OMB Approved No. 2900-0659
Respondent Burden: 1 hour and 10 minutes
Expiration Date: 06/30/2024

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION FOR POST-TRAUMATIC STRESS DISORDER (PTSD)

IMPORTANT: If you or someone you know is in crisis, call the Veterans Crisis Line at 988 and then press 1, or visit **https://www.veteranscrisisline.net/** to chat online, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for **deaf and hard of hearing** individuals is available.

INSTRUCTIONS: List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment, and the full names and unit assignments of you know of who were killed or injured during the incident. Please provide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as specific as possible so that research of military records can be thoroughly conducted. For more information you can contact VA online through Ask VA: **https://ask.va.gov/** or call us toll-free at 800-827-1000 (TTY: 711). VA forms are available at **www.va.gov/vaforms** After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

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 circle to help expedite processing of the form.

1. VETERAN NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER — –

3. VA FILE NUMBER *(If applicable)*

4. DATE OF BIRTH *(MM/DD/YYYY)* — –

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)* — –

Enter International Phone Number *(If applicable)*

7. E-MAIL ADDRESS *(Optional)*

SECTION II: STRESSFUL INCIDENTS

8A. DATE ***FIRST*** INCIDENT OCCURRED *(MM/DD/YYYY)* — –

8B. DATES OF UNIT ASSIGNMENT *(MM/DD/YYYY)*

FROM: — –

TO: — –

8C. LOCATION OF INCIDENT *(City, State, Country, Province, landmark or military installation)*

8D. UNIT ASSIGNMENT DURING INCIDENT *(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)*

8E. DESCRIPTION OF THE INCIDENT

8F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

VETERAN'S SOCIAL SECURITY NO. ___ - __ - ____

SECTION II: STRESSFUL INCIDENTS *(Continued)*

NOTE: Information about persons who were killed or injured during the first incident *(attach a separate sheet if more space is needed.)*

9A. NAME OF PERSON *(First, Middle Initial, Last)*

9B. RANK *(If applicable)*

9C. DATE OF INJURY/DEATH *(MM/DD/YYYY)* __ - __ - ____

9D. PLEASE CHECK ONE

- ◯ KILLED IN ACTION
- ◯ WOUNDED IN ACTION
- ◯ OTHER
- ◯ KILLED NON-BATTLE
- ◯ INJURED NON-BATTLE

9E. UNIT ASSIGNMENT DURING INCIDENT *(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)*

10A. NAME OF PERSON *(First, Middle Initial, Last)*

10B. RANK *(If applicable)*

10C. DATE OF INJURY/DEATH *(MM/DD/YYYY)* __ - __ - ____

10D. PLEASE CHECK ONE

- ◯ KILLED IN ACTION
- ◯ WOUNDED IN ACTION
- ◯ OTHER
- ◯ KILLED NON-BATTLE
- ◯ INJURED NON-BATTLE

10E. UNIT ASSIGNMENT DURING INCIDENT *(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)*

11A. DATE ***SECOND*** INCIDENT OCCURRED *(MM,DD,YYYY)* __ - __ - ____

11B. DATES OF UNIT ASSIGNMENT *(MM/DD/YYYY)*

FROM: __ - __ - ____

TO: __ - __ - ____

11C. LOCATION OF INCIDENT *(City, State, Country, Province, landmark or military installation)*

11D. UNIT ASSIGNMENT DURING INCIDENT *(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)*

11E. DESCRIPTION OF THE INCIDENT

11F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

VETERAN'S SOCIAL SECURITY NO. ___ – __ – ____

SECTION II: STRESSFUL INCIDENTS *(Continued)*

NOTE: Information about persons who were killed or injured during the second incident *(attach a separate sheet if more space is needed.)*

12A. NAME OF PERSON *(First, Middle Initial, Last)*

12B. RANK *(If applicable)*

12C. DATE OF INJURY/DEATH *(MM/DD/YYYY)* __ – __ – ____

12D. PLEASE CHECK ONE

- ◯ KILLED IN ACTION
- ◯ WOUNDED IN ACTION
- ◯ OTHER
- ◯ KILLED NON-BATTLE
- ◯ INJURED NON-BATTLE

12E. UNIT ASSIGNMENT DURING INCIDENT *(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)*

13A. NAME OF PERSON *(First, Middle Initial, Last)*

13B. RANK *(If applicable)*

13C. DATE OF INJURY/DEATH *(MM/DD/YYYY)* __ – __ – ____

13D. PLEASE CHECK ONE

- ◯ KILLED IN ACTION
- ◯ WOUNDED IN ACTION
- ◯ OTHER
- ◯ KILLED NON-BATTLE
- ◯ INJURED NON-BATTLE

13E. UNIT ASSIGNMENT DURING INCIDENT *(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)*

SECTION III: REMARKS
(NOTE: This section can be used for any additional information, if needed)

14. REMARKS

SECTION IV: CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY THAT the information I have given on this form is true and correct to the best of my knowledge and belief.

15. VETERAN'S SIGNATURE (**REQUIRED**)

16. DATE SIGNED *(MM/DD/YYYY)* __ – __ – ____

PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The 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 VA benefits, verification of identity and status, and personnel administration) as identified in 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 voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour and 10 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.