

VETERANS LAW

Mechanics of Drafting an Original Claim



“To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors”



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Step by Step

- Interviewing the Veteran
- Taking Power of Attorney
 - Advocacy Agreements
- Obtaining Military Records
- Reviewing Personnel and Medical Evidence
 - Civilian Medical Records
- Obtaining New Medical Evidence/Opinions
 - Preparing Clients for Medical Exams
- Use of Lay Evidence
 - “Buddy” Statements
 - Other statements
- Intent to File
- Filing VA Forms 526 (Claim) and 4138 (Statement in Support of Claim)





Topics

- **Interviewing the Veteran**
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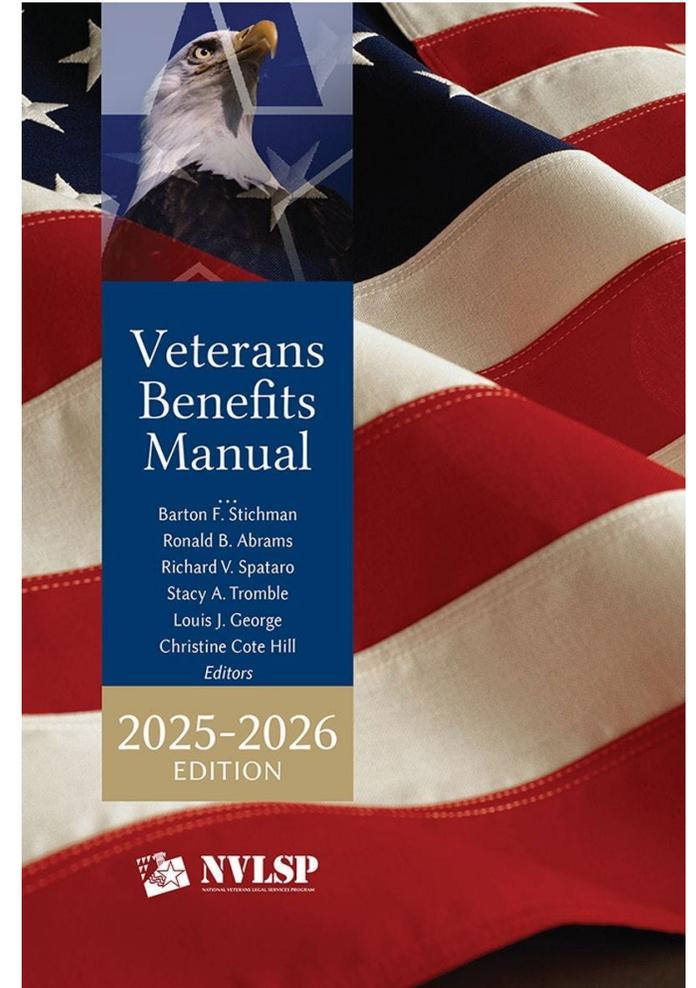




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Introduction

- We could devote an entire week to effective advocacy
- Effective advocacy is a continuing learning process
- NVLSP has devoted an entire chapter in the Veterans Benefits Manual – Chapter 17 – to “Effective Advocacy Before the VA





General Advocacy Guidelines

- Advocates should strive to obtain all possible VA benefits for their clients in the shortest possible time
- For an advocate to be effective, they should have a thorough understanding of -
 - the statutes and regulations that govern claims adjudication for VA benefits
 - the internal VA claims process



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General Advocacy Guidelines

- When an advocate gets involved in a claim, they should ask—
 - In addition to the claims specifically mentioned by the client, are there other VA benefits for which my client should apply? Other assistance needed?
 - What must my client submit to the VA to consider and then all grant all potential benefits?
 - What medical and lay evidence do I need to obtain to help my client win this claim?



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General Advocacy Guidelines

- In general, as an advocate, you should –
 - Explain that you are **not the VA** – you work for the Veteran
 - Try to prevent the claimant from directly communicating with the VA, either on their own initiative, or in response to a request/inquiry from VA, without contacting you first
 - When you confirm receipt of the VA representation forms you submit, you should request that the VA send all notices and requests for evidence to you in addition to the claimant



General Advocacy Guidelines

- Tell the claimant not to submit any VA forms – other than the intent to file a claim form – to the VA, until you have had the chance to review the VA claims file (although you should file the ITF as well)
- If your client does not have sufficient information to submit a complete claim, submit an intent to file a claim, to best protect the earliest possible effective date



General Advocacy Guidelines

- Ensure that the claimant sends all evidence – especially medical opinions – to you, NOT to the VA, so that you can determine whether to submit the evidence to the VA
- Unless the VA specifically requested the evidence, you are not obligated to submit evidence to the VA that would damage a client's claim



The Advocate-Claimant Relationship

- Good advocacy involves action –
 - Taking the time to develop the case
 - Identifying the facts that need to be proved
 - Obtaining necessary evidence
 - Arguing before the decision-maker on behalf of the claimant (in writing most often)



The Advocate-Claimant Relationship

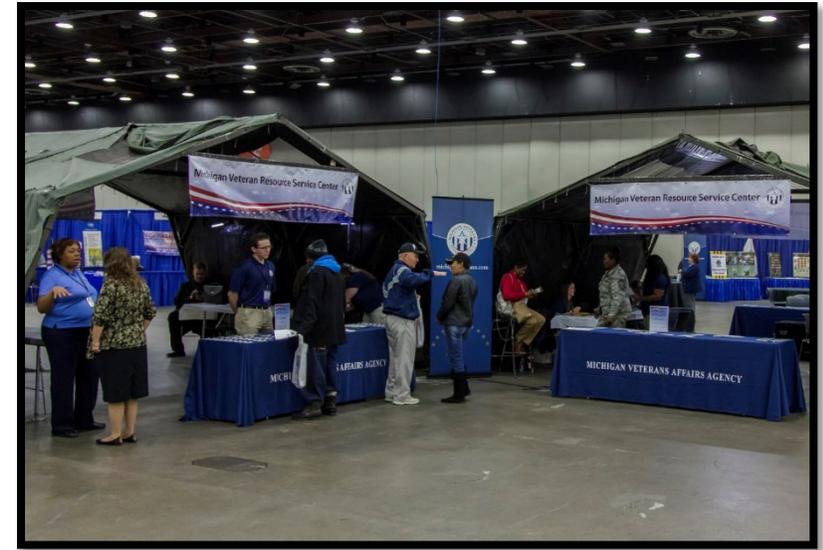
- Other considerations –
 - A good advocate will not let personal prejudices impact the effectiveness of their work, e.g., criminal records, less than honorable discharges
 - The advocate should give the claimant a candid assessment of the case and should strive to communicate as often as needed



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The Initial Interview

- The initial claimant interview is very important
- An effective interview will protect the claimant's interests
- An advocate may want to develop an interview checklist or questionnaire for the claimant to complete before the interview or with the advocate's assistance during the interview





The Initial Interview

- The first meeting and interview with the claimant are important for two reasons –
 - The initial interview is generally the first occasion the claimant meets the advocate
 - The initial interview is the first opportunity for the advocate to gather information about the claimant and their potential claim



The Initial Interview

- For example, if service connection is being sought, a thorough discussion is needed of the dates and types of medical treatment the veteran received during military service
- However, if the claimant is applying for pension benefits, the interview must focus on all disabilities that are currently present and on the claimant's household income, as well as the veteran's period of service



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The Initial Interview

- **VBMS Access** - If the advocate does not have access to VBMS, they should consult with another service officer at the organization – who has VBMS access – so that the advocate can review the file before anything – except an intent to file a claim – is submitted to VA
- We'll be discussing an Intent to File (ITF) a claim later



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The Initial Interview

- Reviewing the claims file before filing anything is important –
 - It can prevent the submission of contradictory evidence that could damage the claimant's credibility
 - It can help the advocate determine what evidence is missing



Interviewing – First Introductions

- First impressions are lasting
- Make eye contact
- Smile and be open
- Make them feel welcome
- Offer your hand
- Ask them how you can serve them
- Listen attentively
- Explain your role





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What to Ask

- How can I support you?
 - It is very important to listen carefully and attentively to their response(s)
- Have you ever filed for VA benefits before?
 - Did they receive benefits? Were they ever denied benefits?
- Do you have your DD-214/discharge documents?
 - This is confirming status and eligibility
- Photo ID?
 - Confirms veteran's identity





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What to Ask

- What benefits would you like to apply for today?
 - This is the second part of determining eligibility
 - Pay attention for special circumstances
- Do you have, did you bring supporting documentation?
 - This is based entirely on the benefit they are seeking?
 - Each benefit requires specific supporting documentation and evidence
- What is the location of the necessary supporting documentation?
 - Civilian doctors, NPRC, personal records, federal records, financial records, expense records, OMPF



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What to Ask Yourself

- What do I need to do to best serve and advocate for this Veteran/Claimant?
- Is the evidence sufficient to meet all three criteria for establishing receipt of claimed benefit(s)?
- What additional evidence/supporting documentation is necessary?
- Are there any additional benefits that the claimant may be eligible to receive?
- What is our starting point?



Effective Advocacy

- Issue identification and development
- The Fully Developed Claim (FDC) program
- Navigating the AMA system - which went into effect Feb. 19, 2019
 - More about this during our Appeals section



Establishing an Effective Date

- Initiating the claims process to establish the earliest possible effective date, including filing an Intent to File a Claim
 - VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC
 - Electronic submission – initiating/saving an application
 - Phone call or in-person oral statement



Obtaining Evidence

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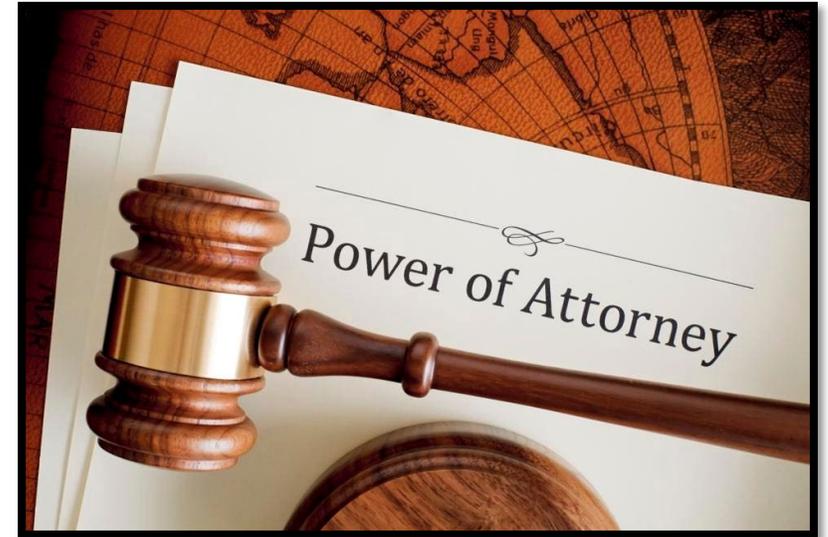
- Obtaining evidence to support a claim -
 - Review existing records
 - Obtaining federal (non-VA) records, VA medical records
 - Obtaining private records and lay statements
 - Developing medical evidence, including challenging a negative VA medical opinion
 - More later!



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- Interviewing the Veteran
- **Taking Power of Attorney**
 - **Advocacy Agreements**
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Topics





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POA - Reminder

- **An accredited representative with POA can:**
 - Do almost anything on behalf of the claimant with their claim or appeal
 - The only exceptions are filing original claims, income verification, employment verification, witness statements, and private treatment record requests
 - View the claimant's records and contents of their claim folder (unless injurious to claimant)
 - Submit supporting evidence on their behalf



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POA - Reminder

- **An accredited representative with POA cannot sign the following:**
 - Original claims
 - VAF 21-4142 Request for Medical Records
 - VAF 21-686c Dependency Verification
 - VAF 21-8940 Individual Unemployability
 - VAF 5655 Financial Status Report
- Any form/document attesting to second-hand information: *Employment Questionnaires, Income or Expense Statements, Stressor Statements, or Medical Statements.*



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POA - Reminder

- **An accredited representative with POA must:**
 - Always act on behalf of the claimant
 - Never knowingly submit false or fraudulent evidence/information
 - Advise the claimant of actions not in keeping with the law
 - Always protect their privacy
 - Always be ***honest*** with the claimant
 - Be timely and diligent whenever assisting the claimant



Advocacy Agreement

- Written agreement signed by both the veteran and representative
- Based on fiduciary law
- Defines the roles and responsibilities of both parties
 - Puts the veteran on notice that they share the responsibility for their claim/appeal
 - Deadlines
 - Documents received from the USDVA
 - Availability to staff
- Will provide example



Claimant Responsibility

- Veterans Claims Assistance Act and VA Duty to Assist
 - Advise the claimant that the decision will be made based on the evidence on hand
 - Advise the claimant of what the evidence must show
 - Assist the claimant in acquiring evidence
 - Provide necessary forms for the claimant to complete their claim



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Claimant Responsibility

- The Claimant must:
 - Submit at minimum a ***substantially complete application***.
 - Name, relationship to Veteran (if applicable), sufficient service information, benefit claimed, disabilities claimed, signature, financial records (if applicable)
 - Inform the VA of sources of evidence and release forms for VA to request evidence
 - Have VA status as a proper claimant



Claimant Responsibility

- The Claimant is ultimately responsible for:
 - Ensuring that the VA is informed in detail of *all* sources of evidence
 - Responding in a timely and sufficient manner to VA correspondence
 - Ensuring that the VA receives the evidence necessary to adjudicate their claim
 - Providing clear information regarding the benefit and/or disabilities they are claiming
 - Attending *all* ordered examinations relating to their claim



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Topics





Obtaining Military Records

- Proof of Military Service
 - The law requires that before a claim for benefits **of any kind** can be completed, the military service and character of discharge of the Veteran in whose name the benefits are being claimed, must be verified. If not already on file with the VA, this documentation must be provided at the time of submission of the claim



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Obtaining Military Records

- Proof of Military Service
- **Active Component/Reserve Component:**
 - *DD-214 / DD-215*
- **National Guard (Army & Air):**
 - *NGB-22 / NGB-22A*



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Obtaining Military Records

- Proof of Military Service
 - Original or Certified True Copies are required.
 - Records Custodian or Accredited Representative who has completed VA-prescribed training on military records.
 - If in response to the VA, the NPRC is unable to identify the Veteran, they will request the claimant to fill out NA Form 13075.
 - This is a request for additional information from the claimant in order to locate possibly missing records.



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NA FORM 13075

OMB No. 3095-0039 Expires 07/31/2026

QUESTIONNAIRE ABOUT MILITARY SERVICE

1. WHY WE ARE SENDING YOU THIS FORM: We are unable to locate a record with the information provided in your original inquiry **OR** the record needed to answer your inquiry was lost in the July 1973 fire that destroyed millions of records at the National Personnel Records Center. The records stored in the area which suffered the most damage in the fire were those of Army veterans discharged or deceased between November 1, 1912, and December 31, 1959, **AND** Air Force veterans discharged, deceased, or retired before January 1, 1964, whose names come alphabetically after Hubbard, James E.

The information you provide on page 2 of this form may help locate the record, if it is available; or, if the record is not available, it may enable the Center to make use of various alternate sources to reconstruct some of the basic service record data. Please note that if the *only* document you need is the Report of Separation (DD Form 214, WDAGO Form 53-55, etc.), it may be available from a former employer or from the recorder's office of the city or county where the veteran lived just after separation/discharge.

2. WHAT YOU NEED TO DO:

- ☞ Fill out page 2 of this form (NA Form 13075) as completely as possible, as well as any other form(s) you may have received with this one, such as Standard Form (SF) 180 and NA Form 13055;
- ☞ Attach copies of any papers you have that relate to the requested military service, such as military orders, award citations, and military addresses as shown on letters mailed home; and
- ☞ Send the above item(s) to the National Personnel Records Center at the address shown below or fax to (314) 801-9195. If we do not receive this information from you within 30 days, your request will be closed without further reply.

3. FEE FOR ARCHIVAL RECORDS: A fee is often required for copies of documents from an archival record. An archival record is one that was transferred to the legal custody of the National Archives and Records Administration (NARA) 62 years after the subject of the record was discharged or retired, or died in service. Archival records are open to the public. Access to archival records does not require written authorization from the veteran or next-of-kin. You will be notified if there is a charge associated with information from the record you are requesting.

4. MEDALS INFORMATION: Are you requesting military service medals only? If so, do you have a copy of the Report of Separation (DD Form 214, WDAGO Form 53-55, etc.) and other military papers that show which medals were earned? If you send such information about medals, you do not need to fill out this NA Form 13075; however, you must return page 2 (with the barcode) so that we can locate your original request. Finally, if possible, please send a list of the names and locations of all military units or "outfits" to which the veteran was assigned, including dates, while on active duty. This may help determine eligibility for "unit" awards.

Special provisions when a record is archival: Only requests from veterans for replacements of awards will be processed without a fee. All other requesters will be given the opportunity to purchase copies of available archival records in the custody of the National Archives and Records Administration (NARA). We will not verify entitlement to medals, provide specific documents, or extract awards information for anyone other than the veteran when the record is archival.



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NA FORM 13075

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e) (3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the National Personnel Records Center may not have all of the information needed to locate the record(s) sought. The purpose of the information on this form is to assist the National Personnel Records Center in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may be disclosed to the Department of Defense components or the Department of Homeland Security (DHS, U.S. Coast Guard), if the National Personnel Records Center transfers all or part of those records to such agency. If the service member was a member of the National Guard, the form may be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served. The form may also be disclosed when the military service member or, in the case of a deceased service member, the military service department, authorizes a specific individual or organization to have access to the military service record.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. The information requested on this form is being collected and used by the National Personnel Records Center to identify and locate military service records that could not be identified and located in response to the original inquiry. Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (H), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS BELOW.**

	Date
	Prepared by TM _____
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002	



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NA FORM 13075

OMB No. 3095-0039 Expires 07/31/2026

QUESTIONNAIRE ABOUT MILITARY SERVICE

Please complete this form to the best of your ability.

**ENTER REQUEST
NUMBER HERE**

Name(s) used during service (and nicknames, if any):			Branch of Service:		
Last	First	Middle	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy
			<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	

Veteran's Social Security Number:	Date of Birth:	City and State (Country) of Birth:
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Served as: <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Serial/Service number(s):	Home Address: When entered service: _____ Street _____ City County State
	If enlisted: <input type="checkbox"/> volunteered <input type="checkbox"/> drafted	
Was service six months active duty for training only? <input type="checkbox"/> Yes <input type="checkbox"/> No		When released from active duty: _____ City County State
Final Rank:		

Selective Service: _____
Local Board Number City State Veteran's Selective Service Number

Names of close relatives when military service began (parents, siblings, spouse, children):

Place of Enlistment or Induction (where veteran took oath of service, such as examining station, reception center, or place of basic training.) Show name of military facility, city, state:	Month/Day/Year began active duty:
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Place of basic training and month/day/year began (if different from place and date shown on line above):

Type of military assignment (infantry, airborne, engineer, bombers, fighters, supply, maintenance, food service, etc.):

Last military organization and location (show full unit designations, such as army, division, regiment, battalion, company):

Separation Station (if this service member was released at a separation station after leaving the last "permanent" organization or "unit", include location of separation station):	Date Released from Active Duty (Month/Day/Year):
Month/Day/Year of any reenlistment(s) (include full designation and location of unit to which assigned at that time):	Date of Death (if veteran is deceased):



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NA FORM 13075

Did the veteran ever:

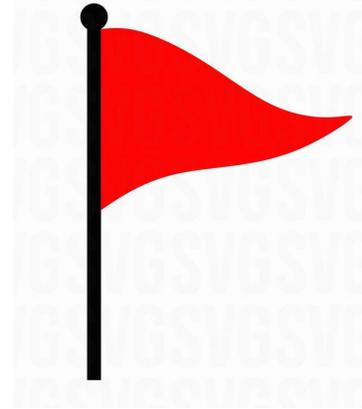
a.	File a claim for VA benefits?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show VA Claim Number: _____
b.	Serve in the Reserves after release from active duty period shown above?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/yr from _____ to _____
c.	Receive a state bonus for military service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show state _____ mo/yr paid _____
d.	Serve in the National Guard?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show state _____ <input type="checkbox"/> Army <input type="checkbox"/> Air show mo/day/yr from _____ to _____
e.	Retire from any military service branch?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/yr retired _____
f.	Spend time on the Temporary Disability Retired List (TDRL)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/day/yr from _____ to _____
g.	Serve active duty in any other military service branch in later years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/day/yr from _____ to _____
h.	Work for the Federal Government as a civilian?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	If yes, show agency name _____ show city/state _____ show mo/day/yr from _____ to _____

Purpose: (Optional – An explanation of the purpose of this request is strictly voluntary.)	Relationship to veteran in question:
SIGNATURE:	TODAY'S DATE:
	DAYTIME PHONE NUMBER:



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PROOF OF MILITARY SERVICE



- **Red Flags:**

- Different type font on the same DD-214
- Short period of service with multiple decorations or unusually high rank
- Combat decorations with no foreign service listed
- Awards not consistent with assignments listed
- Character of service not centered in the block
- Claim for service not listed on DD-214
- ***If you SUSPECT that the document is fraudulent, decline to submit it. The Veteran can submit it on their own if they disagree. If you KNOW that a document is fraudulent, you should decline to assist the claimant and revoke POA.***



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Obtaining Military Records

- VA is required to take “reasonable efforts” to obtain “relevant records held by any Federal department or agency that the claimant adequately identifies and authorizes the Secretary to obtain.” 38 USC § 5103A(c)(1)(c)
 - It is critical that veterans and their advocates be aware of the types of records repositories/research centers that exist, and the types of documents they house or search. See Veterans Benefits Manual, Chapter 18
- Veterans and their advocates are free to contact records repositories and centers directly, so they can ensure that their claims are fully developed and to maximize the chance that service connection is established – without relying on the VA alone to assist them



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Obtaining Military Records

- The National Personnel Records Center (NPRC) is part of the National Archives and Records Administration (NARA) – in St. Louis, Missouri
- The basic request and release form for obtaining copies of military personnel and military records from NPRC, and other sources, that have not already been obtained by VA is Standard Form (SF) 180, Request Pertaining to Military Records



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SF Form 180

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180), is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request, see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself/herself/themselves or someone else.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother.

Requesters MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, verdict of coroner's jury, or DD Form 1300 – Casualty Report.

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.



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SF Form 180

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as “archival records”.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, their family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information, see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/omf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee’s name AND “in care of” (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If a veteran/dependent desires to send his/her/their medical record(s) to a third party, he/she/they must fill out a DD Form 2870 authorizing the releasing agency to release the record(s) and the time frame of the authorization. The form may be downloaded using most commercial web search tools by entering “DD Form 2870” as a search term.

5. Definitions and abbreviations. DISCHARGED - the individual has no current military status; SERVICE TREATMENT RECORD (STR) - the chronology of medical, mental health, and dental care received by service members during their military career (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by email from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he/she/they served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. *DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.* SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.



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SF Form 180

Standard Form 180 (REV. 3/2024) (Page 1)
Prescribed by NARA (36 CFR 1233.18 (d))

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OMB No. 3095-0029 Expires 5/31/2027

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

COMPONENT	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE #	DOD ID / EDIPI #
						(If unknown, write "unknown")	
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

6. PLEASE LIST LAST DUTY STATION(S) _____

7. IS THIS PERSON DECEASED? NO YES - MUST provide date of death if veteran is deceased: _____

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES

9. HAS THIS PERSON FILED A CLAIM WITH THE VA? NO YES - if known, please provide VA Claim/File # _____

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): _____
 This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records>
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.
- Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
 I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
 If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- Other (Please Specify):** _____



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2. PURPOSE: (Required unless the request is from the veteran, government agencies under routine use, or for information releasable under FOIA. In all cases, it may help to provide the best possible response and ensure a faster reply.)

- Benefits (explain)
 Employment
 VA Loan Programs
 Medical
 Genealogy
 Correction
 Personal
 Other (explain)

Explain here:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. RELATIONSHIP TO VETERAN: _____

- I am the **MILITARY SERVICE MEMBER OR VETERAN** identified in Section 1, above.
 I am the **DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)**

- I am the **VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)**
 OTHER (Specify): _____

4. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Name

Street Address

Apt. #

City

State

ZIP Code

Daytime Phone

Fax Number

Email Address

Signature Required – Do not print

Date

* This form is available at <https://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) website. *



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The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	



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MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1895 – 12/31/1904	15	14
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	



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ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

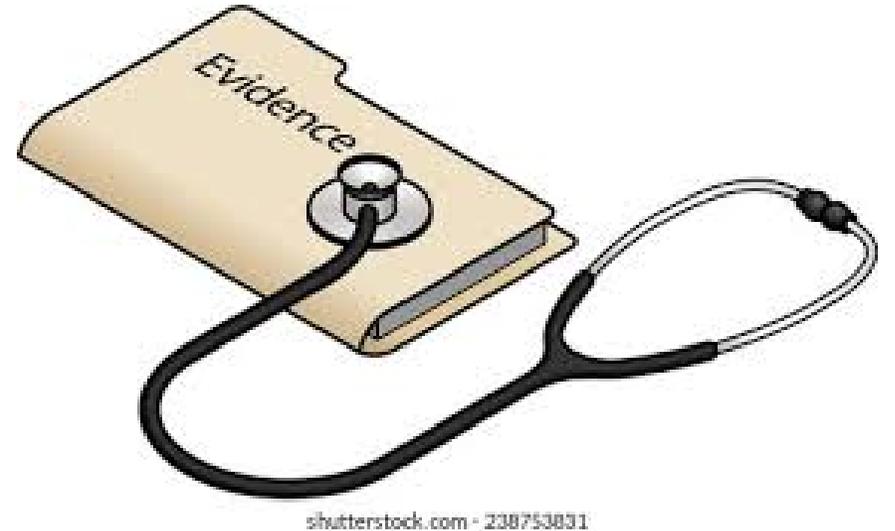
<p>1</p> <p>HQ AF Personnel Center HQ AFPC/DPSOR ATTN: Military Personnel Records Custodian 550 C Street West JBSA-Randolph, TX 78150-4721 https://milconnect.dmdc.osd.mil/milconnect</p>	<p>6</p> <p>National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001</p>	<p>11</p> <p>Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax: 844-531-7818 https://www.va.gov</p>
<p>2</p> <p>HQ ARPC/DPTSC 18420 E Silver Creek Ave, MS 68 Buckley SFB, CO 80011 arpc.milrecs.3rdparty@us.af.mil https://milconnect.dmdc.osd.mil/milconnect</p>	<p>7</p> <p>US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 1-888-ARMYHRC (1-888-276-9472) https://milconnect.dmdc.osd.mil/milconnect</p>	<p>12</p> <p>Commissioned Corps Headquarters Division of Business Operations and Management Administrative Services Branch ATTN: PHS CCHQ Records Management Team 1101 Wootton Parkway, Suite 300 Rockville, MD 20852 PHSCCHQRecordsManagementRequest@hhs.gov</p>
<p>3</p> <p>USCG Personnel Service Center Coast Guard Military Human Resource Record (CGMHRR) Section https://iperms.mymilrecord.uscg.mil Send questions to: HQS-SMB-CGPSC-MR-CustomerService@uscg.mil</p>	<p>8</p> <p>Navy Medicine Records Activity (NMRA) BUMED Detachment - St. Louis Robert A. Young Federal Building 1222 Spruce St., Room 9.308 St. Louis, MO 63103 https://www.med.navy.mil/Navy-Medicine-Records-Activity</p>	<p>13</p> <p>AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217</p>
<p>4</p> <p>Headquarters, U.S. Marine Corps Manpower Management Performance Branch (MMPB-21) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil https://milconnect.dmdc.osd.mil/milconnect</p>	<p>9</p> <p>AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310</p>	<p>14</p> <p>National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records</p>
<p>5</p> <p>Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114 https://milconnect.dmdc.osd.mil/milconnect</p>	<p>10</p> <p>Navy Personnel Command Records Management Policy Branch (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130 https://milconnect.dmdc.osd.mil/milconnect</p>	<p>15</p> <p>National Archives & Records Administration National Archives - St. Louis ATTN: RRPOR P.O. Box 38757 St. Louis, MO 63138-0757 stl.archives@nara.gov</p>



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- Interviewing the Veteran
- Taking Power of Attorney
 - Advocacy Agreements
- Obtaining Military Records
- **Reviewing Personnel and Medical Evidence**
 - **Civilian Medical Records**
- Obtaining New Medical Evidence/Opinions
 - Preparing Clients for Medical Exams
- Use of Lay Evidence
 - “Buddy” Statements
 - Other statements
- Intent to File
- Filing VA Forms 526 (Claim) and 4138 (Statement in Support of Claim)

Topics





Reviewing Personnel and Medical Evidence

- Service Personnel Records
 - Once a service member has been discharged, his or her service personnel records are assembled together into an Official Military Personnel File (OMPF)
 - Military personnel records may include job assignments and evaluations, orders, notations of awards and decorations, and other personnel-related materials
 - These records can help substantiate a veteran's account of what happened in service, to include participation in combat, or other in-service events.
 - Review these records carefully



Reviewing Personnel and Medical Evidence

- Reserve or National Guard Records
 - Records of veterans who separated from active duty but retained some form of reserve status – whether active or inactive – will not be at the NPRC.
 - These records should be requested through the reserve headquarters of each respective service department
 - Similarly, records of veterans who served in the National Guard will be on file at the Adjutant General's office of the appropriate state or at last base/post.



Reviewing Personnel and Medical Evidence

- Service Medical Records (aka service treatment records)
 - There are two categories of military medical records
 - Service Treatment Records
 - Inpatient Hospitalization Records



Reviewing Personnel and Medical Evidence

- Service Treatment Records:
 - Include entry and separation examination reports
 - Outpatient treatment records
 - Immunization records
 - Eyeglass prescriptions
 - Dental records
 - Lab testing results
 - Medication lists
 - Any medical profiles (documents identifying health conditions or duty limitations)
 - STRs do not include inpatient hospital records or clinical records





Reviewing Personnel and Medical Evidence

- Reviewing STRs
 - Reviewing these records can be very helpful and show reports of in-service injuries or disease
 - STRs may help verify in-service exposures (for example, STR showed Navy veteran complained of hoarseness due to shouting in the noise of the engine room – this helped confirm acoustic trauma for hearing loss claim)
 - STRs may also help verify location of veteran (for example, dental record showed that the veteran received dental treatment in Thailand, verifying his visitation to the country for purpose of herbicide exposure)



Reviewing Personnel and Medical Evidence

- **Inpatient hospitalization records**

- Unlike STRs, these records (also called “clinical”) were created by the military hospital or other military treatment facility that treated the veteran
- They are retained by the medical treatment facility at which the service member was hospitalized and eventually forwarded to NPRC
 - **They are stored at the NPRC under the name of the hospital or other MTF.**
- To retrieve the veteran’s “clinical,” a completed **SF 180** indicating the name of the military treatment facility, along with the beginning and end dates of treatment
- VA may not have obtained these records previously.
- The advocate should determine from talking with the veteran, and from reviewing STRs, various dates and treatment of any in-service hospitalizations, and request the records if they have not already been obtained



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Civilian Medical Records

- **Civilian Medical Records**

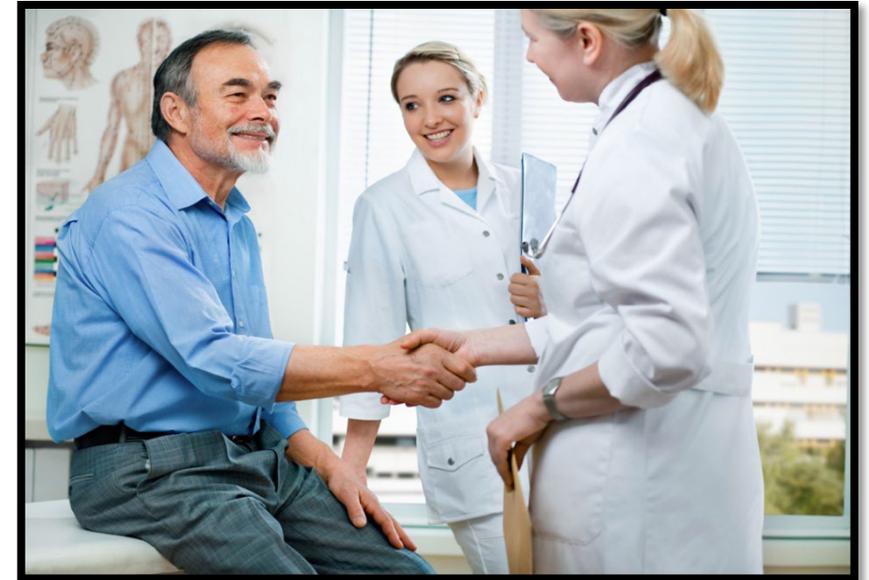
- Determine the dates/locations that the Veteran received treatment, and for what conditions
 - **Did the Veteran receive VA treatment?**
- Go back in time – in claim for service connection, ask the Veteran when he or she first sought treatment for the condition.
- If the Veteran did not receive treatment until many years after service, try to determine an explanation (e.g., no health insurance, took over-the-counter medication, “toughed it out”)
 - **Remember, “continuity of symptomatology” for chronic diseases, does not require continuity of *treatment***
- Don’t forget other sources – e.g., employment or insurance physicals



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- Interviewing the Veteran
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Topics





Obtaining New Medical Evidence/Opinions

Entitlement to VA Disability Benefits (38 USC § 5103A)

1. Current (1 year) medical diagnosis of disease or injury;
2. In-service event or stressor; and
3. Nexus connecting #1 and #2

- Medical evidence is generally required to prove the disease or injury and the connection to service



Preparing Your Client

- Your Role = Educate and Counsel
- Prepare Your Client:
 - Reiterate the importance of the examination
 - Review the legal standards/rating schedule with your client
 - ****Create a written chronology of each medical condition**
 - Emphasize open communication with examiner
 - Must show for the examination
 - Explain Disability Benefits Questionnaires (BDQ)



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Military Medical Examinations

- Military Physicians – While on Active Duty
 - Medical Evaluation Board - Informal Records Review
 - Physical Evaluation Board - Formal
 - PEBLO
 - Right to Counsel / Hearing
- Integrated Disability Evaluation System (IDES)
 - DoD and VA joint program
 - Unfit for duty = VA rating at discharge
- Retirement Physical / BDD





Duty to Provide Medical Examination/Opinion

- VHA-Provided Examination (C & P Exams)
 - Claims filed and reviewed
 - VA Rater will order the exam to fulfill statutory duty
 - Veteran gets very little notice typically
 - Contractor (QTC) v. VHA Medical Provider
 - Disability Benefits Questionnaires (DBQ)
 - Adequacy of Examination
 - Must be “impartial, unbiased, and neutral”



Duty to Provide Medical Examination/Opinion

- **Medical Examination – “C & P Exam”**
 - Required when – per 38 USC § 5103A(d):
 1. Record contains competent evidence that the veteran has a current disability and/or persistent or recurrent symptoms of disability; AND
 2. Record indicates an in-service event that may be associated with the disability/symptoms; AND
 3. Insufficient medical evidence upon which to make a decision exists in the record
 - Medical opinion for Cause of Death claim - under 38 USC § 5103A(a), medical opinion may be warranted “if no reasonable possibility exists that such assistance would aid in substantiating the claim.”



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Adequate Medical Examination

- Must consider veteran's prior medical history;
 - Symptoms/when started/reported
 - Review of claims file is good, but does not contain a "magical and talismanic set of documents"
 - Can be long-treating physician
- Fully describe the veteran's medical condition(s);
- Detail clinical findings; and
- Provide the reasons for each medical conclusion



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Adequate Medical Examination

- An adequate examination is “based upon consideration of the veteran's prior medical history and examinations and also describes the disability in sufficient detail so that the Board's ‘evaluation of the claimed disability will be a fully informed one.’” *Barr v. Nicholson*, 21 Vet. App. 303, 311 (2007) (quoting *Ardison v. Brown*, 6 Vet. App. 405, 407 (1994))
- In the context of veteran’s claims, a medical opinion is required to contain a conclusion and a reference to supporting data with a reasoned medical explanation connecting the two



Inadequate Medical Examination

- Examiner not qualified to render the medical opinion
- Failed to review claims file or medical history
- Assumed facts not in record/untrue
- Failed to explain their medical conclusions
- Applied the wrong standard
- **Must object at Agency to appeal issue to CAVC**



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Independent Medical Examination

- Civilian Provider at Veteran's Expense
- May be prepared in advance by lawyer or VSO
- Can use DBQs or write a Nexus Statement





Independent Medical Opinion

- Getting medical professionals to assist is crucial
- Things doctors need to know when you're soliciting evidence:
 - Non-adversarial system
 - Unlike most civil litigation, doctors can't be subpoenaed
 - Can't be forced to testify in court
 - Can't be cross-examined
 - Can't be forced to answer interrogatories
 - If they choose, they can write letter/DBQ and be done



Independent Medical Opinion

- Look also to retired doctors interested in learning something new and providing their expertise on a *pro bono* basis
- Medical schools – good clinical opportunities for student doctors
 - University of Michigan, Michigan State, Western Michigan, Wayne State University, University of Oakland, Central Michigan, etc.
- Training seminars



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Disability Benefits Questionnaires

- VA-created questionnaires that medical providers may complete to give VA enough medical evidence to rate a disability claim
 - Use Not Mandatory
 - Likely Used in C&P Exams
- Designed to “simplify” the medical documentation process
- Over 70 to choose from
- Found at:
- https://benefits.va.gov/compensation/dbq_publicdbqs.asp



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Disability Benefits Questionnaires

- Treating physicians at VAMCs are allowed to complete DBQs on behalf of their patients
 - VHA Directive 2013-002, reaffirmed in VHA DIRECTIVE 1134 (Nov. 2016) (as amended July 8, 2025)
- “A ‘no wrong door’ philosophy must be adopted to accommodate veterans bringing a VA DBQ form to a VA medical facility for completion”
 - DBQs can be completed by the treating provider during a routine office visit when there is sufficient time and the medical information is available
 - DBQs can also be completed outside of an office visit, or an appointment can be scheduled for completion
- Issue: VAMC internal policy may sabotage this effort / VAMC personnel may just not want to do it



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Obtaining a DBQ / Nexus

- Effective Strategies to Obtain a Nexus Statement:

- Write a memo for your Veteran's doctor explaining what his patient needs and why





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Obtaining a DBQ / Nexus

- **Effective Strategies to Obtain a Nexus Statement:**
 - Explain to provider what their patient (your client) needs
 - Offer to educate them on the veterans' claims process
 - Explain the importance of reviewing the relevant portions of claims file (which you will provide)
 - Ensure they have veteran's medical history
 - Explain the difference between DBQs and a Nexus Statement
 - Offer to email the appropriate DBQ to them
 - DBQs may be more appropriate than asking for a statement depending on complexity and the doctor – ask your client



Obtaining a Nexus Statement

- Effective Strategies to Obtain a Nexus Statement:
 - Explain to provider what their patient (your client) needs
 - Offer to **educate them on the veterans' claims process**
 - Ensure they have veteran's medical history
 - Explain the difference between DBQs and a Nexus Statement
 - Provide them an information sheet on Nexus Statements
 - Offer to draft and email a Nexus Statement to them



Obtaining a Nexus Statement

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- Main points doctor needs to know:
 - You're trying to connect medical condition to military service
 - Rationale for doctor's conclusion should be as clear and thorough as possible
 - Use the "as likely as not" standard ("more likely than not" is even better!)
 - **Does not need to be to "a medical certainty"**
- Timing of obtaining a nexus statement/opinion
 - Before or after a C&P Exam?
 - Battle of the experts...



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Nexus Statement

- Must make a current diagnosis of injury or illness
- Should discuss veteran's symptoms and the evidence supporting those symptoms (MRIs, X-Ray, etc)
- Must do more than recite that the examiner reviewed the medical records. Should describe which medical records were reviewed, point out the pertinent facts in the medical history and provide a sound analysis of how the facts led to the medical conclusion.
- Should state if the examiner saw the patient in person
- Address why veteran failed to seek medical treatment for the condition in service (if applicable)



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Nexus Statement

- Should discuss the in-service stressor if applicable (PTSD/MST)
- Should discuss occupational and social impairment
- Must use language that connects the veteran's current medical condition to her military service
 - “As likely as not” (benefit of the doubt standard) – Good enough
 - “More likely than not” – Better
 - “To a medical certainty” – Best



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RE: John X
SSN: XXX-XX-XXXX

A good medical opinion does more than recite that the examiner reviewed medical records; it describes the pertinent facts in the medical history and provides a sound analysis of how the facts led to the conclusion.

April 7, 2017

As a licensed physician in the Commonwealth of Virginia with over thirty years' experience in radiology, I am writing to provide my opinion on whether Mr. X's current neck condition is related to his military service. I have reviewed the active military service and post-service medical records pertinent to this condition.

↑ If the examiner saw the patient in person, that should be noted.

Discussion of in-service stressor, medical records ↓

Mr. X served on active duty in the United States Air Force from 1982 to 2003. Mr. X experienced accumulated more than 3,000 flight hours while in service, with most of those hours flown in the F-16 fighter. While in service, there were multiple episodes of medical care provided and documented in records in which Mr. X noted severe lower lumbar pain. And although he did not specifically seek care for neck pain while in the service, there is no doubt that the rest of his spinal cord was subjected to the same abnormal forces and conditions that caused him to require treatment for lower back pain.

↓ Important background information

↑ Addressing reason why lack of reference to condition in service medical records does not matter here

Neck and back pain are common ailments in the fighter pilot community. Fighter pilots are exposed to strong gravitational forces while in flight. Moving the head while exposed to these gravitational forces adds additional strain to the cervical spine. Sudden directional changes add even more gravitational forces and subsequent strain to the cervical spine. Furthermore, the more flight hours the fighter pilot accumulates, the higher the likelihood the cervical spine will become affected given the repeated exposure to these gravitational forces. The onset of symptoms related to cervical spine disease can take years to manifest in some patients, especially those subjected to repetitive episodes of minor trauma as is the case with fighter pilots.



Current diagnosis



Relevant discussion of specific veteran's symptoms and other evidence supporting opinion



Mr. X was diagnosed with Cervical Spine Spondylosis with Stenosis in 2016. This condition causes Mr. X to experience constant pain. After personally examining the current radiographs of his cervical spine, it is quite clear that his abnormal neck condition has been present for many years and dates back to his time on active duty. This clinical picture is entirely consistent with a history of repeated minor trauma to the spine such as fighter pilots routinely experience. VA has already recognized a lumbar spine condition as service-related in this patient. Nothing else in this veteran's medical history likely accounts for the spinal conditions he has.



Language ruling out other possible causes of veteran's current condition

In conclusion, it is my professional medical opinion that it is more likely than not that Mr. X's current cervical spine condition originated from, and is directly related to, his military service.



This conclusion (as supported by the rationale above) is the most important part of the opinion, as it connects the veteran's current medical condition to his military service. The VA standard of proof is "as likely as not." If the doctor can state this connection in more definite terms (e.g. more likely than not, medically certain), the opinion is that much stronger.

Sincerely,
Joseph Q. Doctor
Joseph Q. Doctor, MD
Virginia License # 1693002112



WILLIAM & MARY
LAW SCHOOL



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Topics

- Interviewing the Veteran
- Taking Power of Attorney
 - Advocacy Agreements
- Obtaining Military Records
- Reviewing Personnel and Medical Evidence
 - Civilian Medical Records
- Obtaining New Medical Evidence/Opinions
 - Preparing Clients for Medical Exams
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 - **“Buddy” Statements**
 - **Other statements**
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Lay Statements

- Lay statements – including “buddy statements” – can help lay the foundation for -
 - A favorable medical opinion
 - A favorable decision
- The more statements the better, since VA is required to consider the credibility (as well as the competence) of the lay statements.



Who Can Provide a Lay Statement?

- The Veteran;
- Fellow service members – “buddy statement;”
- Family members;
- Children;
- Coworkers;
- Anyone who has had the opportunity to observe and comment on the Veteran’s observable symptoms and complaints can help support a claim;
- All the above!



What Can the Lay Statement Cover?

- Anything that is within the realm of lay (non-medical) observation.
 - For example, the Veteran's spouse can comment that immediately following military service, the Veteran experienced difficulty hearing the TV, conversations, etc.
 - However – the spouse cannot comment on a matter requiring medical expertise (unless they have that expertise) – “I believe that my husband's hearing loss is related to acoustic trauma in service.”
 - Providing a timeline, as it relates to military service, is helpful.



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Sample Lay Statement

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (Complete this section <i>ONLY IF</i> the claimant is <i>NOT</i> the veteran)		
9. CLAIMANT'S NAME (First, Middle Initial, Last) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
10. SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	11. VA FILE NUMBER (If applicable) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	12. DATE OF BIRTH (MM/DD/YYYY) <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
13. VA INSURANCE FILE NUMBER (If applicable) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
14. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Apt./Unit Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> City <div style="border: 1px solid black; width: 300px; height: 20px;"></div>		
State/Province <div style="border: 1px solid black; width: 30px; height: 20px;"></div> Country <div style="border: 1px solid black; width: 30px; height: 20px;"></div> ZIP Code/Postal Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div> - <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
15. TELEPHONE NUMBER (Include Area Code) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		16. E-MAIL ADDRESS <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim.
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Enter International Phone Number (If applicable) _____		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>



Sample Lay Statement

SOCIAL SECURITY NUMBER - -

SECTION III: STATEMENT

(Use this section to submit your statement, or a statement from someone else writing on your behalf)

NOTE: Please indicate the claimed issue that you are addressing. If you would like to submit an additional statement on your own behalf or if you have more than one witness writing on your behalf, use a separate form (VA Form 21-10210) for each statement.

17. STATEMENT (*Note: Describe what you yourself know or have observed about the facts or circumstances relevant to this claim before VA*)

I have been married to my husband, John Q. Veteran, since 2009, when he was in the Army. John retired from the Army in 2020.

When John retired from the service and we returned to our home state of South Carolina, I immediately noticed that his hearing seemed to have deteriorated. I found myself having to repeat myself sometimes because he had not heard what I said.

In 2022, John started putting the TV on at a very high volume because he claimed he could not hear otherwise. I remember this because we had just moved to a new townhouse condo at the time, and I was worried about bothering the neighbors, since we shared a common wall.

Now I have to practically yell if I have any hope of John hearing what I say. He is looking into getting hearing aids, which is unusual given his age (he's only 45).

- NOTHING FOLLOWS -



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Topics

- Interviewing the Veteran
- Taking Power of Attorney
 - Advocacy Agreements
- Obtaining Military Records
- Reviewing Personnel and Medical Evidence
 - Civilian Medical Records
- Obtaining New Medical Evidence/Opinions
 - Preparing Clients for Medical Exams
- Use of Lay Evidence
 - “Buddy” Statements
 - Other statements
- **Intent to File**
- Filing VA Forms 526 (Claim) and 4138 (Statement in Support of Claim)

Don't wait!

Submit your
Intent to File for PACT Act
on or before August 9, 2023

VA  U.S. Department of Veterans Affairs
Veterans Benefits Administration



Intent to File (ITF)

- Formerly called an *informal claim*.
 - Virtually **any** written communication indicating an intent to file a claim at a later date (within 1 year) would be sufficient to establish a potential effective date of claim
 - Effective March 24, 2015 informal claims were no longer accepted for establishing effective date of claim
 - If the Veteran is not prepared to file a substantially complete claim, then filing the ITF will preserve the date of claim while the Veteran prepares to file their formal claim



Intent to File (ITF)

- VAF 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension, or DIC, or Other Benefits.*
 - Only the use of this form, a telephone call to the VA, or an electronic submission will be sufficient to establish an effective date of claim
 - The formal claim must be submitted using the appropriate forms within **1 year** of the date of the ITF. If after 1 year, DOC will be date of receipt of new claim forms



Intent to File (ITF)

OMB Control No. 2900-0826
 Respondent Burden: 5 minutes
 Expiration Date: 02/28/2026

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC			
INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. This form is used to notify VA of your intent to file for the general benefit(s). For more information, contact us online through ASK VA: https://ask.va.gov/ . Ask us a question online or call us toll-free at 1-800-827-1000 (TTY:711). VA forms are available at www.va.gov/vaforms .			
SECTION I: VETERAN'S IDENTIFICATION INFORMATION			
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to expedite processing of the form.			
1. VETERAN'S NAME (First, Middle Initial, Last)			
<input type="text"/>			
2. SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>	3. HAVE YOU EVER FILED A VA CLAIM? <input type="checkbox"/> YES (If "YES," complete Item 4) <input type="checkbox"/> NO	4. VA FILE NUMBER (If applicable) <input type="text"/>	
5. DATE OF BIRTH (MM/DD/YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	6. VETERAN'S SERVICE NUMBER (If applicable) <input type="text"/>		
7. MAILING ADDRESS (If applicable) (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street <input type="text"/>			
Apt./Unit Number <input type="text"/>		City <input type="text"/>	
State/Province <input type="text"/>		Country <input type="text"/>	
ZIP Code/Postal Code <input type="text"/> - <input type="text"/>			
8. TELEPHONE NUMBER (Include Area Code) <input type="text"/> - <input type="text"/> - <input type="text"/> Enter International Phone Number (If applicable) <input type="text"/>	9. E-MAIL ADDRESS (If applicable) <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim. <input type="text"/>		



Intent to File (ITF)

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (Complete this section ONLY if the claimant is NOT the veteran)		
10. CLAIMANT'S NAME (First, Middle Initial, Last) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
11. SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%;"></div>	12. HAVE YOU EVER FILED A VA CLAIM? <input type="checkbox"/> YES (If "YES," complete Item 13) <input type="checkbox"/> NO	13. VA FILE NUMBER (If applicable) <div style="border: 1px solid black; width: 100%;"></div>
14. RELATIONSHIP TO VETERAN (Check one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> VETERAN SERVICE OFFICER <input type="checkbox"/> ALTERNATE SIGNER <input type="checkbox"/> THIRD-PARTY <input type="checkbox"/> OTHER (Specify) <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div>		15. CLAIMANT'S DATE OF BIRTH (MM/DD/YYYY) <div style="border: 1px solid black; width: 100%;"></div>
16. MAILING ADDRESS (If applicable) (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <div style="border: 1px solid black; width: 100%;"></div> Apt./Unit Number <div style="border: 1px solid black; width: 100px;"></div> City <div style="border: 1px solid black; width: 100%;"></div> State/Province <div style="border: 1px solid black; width: 50px;"></div> Country <div style="border: 1px solid black; width: 50px;"></div> ZIP Code/Postal Code <div style="border: 1px solid black; width: 100%;"></div>		
17. TELEPHONE NUMBER (Include Area Code) <div style="border: 1px solid black; width: 100%;"></div> Enter International Phone Number (If applicable) <div style="border: 1px solid black; width: 150px;"></div>	18. E-MAIL ADDRESS (If applicable) <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim. <div style="border: 1px solid black; width: 100%;"></div>	



Intent to File (ITF)

SECTION III: GENERAL BENEFIT ELECTION	
<p>IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you <u>do not</u> select one or more of the general benefits listed below.</p>	
19. I INTEND TO FILE FOR THE GENERAL BENEFIT(S) CHECKED BELOW: (Choose all that apply)	
<input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION	
<p>NOTE: ONLY CHECK THE BOX BELOW IF YOU ARE A SURVIVING DEPENDENT OF THE VETERAN.</p> <input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)	
<p>IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online at www.va.gov. If you give VA a completed application for the selected general benefit within <i>one</i> year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the <i>first</i> completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file (VA Form 21-0966) for each general benefit. Please complete as much of this form as possible, as VA cannot process this form if we cannot identify the claimant and/or veteran.</p>	
SECTION IV: DECLARATION OF INTENT AND SIGNATURE	
By filing this form, I HEREBY INDICATE MY INTENT to apply for one or more general benefits under the laws administered by VA.	
I acknowledge that:	
<ul style="list-style-type: none">(1) this is not a claim for benefits,(2) I must file a complete application for each general benefit with VA before VA will process my claim; and(3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.	
20. SIGNATURE OF VETERAN/CLAIMANT/AUTHORIZED AGENT (REQUIRED)	21. DATE SIGNED (MM/DD/YYYY)
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>



Intent to File (ITF)

22. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (VSO) (Please Print)

NOTE: This form may only be completed by a VSO, attorney, or agent if a valid power of attorney has been completed.

Where to Send Correspondence - After completing this form, mail to:

Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547- 4444

PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records-VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine the intent of the claimant and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



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 - Other statements
- VA Rating Schedule
 - Schedular vs. Extraschedular Ratings
- Intent to File
- **Filing VA Forms 526 (Claim) and 4138 (Statement in Support of Claim)**

Topics





Filing VA Forms 526 (Claim)

- **Most of the work comes long before the claim is filed!**
- **Form:** 21-526EZ (Disability) – Fully Developed Claim
 - Other VA forms: 21-527EZ (Pension), and 21-534EZ (DIC/Survivors Pension)
- **Legal:** VA will not send DTA letter. All required evidence is listed in instructions
- **For:** Any type of new or original claim for compensation



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Filing VA Form 21-526EZ

- **NG/Reserves:** Veterans currently in any Reserve Component ***MUST*** submit STRs and Personnel Records in the custody of their unit, ***WITH*** the FDC claim packet
- **New/Original:** DD-214's, ***ALL*** relevant supplemental forms w/ supporting documentation, and ***ALL*** relevant private medical/financial records must be submitted with the FDC claim packet



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Filing VA Form 21-526EZ

- **Restrictions:** An FDC claim will be moved to the traditional process track if:
 - All necessary private records are not submitted
 - The VA determines that additional supporting documentation is needed
 - The Vet submits *any* additional documentation after submission of the FDC
 - The Vet fails to appear for an ordered VA exam for *any* reason
 - The FDC is submitted with any other claim or if there is a pending claim/appeal on file



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Filing VA Form 21-4138

- **Statement in Support of Claim:**
 - One of the more common forms – used for supportive statements from the veteran, as well as “buddies,” family members, friends
 - Statement does not have to be lengthy but can just set forth important parts of the case
 - VSO Advocacy – a well-written 4138 can summarize the case, so that it makes it easier for the decision-maker to grant the claim
 - Following the “IRAC” method is recommended – Issue, Rule, Application, Conclusion



Example Written Summary for VA Form 21-4138

- **Service Connection for Hearing Loss:**

[Issue:] Ms. Veteran seeks entitlement to service connection for bilateral hearing loss

[Rule:] In order for service connection to be granted in this case, Ms. Veteran must show that she has: (1) a current disability, (2) an in-service event or injury, and (3) a medical nexus linking the current disability to active service

[Application:] Ms. Veteran served in the U.S. Army from 2011 to 2015. She has been diagnosed with current bilateral sensorineural hearing loss meeting the requirements of 38 CFR § 3.385. See VA examination dated December 1, 2025



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Example Written Summary for VA Form 21-4138

- **Service Connection for Hearing Loss (continued):**

[Application (continued):] Ms. Veteran sustained acoustic trauma during her Army service in the infantry. Her service treatment records show temporary deafness following a training explosion in 2012. See STR dated April 6, 2012. Although her hearing recovered to a certain extent, since then she experienced diminished hearing, which has continuously progressed to the present day. See Statement of Ms. Veteran, dated December 1, 2025

Ms. Veteran's treating ENT physician rendered a favorable opinion linking her current hearing loss to in-service acoustic trauma. See Lexington Health examination dated December 30, 2025



Example Written Summary for VA Form 21-4138

- **Service Connection for Hearing Loss (continued):**

[Application (continued):]

While a VA medical examiner, on January 30, 2026, rendered a negative medical nexus opinion, the opinion should not be afforded any probative value. The VA examiner failed to address Ms. Veteran's in-service acoustic trauma and incorrectly noted that she did not experience hearing loss in service, or an incident affecting her hearing. More weight should be afforded to the Lexington Health examination dated December 30, 2025.

[Conclusion:] Based upon the foregoing evidence, with consideration given to the benefit of the doubt rule found in 38 USC § 5107(b), service connection for bilateral hearing loss should be granted.



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