Debt Collection Intake Form

You may have reasonable grounds on which to oppose the VA's efforts to collect an overpayment or other debt that it says you owe to it. This form will help you organize the information you need to decide whether to do so. Do not send this form to the VA; give it to your accredited service officer.

Date _____

(1) Name of veteran: _____
First Middle Last

(2) Name used in service if different: _____

(3) Applicant if other than the veteran:
_____
First Middle Last

(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 (Korea, Vietnam, Persian Gulf, OEF/OIF, 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) If you have filed a claim before, 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 medical center or outpatient facility?
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 notice of debt: _____

(32) Type of debt and amount that the VA states the claimant owes:

_____

type amount

(33) Have you requested a waiver of the debt?
yes( ) no( )
Please attach a copy of the waiver request.

(34) If yes, on what date was the waiver requested?

_____

(35) If no, do you desire a waiver of the debt?
yes( ) no( )

(36) In your opinion, would collection of this debt cause undue hardship (depriving you or your family of basic necessities such as clothing or medical care)?
yes ( ) no ( )
If yes, please explain: _____

(37) Whether the debtor has changed his or her position for the worse in reliance upon the VA benefits to be offset or collected.

(38) VA may terminate collection if it is unable to collect any substantial amount, the debtor cannot be located, the debtor is deceased, the cost of collection will exceed recovery, the claim is legally without merit, or the claim cannot be substantiated by evidence. Do you believe that any of these factors may apply in your case?
yes ( ) no ( )
If yes, please explain: _____