



# LAWYERS SERVING WARRIORS®

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



## Application for Free Legal Assistance with an Appeal of a Personality Disorder or Adjustment Disorder Discharge

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with an appeal of a personality disorder or adjustment disorder discharge. 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)
- All previous decisions by a Discharge Review Board (DRB) and/or a Board for Correction of Military Records (BCMR), if applicable
- All VA rating decisions (or other VA documents showing service-connected disabilities and associated ratings), if applicable
- 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® 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®.

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

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: \_\_\_\_\_

### SECTION II

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

Date of enlistment: \_\_\_\_\_ Date of discharge: \_\_\_\_\_  
(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)*

### SECTION III

Have you ever filed a claim for VA disability compensation?  Yes  No

If yes, with which Regional Office did you file your claim? \_\_\_\_\_

Have you been diagnosed with a personality disorder or adjustment disorder by more than one doctor?  Yes  No



If you have been diagnosed with any other mental disorders, including but not limited to PTSD, anxiety disorder, or depression, please list them:

Table with 3 columns: Mental disorder, Service-connected?, VA rating, if applicable. Includes radio buttons for Yes/No.

SECTION IV

Have you applied to a DRB or BCMR to appeal your personality disorder/adjustment disorder discharge? Yes No

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

Table with 3 columns: Board (DRB or BCMR), 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.

SECTION V

Please briefly explain the reasons why you believe a discharge for personality disorder/adjustment disorder was wrongful. Detailed information assists us in assessing your request for help.

Multiple horizontal lines 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.

Print name Signature Date (MM/DD/YYYY)