



# 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 Application to the Physical Disability Board of Review (PDBR)

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with an application to the PDBR. 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.

**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®.

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)
- Physical Evaluation Board (PEB) findings
- Initial VA rating decision (or other VA documents demonstrating your initial service-connected conditions and the associated initial VA disability rating for each condition)
- All previous PDBR decisions, if applicable
- Completed Privacy Act Waiver and Standard Form 180

**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)

### SECTION III

You previously informed us that you were medically separated between 9/11/2001 and 12/31/2009 with a disability rating of 0%, 10%, or 20% as a result of a military PEB.

Please list below all of your PEB unfitting conditions and the corresponding initial VA disability ratings:

<i>PEB unfitting condition</i>	<i>Initial VA disability rating</i>

**PLEASE NOTE:** In order to be eligible for our assistance, you **must** have received an initial VA disability rating of **at least 30%** for **ONE** of your PEB unfitting conditions.



In addition to the PEB unfitting conditions, please list any other conditions that you believe the PEB should have determined to be unfitting conditions: \_\_\_\_\_

**PDBR**

Have you previously applied to the PDBR?  Yes  No  I have an application currently pending

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

<i>Date of decision (mm/dd/yyyy)</i>	<i>Outcome (granted or denied)</i>

**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. Please make your request as specific as possible. Detailed information assists us in assessing your request for help.

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**EXPLANATION OF KEY TERMS**

**Physical Evaluation Board (PEB):** The military review board that determines whether you were unfit for continued military service due to one or more disabilities.

**Unfitting Condition:** An unfitting condition is the term that describes a disability that was found by a PEB to make you unfit for continued military service.

**Medical Separation:** A medical separation is the process by which service members are discharged after being found medically unfit for duty by a PEB and assigned a combined disability of 0%, 10%, or 20%.

**Military Disability Rating:** The disability rating assigned by a military PEB to an unfitting condition.

**VA Disability Rating:** After discharge from military service, a veteran can apply for benefits for service-related conditions from the Department of Veterans Affairs (VA), including the disabilities found to be unfitting conditions by a PEB. VA disability ratings are assigned to all disabilities that the VA determines are service-related.

**Initial VA Disability Rating:** The initial VA disability rating is the first rating assigned by the VA for a particular disability. A veteran may receive many different VA disability ratings for the same disability over the course of their life. However, the first rating is important for PDBR applications because the PDBR is required to place special focus on VA disability ratings received within the first 12 months after discharge from military service.

**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)