

# Board of Veterans' Appeals (BVA)

## Intake Form

*You may appeal a VA regional office or medical center decision with which you disagree to the Board of Veterans' Appeals (BVA). You must file a notice of disagreement (NOD) (VA Form 11082) within one year of the date of the decision from the VA regional office or medical center. The following questions will help you gather the information your advocate needs to help you with an appeal. 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 (\_\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_

(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? \_\_\_\_\_





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(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):

*If this is a new claim, ask your advocate about filing an informal claim.*

(26) If you have filed a claim before, please give the claim number that the VA assigned:

\_\_\_\_\_



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(27) Are you now receiving VA benefits?

yes( )

no( )

If yes, check all that apply:

( ) Compensation

( ) Pension

( ) Medical care

( ) Education

( ) Vocational rehabilitation

( ) Nursing home care

( ) Pension plus aid and attendance benefit

( ) Home loan guaranty

( ) Pension plus housebound benefit

( ) Domiciliary care

( ) Other (please specify):

(28) Were you ever treated at a VA hospital?

yes( )

no( )

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

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

(29) Have you ever sought counseling or help from a Vet Center?

yes( )

no( )

If yes, please specify when and where: \_\_\_\_\_

\_\_\_\_\_

(30) Date of VA decision being appealed: \_\_\_\_\_

(31) Issue(s) being appealed:

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

(32) Has a notice of disagreement (VA Form 11082) been filed?

yes( )

no( )

(33) If yes:

On what date was the VA Form 11082 filed: \_\_\_\_\_

Which lane / appeal option was chosen?

Direct Review ( )

Evidence submission ( )

Hearing ( )



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(34) If the rating decision you appealed was dated prior to February 19, 2019, and you have not opted the claim into the modernized review system created by the Appeals Modernization Act, have you received the statement of the case (SOC) from the VA?

yes( )                      no( )

(35) If yes, what is the date of the SOC? \_\_\_\_\_

(36) If you received an SOC, have you filed the substantive appeal (VA Form 9):

yes( )                      no( )

(37) If yes, what is the date you filed the VA Form 9? \_\_\_\_\_

(38) If you filed the VA Form 9, have you received a letter notifying you that your appeal has been certified to the Board of Veterans' Appeals?

yes( )                      no( )

(39) If yes, what is the date of the letter from the Board of Veteran's Appeals?

\_\_\_\_\_

