GROSSMAN LAW FIRM, LLC  
7 Medical Park North Valley, Alabama 36854

(334)756-3529 TEL (334)756-0539 FAX

[Merge Date]

[Client-Name/Address Block]

**RE: Your VA Disability/Pension Claim**

Dear [Client-First Name] [Client-Last Name],

First and foremost, I would like to thank you for your service to our country. Your dedication to serving and protecting our freedom is greatly appreciated and will never be forgotten.

Enclosed is an information sheet for your VA Disability and/or Pension claim. Please complete the same and return to our office along with your DD 214, Rating Decision and any records that pertain to your disability that you feel we should have copies of.

*If you are unable to return this information sheet in person, please be sure to include a copy of your photo i.d*. Thank you for your time and consideration.

With Kindest Regards,

**SLowery**

Samantha Lowery

Veterans Law Case Manager

Enclosure: Information sheet

**HOW DID YOU HEAR ABOUT OUR OFFICE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT, PLEASE COMPLETE.**

1. **Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number City, State Zip Code

Telephone Number(s): Main/Best Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information About Your Service**

What Military Branch did you serve in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your rank at discharge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your discharge Honorable or less than Honorable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your military occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you involved in combat? YES NO

Please complete the below chart to your best recollection.

Dates of Deployment Location of Deployment Injuries/Events in these Dates

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Information About Your Claim with the VA**

* DO YOU HAVE MULTIPLE APPLICATIONS/CLAIMS PENDING? YES NO
* Did you have a medical discharge? YES NO
* Did your illness/condition exist prior to military service? YES NO
* Do you have a recent diagnosis for your claimed illness/disability? YES NO
* Do your military records show that your illness/injury was incurred/aggravated in service? YES NO
* What specific incident in service led to your illness/injury? \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Did you have a physical examination at separation? YES NO
* Have you been examined by a private physician who specializes in your illness/injury? YES NO

1. **MISCELLANEOUS**

* Do you have any letters, pictures, etc. to support your claim? YES NO

(IF YES, PLEASE SUPPLY A COPY OF THE SAME)

* Have you filed a Notice of Disagreement or Request for BVA Hearing on any previous claims that are still pending? YES NO
* Do you have a copy of your Claims File (C-File)? YES NO

(IF YES, PLEASE SUPPLY A COPY OF THE SAME)

* Have you applied for Social Security Disability Benefits? YES NO
* Have you been awarded Social Security Disability Benefits? YES NO

(IF YES, PLEASE SUPPLY A COPY OF YOUR FAVORABLE DECISION)

1. **Personal Statement**

Please provide a brief statement regarding your conditions listed on your

current decision and why those conditions are service connected and/or are due for an increased rating.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_