



VA DATE STAMP
DO NOT WRITE IN THIS SPACE

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

IMPORTANT: If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and 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. Please complete the form in detail and be as specific as possible so that research of military records and other sources you identify can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

1. VETERAN'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH (MM-DD-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
5. VETERAN'S SERVICE NUMBER (If applicable)	6. TELEPHONE NUMBER (Include Area Code)	
<input type="text"/>	<input type="text"/>	
7. E-MAIL ADDRESS (Optional)		
<input type="text"/>		
8. DO YOU HAVE A GENDER PREFERENCE FOR YOUR EXAMINER? (Optional)		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

SECTION II: STRESSFUL INCIDENT(S)

9A. DATE FIRST INCIDENT OCCURRED (MM-DD-YYYY)	9B. DATES OF UNIT ASSIGNMENT (MM-DD-YYYY)	
<input type="text"/>	FROM: <input type="text"/>	TO: <input type="text"/>
9C. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
9D. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
9E. DESCRIPTION OF THE INCIDENT		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

