



# LAWYERS SERVING WARRIORS™



Complete, sign and return to: **National Veterans Legal Services Program**, 1600 K. Street, N.W., Suite 500, Washington, DC 20006-2833; Email: [LawyersServing@nvlsp.org](mailto:LawyersServing@nvlsp.org); Fax: 202.223-9197

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle Initial) (MM/DD/YYYY)

Grade/Rank: \_\_\_\_\_ Social Security # or Agency File #: \_\_\_\_\_

Current Physical Location:

\_\_\_\_\_  
(Street, City, State and Zip Code or Barracks Address)

Current Mailing Address, if different from above:

\_\_\_\_\_  
(Street, City, State and Zip Code)

Permanent Mailing Address:

\_\_\_\_\_  
(Street, City, State and Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Cell Phone(s): \_\_\_\_\_

Your Email(s): \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternative Person to Contact Phone: \_\_\_\_\_ Circle one: Home Work Cell

Alternative Contact Email: \_\_\_\_\_

Date of Enlistment(s): \_\_\_\_\_ Date of ETS: \_\_\_\_\_

Military Branch of Service: \_\_\_\_\_

MOS Title (i.e. infantry or 11B): \_\_\_\_\_

Deployment(s)

Location	Begin Date	End Date



# LAWYERS SERVING WARRIORS™



Were you injured in preparation for deployment? [  ] Yes [  ] No

If yes, please briefly describe type and cause of injury and where you were being trained at the time.

---

---

Did you suffer a concussion or head injury while in military service? [  ] Yes [  ] No

If yes, was it due to trauma such as an explosion?: [  ] Yes [  ] No

If Yes, please circle each of the symptoms listed below if you **currently** suffer from that symptom:

- Headaches; Visual disturbances; Memory loss; Poor attention/concentration; Sleep disturbances;
- Dizziness/loss of balance; Irritability-emotional disturbances; Feelings of depression; Seizures; Nausea;
- Loss of smell; Sensitivity to light & sounds; Mood changes; Getting lost or confused; Slowness in thinking

Did you file a claim under the Traumatic Injury Insurance under the Service Members Group Life Insurance (TSGLI):

[  ] Yes [  ] No

If Yes, what was the date of your claim: \_\_\_\_\_

Is your claim still pending: [  ] Yes [  ] No

If No, what was the result of your claim: \_\_\_\_\_

Were you treated at any civilian medical facilities while on Active Duty? [  ] Yes [  ] No

If Yes, please fill in the table below to the best of your ability

Civilian Facility	Condition(s) treated	Approx. Dates

**Check the appropriate box to indicate if, as of the current date, you are:**

[  ] On active duty; or

[  ] Discharged from military service (including on TDRL, or in the Reserve or National Guard and not currently activated.)

**If you checked the box indicating that you are currently on active duty, complete the information in the “ACTIVE DUTY SECTION” below. If you checked the box indicating you are discharged from military service and not on active duty, skip to and complete the information in the “VETERAN SECTION.” Both Active Duty and Veteran Service Members must complete and sign the Narrative section on page 7.**



# LAWYERS SERVING WARRIORS™



## ACTIVE DUTY SECTION

(to be completed only if you are now on active duty)

Current Base: \_\_\_\_\_

Current Unit (CO, BN, BDE, DIV): \_\_\_\_\_

Are any UCMJ actions currently pending against you?     Yes     No

If Yes, Type: \_\_\_\_\_ Offense: \_\_\_\_\_

Name & Phone # of Attorney representing you:

\_\_\_\_\_ Military / Civilian

Is an administrative proceeding currently pending to separate you from service?     Yes     No

If Yes, Type: \_\_\_\_\_

Reasons for recommended discharge:

\_\_\_\_\_

Has an administrative board been scheduled to decide whether you should be discharged?     Yes     No

If Yes, what is the date of your hearing: \_\_\_\_\_

Is your case currently pending before a Medical Evaluation Board (MEB) or a Physical Evaluation Board (PEB)?:

Yes     No

If No, you do not need to complete any additional information in the Active Duty Section.

If Yes,

Name & Phone # of Physical Evaluation Board Liaison Officer (PEBLO):

\_\_\_\_\_

Name & Phone # of Nurse Case Manager:

\_\_\_\_\_

If your case is currently before an MEB:

Has your NARSUM been written?     Yes     No

If Yes, what is the date of the NARSUM: \_\_\_\_\_

Have you received the MEB's Findings & Recommendation:     Yes     No

If Yes, what are the Findings & Recommendations (include all diagnoses):

\_\_\_\_\_

\_\_\_\_\_



# LAWYERS SERVING WARRIORS™



Is your case currently before an informal PEB:     Yes     No

If Yes, have you received the informal PEB's Findings & Recommendations?     Yes     No

If you have received the informal PEB's Findings & Recommendations, what is the date of this document:  
\_\_\_\_\_ , and what are the Findings & Recommendations (include all diagnoses):

---

---

---

---

Is your case currently before a formal PEB:     Yes     No

If yes, have you received the formal PEB's Findings & Recommendations?  
 Yes     No

If you have received the formal PEB's Findings & Recommendations, what is the date of this document:  
\_\_\_\_\_ , and what are the Findings & Recommendations (include all diagnoses):

---

---

---

---





# LAWYERS SERVING WARRIORS

A project of the National Veterans Legal Services Program (NVLSP) providing free legal representation in disability, discharge and veterans benefits cases to service members and veterans who served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF).

---

Please list the disabilities or medical conditions (if any) for which you were diagnosed during your active military service:

---

---

---

---

Please list the injuries (if any) you experienced during your active military service (whether or not you ever received treatment for the injury):

---

---

---

---

Please list the disabilities or medical conditions (if any) for which you were diagnosed after your discharge from active military service:

---

---

---

---

Please describe your current symptoms (whether or not you have been treated or diagnosed for these symptoms).

---

---

---

---

