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: | | -st | Middle | | Last | |
| (2) | Name used in service | | | | | | |
| (3) | Applicant if other than | the veteran: | First | | Middle | Last | |
| (4) | Relationship to veteral | າ | | | | | |
| (5) | Address: | Number | Street | | Apt. No. | | |
| | City | State | | | Zip | Code | |
| (6) | Mailing address: | Number | Street | | Apt. No. | | |
| | City | State | е | | Zip | Code | |
| (7) | Telephone: | | | | | | |
| | Home () | | Wor | k (|) | | |
| | Mobile () | | | | | | |
| (8) | Date of birth:/ Month Da | | | | | | |
| (9) | Social Security number | er: | | | | _ | |
| 10) | Single () Married (|) Separated (|) Divor | ced() | Widowed (|) | |
| 11) | Are you currently em | ployed? yes () | no() | | | | |
| | If yes, what is your o | occupation? | | | | _ | 与 |



Board of Veterans' Appeals

| (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: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| _ | | | | | |
| nfo | rmation 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, DD Form 214. If you do not have a copy of your DD Form 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 Form 214. | | | | |
| (17) | To what branch of the service (Army, Navy, Air Force, Marines, Coast Guard, other) 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 / / | | | | |



| | | Board of Veterans' Appeals | | |
|------|--|--|--|--|
| (20) | Please state your type of discharge: | | | |
| (21) | Were you in combat? | no() | | |
| (22) | Were you wounded? yes() If so, where on the body? | no() | | |
| (23) | Are you still having medical probyes() If so, what are the problems? | lems caused by the wound(s)? no() | | |
| (24) | Were you treated for any injury, disability, or disease in service? yes() no() If yes, briefly describe the disability or disease. | | | |
| | | | | |
| | ormation Related to VA Have you ever applied for VA be | | | |
| | yes() If yes, check all that apply: ()Compensation ()Medical care ()Vocational rehabilitation ()Domiciliary care Other (please specify): If this is a new claim, ask your ac | no() ()Pension ()Education ()Nursing home care ()Home loan guaranty dvocate about filing an informal claim. | | |
| 26) | If you have filed a claim before, plea | ase give the claim number that the VA assigned: | | |



Board of Veterans' Appeals

| (27) | Are you now receiving VA benefits? yes() If yes, check all that apply: | no() | | | | |
|------|---|--------------------------|--|--|--|--|
| | () Compensation() Medical care | ()Pension ()Education | | | | |
| | () Vocational rehabilitation | ()Nursing home care | | | | |
| | () Pension plus aid and attendance benefit | () Home loan guaranty | | | | |
| | () Pension plus housebound benefit() Other (please specify): | () Domiciliary care | | | | |
| (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: | | | | | |
| (20) | Date of VA decision being appealed: | | | | | |
| (30) | Date of VA decision being appeared. | | | | | |
| (31) | Issue(s) being appealed: | | | | | |
| | | | | | | |
| (32) | Has a notice of disagreement (VA Form 11082 | 2) beenfiled? | | | | |
| | yes() no() | | | | | |
| (33) | If yes: | | | | | |
| | On what date was the VA Form 11082 filed: | | | | | |
| | Which lane / appeal option was chosen? Direct Review () Evidence submission () | 7 | | | | |
| | Hearing () | ' | | | | |



Board of Veterans' Appeals

| (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) | | , | | | |
| | 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 recei certified to the Board of Veterans' Appeals | ved a letter notifying you that your appeal has beer s? | | | |
| | yes() | no() | | | |
| (39) | If yes, what is the date of the letter from | n the Board of Veteran's Appeals? | | | |

