



# LAWYERS SERVING WARRIORS®

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



## Application for Free Legal Assistance with Obtaining a Medical Retirement

To request free legal assistance from Lawyers Serving Warriors® to obtain a medical retirement, please complete this application. Answer the questions to the best of your knowledge, and be sure to sign the application. In addition, **please complete and sign the attached Privacy Act Waiver and Standard Form 180.**

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.

If you have any of the following documents, please send these to us as well:

- Final DD Form 214 (Certificate of Release or Discharge from Active Duty)
- All previous decisions by a Board for Correction of Military Records (BCMR) or a Board for Correction of Naval Records (BCNR)
- Initial VA rating decision (or other initial VA documents showing service-connected disabilities and associated ratings)
- Documentation from disability processing (Medical Evaluation Board/Physical Evaluation Board/Compensation & Pension)
- Medical records for condition(s) for which medical retirement is sought
- Completed Privacy Act Waiver and Standard 180 Form (please provide handwritten signatures that clearly show your full first and last name)

**Confidentiality:** Lawyers Serving Warriors® 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®.

### Send all documents to:

**National Veterans Legal Services Program, Attn: LSW**  
1100 Wilson Blvd, Suite 900, Arlington, VA 22209  
**Email:** lsw.intake@nvlsp.org **Fax:** 202-223-9199

### CONTACT

Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(MM/DD/YYYY)

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: \_\_\_\_\_

### MILITARY

Military branch of service: \_\_\_\_\_ Rank/grade at discharge: \_\_\_\_\_

Date of enlistment: \_\_\_\_\_ Date of discharge: \_\_\_\_\_



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(MM/DD/YYYY)

(MM/DD/YYYY)

What is the characterization of service listed on your DD Form 214? \_\_\_\_\_

What is the narrative reason for your separation listed on your DD Form 214? \_\_\_\_\_  
(the narrative reason is generally found in block 28 of the DD Form 214)

If you received an Other Than Honorable discharge, are you interested in being reviewed for discharge upgrade assistance? Yes No

## DISABILITY PROCESSING

Were you evaluated by the Medical Evaluation Board (MEB) and/or the Physical Evaluation Board (PEB) while you were in the military? Yes No

If yes, please list all conditions found unfitting and their corresponding rating: \_\_\_\_\_

All applicants **MUST** provide information on any condition(s) they believe should have been found unfitting and/or required medical processing:

Condition(s) that should have been unfitting	VA rating at discharge for condition(s) to be added as unfitting	Diagnosis in service for condition(s) to be added as unfitting		Profile/limited duty period for the condition(s) to be added as unfitting		Treatment in service for the condition(s) to be added as unfitting	
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No

**PLEASE NOTE:** For any "yes" response to the questions above, please provide any documentation in your possession.

## VA CLAIMS

Have you ever requested a complete copy of your claims file from the VA? Yes No

If yes, when did you last request a complete copy of your claims file? \_\_\_\_\_

## BCMR/BCNR

Have you applied to a BCMR or BCNR to obtain a medical retirement? Yes No

If yes, please tell us more information about your previous application(s):

Board (BCMR or BCNR)	Date of application (mm/dd/yyyy)	Outcome (granted, denied, pending)

**PLEASE NOTE:** A copy of each previous decision letter **must** be submitted with this application.

## PERSONAL STATEMENT

Please briefly explain the problem for which you want legal assistance and summarize the steps that have been taken by you, the military, or the VA regarding your situation. Please make your request as specific as possible. Detailed information assists us in assessing your request for help.

\_\_\_\_\_



Lined area for text entry.

**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®.

Print name

Signature

Date (MM/DD/YYYY)