROM : Office of Internal Security

SUBJECT : Bringing Security Clearances Up-to-Date

In order that the security clearance for LATKER, Norman Joseph may be brought up-to-date, the following completed forms should be furnished to this office:

Standard Form 86 - Security Investigation Data for Sensitive Position (in triplicate)

Standard Form 87 - Fingerprint Chart

Information as to places of residence, employment and education on SF 86 need only be completed for the period since 4/64. All other items must be completed as indicated on the form.

This will not involve investigative cost to your office. Your cooperation in this matter will be appreciated.

Enclosures:
1 SF 86
1 SF 87

HELP ELIMINATE WASTE HEW COST REDUCTION PROGRAM

OIS-21

Standard Form 86
AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-106

SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION

CASE SERIAL NO. *(CSC use only)*

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME *(Initials and abridgements of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)"*	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	2. DATE OF BIRTH
	LATKER	NORMAN	JOSEPH	12/19/31

OTHER NAMES USED. *(Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)*

3. PLACE OF BIRTH: Chicago, Illinois

4. ☒ MALE ☐ FEMALE

5. HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR
6'	140	Brown	Brown

6. ☐ SINGLE ☒ MARRIED ☐ WIDOW(ER) ☐ DIVORCED

7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. *(Give same information regarding all previous marriages and divorces.)*

Carol H. Henkin Latker Born 6/6/39 Washington, D.C. Married 6/16/57 Wash., D.C.

8. DATES AND PLACES OF RESIDENCE. *(If actual places of residence differ from the mailing addresses, furnish and identify both and go back to January 1, 1937. Continue under item 28 on other side if necessary.)* *Begin with present*

FROM	TO	NUMBER AND STREET	CITY	STATE
	Nov. 1964	3202 Stephenson Place, N.W.	Washington	D. C.
Nov. 1964	Present	3515 Woodbine St.	Chevy Chase	Maryland 20015

9. ☒ U.S. CITIZEN ☒ BY BIRTH ☐ NATURALIZED — ALIEN REGISTRATION NO. — DATE, PLACE, AND COURT
CERT. NO. — PETITION NO.
☐ DERIVED-PARENTS CERT. NO(S).
☐ ALIEN — REGISTRATION NO. — NATIVE COUNTRY — DATE AND PORT OF ENTRY

10. EDUCATION. *(All schools above elementary.)*

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES

11. THIS SPACE FOR FBI USE. *(See also item 29.)*

12. SOCIAL SECURITY NUMBER: 356 22 3260

13. MILITARY SERVICE *(Past or present)*

SERIAL NO. *(If none, give grade or rating at separation)*	BRANCH OF SERVICE *(Army, Navy, Air Force, etc.)*	FROM (Yr.)	TO (Yr.)

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? ☐ YES ☒ NO.
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. *(List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)*

FROM	TO	NAME OF EMPLOYER (*Firm or agency*) AND SUPERVISOR (*Full name, if known*)	ADDRESS (*Where employed*)	TYPE OF WORK	REASON FOR LEAVING
4/64	8/65	National Institutes of Health	Bethesda, Md.	Patent Advisor	-----
8/65	Present	Dept. of Health, Education, and Welfare, Office of General Counsel Mr. Manuel B. Hiller	Bethesda, Md.	Patent Attorney	

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? ☐ YES ☒ NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? ☐ YES ☒ NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? *(You may omit: (1) Traffic violations for which you paid a fine of $30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)* ☐ YES ☒ NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)

U.S. GOVERNMENT PRINTING OFFICE: 1964—O—755-147 #18-E

Standard Form 86

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? ☐ YES ☒ NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). *(Exclusive of military service.)*

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
Cuba	Dec. 1947	Feb. 1948	Vacation
Canada	Feb. 1967	March 1967	Vacation
Italy, Holland, Belgium, France and England	May 1968	June 1968	Vacation

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? ☐ YES ☒ NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☒ NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
Not Applicable				

24. MEMBERSHIP IN OTHER ORGANIZATIONS. *(List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)* *(If none, so state.)*

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
American Bar Assn.	Washington, D. C.	Law	1956	Present	None
Federal Bar Assn.	Washington, D. C.	Law	1960	Present	None
Govt. Patent Lawyers Assn.	Washington, D.C.	Law	1962	Present	None
Rollingwood Civic Assn.	Rollingwood, Md.	Civic	1967	Present	None

25. RELATIVES. *(Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)*

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Morris Latker	1898	1321 Birchwood, Chicago	Russia	U.S.
Mother	Charlotte Latker	1906	1321 Birchwood, Chicago	Russia	U.S.
Wife	Carol Henkin "	1939	3515 Woodbine, Chevy Ch	U.S.	U.S.
Daughter	Miriam Latker	1959	3515 Woodbine, Chevy Ch.	U.S.	U.S.
Son	Richard Latker	1963	3515 Woodbine, Chevy Ch.	U.S.	U.S.
Brother	Alex C. Latker	1927	1309 Krise Circle, Lynchburg, Va.	U. S.	U.S.
Sister	Rita Latker Copeland	1933	9510 Kolmar, Skokie, Ill.	U.S.	U.S.

26a. REFERENCES. *(Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Isaac Lisann	6223 Utah Ave.,N.W. Wash. D.C.	Retired	13
O. A. Neumann	6821 Old Stage Rd. Rockville,Md.	U.S.Pat. Office	12
Ben Bochenek	1322 Xavier Dr.,Silver Spring,"	Interior Dept.	6

26b. CLOSE PERSONAL ASSOCIATES. *(Name three persons, such as friends, schoolmates or colleagues, who know you well.)*

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
Elvin Bush	2225 Crestview, Wilmette, Ill.	Unknown	23
Lawrence S. Margolis	107 Carlisle Dr.,Silver Spring,Md.	"	13
David I. Benkin	3506 Woodbine, Chevy Chade, Md.	"	3

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? ☒ YES ☐ NO. *(If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)*

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. *(Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)*

Department of Defense	1960	Secret
NIH (F.B.I.	1964	Secret

29. REPORT OF INFORMATION DEVELOPED. *(This space reserved for FBI use.)* DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form is punishable by law.

(DATE) Norman J. Latker 10/29/69

(SIGNATURE—*Sign original and first carbon copy*)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the *proposed* appointment in the other spaces for appointment data. The *original* and the *first* carbon copy should be signed by the applicant or appointee. Submit the *original* and the *unsigned* carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursahle Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
	☐ EXCEPTED ☐ COMPETITIVE. *(Include indefinite and temporary types of competitive appointments.)*		

DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:

THIS IS A SENSITIVE POSITION

(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)