

## U.S. Court of Appeals for Veterans Claims Intake Form

*You may wish to appeal a denial from the Board of Veterans' Appeals to the U.S. Court of Appeals for Veterans Claims. This form will help you organize the information you need to decide if an appeal is worthwhile. Do not send this form to the VA; give it to your accredited service officer.*

Date

- (1) Name of veteran:  
First MiddleLast
- (2) Name used in service if different:
- (3) Applicant if other than the veteran:  
First MiddleLast
- (4) Relationship to veteran:
- (5) Address:  
Number Street Apt. No.  
City State Zip Code
- (6) Mailing address:  
Number Street Apt. No.  
City State Zip Code
- (7) Telephone:  
Home ( )  
Work ( )
- (8) Date of birth:   /  /    
Month Day Year
- (9) Social Security number:    -    -
- (10) Single( ) Married( ) Separated( ) Divorced( ) Widowed( )
- (11) Are you currently employed? yes( ) no( )  
If yes, what is your occupation?
- (12) If not employed, are you able to work? yes( ) no( )

(13) If you are not employed, is it because of medical problems related to your military service?      yes( ) no( )

(14) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

(15) Do you have dependents?  
yes( ) no( )

If yes, how many?

Please list your dependents' names, how they are related to the veteran, dates of birth, and Social Security numbers:

### **Information Related to Service**

(16) Are you a veteran of the U.S. armed forces?  
yes( ) no( )

*If you are a veteran, please attach a copy of your discharge form, the DD 214. If you do not have a copy of your DD 214, please obtain from your advocate and complete and attach Standard Form (SF) 180, Request Pertaining to Military Records, to obtain a copy of your DD 214.*

(17) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) did you belong?

(18) In what era (World War II, Korea, Vietnam, Persian Gulf, or other) was your service?

(19) Please list your dates of service:

Entry \_\_\_\_\_ Discharge

Entry \_\_\_\_\_ Discharge

Entry \_\_\_\_\_ Discharge

(20) Please state your type of discharge:

(21) Were you in combat?  
yes( ) no( )

(22) Were you wounded?  
yes( ) no( )

If so, where on the body?

(23) Are you still having medical problems caused by the wound(s)?  
yes( ) no( )

If so, what are the problems?

(24) Were you treated for any injury, disability, or disease in service?  
yes( ) no( )

If yes, briefly describe the disability or disease.

### **Information Related to VA Benefits**

(25) Have you ever applied for VA benefits?  
yes( ) no( )

If yes, check all that apply:

Compensation       Pension    Medical care       Education  
 Vocational rehabilitation    Nursing home care    Domiciliary care  
 Home loan guaranty  
Other (please specify):

(26) Please give the claim number that the VA assigned:

(27) Are you now receiving VA benefits?  
yes( ) no( )

If yes, check all that apply:

Compensation                               Pension  
 Pension plus aid and attendance  
 Pension plus housebound  
 Medical care                               Education  
 Vocational rehabilitation               Nursing home care  
 Domiciliary care                           Home loan guaranty  
Other (please specify):

(28) At which VA regional office is your claim file located?

(29) Were you ever treated at a VA hospital?  
yes( ) no( )

If yes, please specify when, where, and what the treatment was for:

(30) Have you ever sought counseling or help from a Vet Center?  
yes( ) no( )

If yes, please specify when and where:

(31) Date of VA decision being appealed:

(32) Issue(s) being appealed:

(33) What was the date on which the notice of disagreement was filed?

(34) What is the date of the statement of the case (SOC) from the VA in response to your notice of disagreement?

(35) What was the date the substantive appeal (Form 9) was filed? For what issues was a Form 9 filed?

(36) What was the date of the BVA decision?

(37) What claims did the BVA deny?

(38) What claims did the BVA grant?

(39) What claims did the BVA remand or refer?

(40) Was a motion for reconsideration filed at the BVA?

(41) If yes, what was the date of the motion?

(42) Has the BVA ruled on the motion for reconsideration?

(43) If yes, what was the date of the motion?

*\*\*Note – Appeal to the U.S. Court of Appeals for Veterans Claims must be brought within 120 days of the BVA decision.*