

## LAWYERS SERVING WARRIORS®



A project of the National Veterans Legal Services Program (NVLSP) providing veterans free legal assistance.

# Application for Free Legal Assistance with Processing Through the Integrated Disability Evaluation System (IDES)

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with processing through the IDES. Filling out this application does not guarantee you legal representation through our project. Lawyers Serving Warriors® first needs to review your records and analyze your case. We are not able to take every case. But we do guarantee that you will **never** be charged any legal fees by Lawyers Serving Warriors® or by any of our volunteer attorneys. It will take us some time to decide whether we can provide you legal representation. Therefore, it is important for you to understand that you are responsible for meeting any deadlines that may apply to your case.

This application must be fully completed, signed, and returned along with the following documents:

- Final DD Form 214 (Certificate of Release or Discharge from Active Duty), if available
- VA/DOD Joint Disability Evaluation Claim Form, VA Form 21-0819, if available
- Medical Evaluation Board (MEB) Narrative Summary, MEB findings, and/or Physical Evaluation Board (PEB) findings, if available
- Completed Privacy Act Waiver and Standard Form 180 (please provide handwritten signatures that clearly show your full first and last name)

**Confidentiality:** Lawyers Serving Warriors<sup>®</sup> will not disclose the information you provide us, or the records you authorize us to obtain, to anyone who is neither an employee nor an agent of Lawyers Serving Warriors<sup>®</sup>.

National Veterans Legal Services Program, Attn: LSW

1100 Wilson Blvd, Suite 900, Arlington, VA 22209 Email: lsw.intake@nvlsp.org Fax: 202-223-9199

#### **SECTION I: APPLICANT INFORMATION**

Name: (Last, First, Middle Initial)		
Date of birth:	Social Security #:	
Permanent mailing address:		
City:	State:	Zip:
Home phone:	Work phone:	
Cell phone:	Email:	
Alternate contact's name:	Relationship: _	
Alternate contact's phone:	Alternate contact's email	l:
Military branch of service:	Rank/grade	e:
Date of enlistment:	Date of discharge (if applicable)	):
MOS/AFSC/Rating title (i.e. infantry or 11B):		
Name of PEB Liaison Officer (PEBLO):		
PEBLO's phone:	PEBLO's email:	
SECTION II. IDES PROCESSING		

SECTION II: IDES PROCESSING

Have you been referred to IDES?

Yes

Νo



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If yes, when were you referred?					
Which military treatment facility is handling yo	our IDES pr	ocessing?			
Have you been placed on the Temporary Disa If yes, skip to Section III below.	bility Retir	rement List (TDRL)?	? Yes	No	
Have you received the findings of the MEB?	Yes	No			
Have you received the findings of the PEB?	Yes	No			
What disability was the cause for your placem	ent in the	IDES?			
What is your goal for the IDES process? Do yo	u want to	be found fit or un	fit for duty?		
SECTION III: TDRL PROCESSING					
When were you placed on the TDRL?					
When are you scheduled to have your periodic	c medical	examination?			
SECTION IV: PERSONAL STATEMENT					
Please provide below any additional informati	ion you be	elieve will assist us	in assessing yo	ur case.	

#### **SECTION V: SIGNATURE**

By completing this application, I am applying for services provided by Lawyers Serving Warriors®. Lawyers Serving Warriors® will treat information I provide through this application and any records collected regarding me during the evaluation process as confidential information. This information is for Lawyers Serving Warriors® to assess whether or not the project can provide me with free legal representation. I understand that my information will only be viewed by project staff or volunteer attorneys and their staff. I understand that I will **not** be charged a fee by Lawyers Serving Warriors® or the volunteer attorneys. I also understand that Lawyers Serving Warriors® is not able to take every case and filling out this application does not guarantee that I will receive services from Lawyers Serving Warriors®.



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Print name	Signature	Date (MM/DD/YYYY)