	S LAIM FOR SERVICE CONNECTION STRESS DISORDER (PTSD)	VA DATE STAMP DO NOT WRITE IN THIS SPACE
IMPORTANT: If you or someone you know is in cris 1, or visit <u>https://www.veteranscrisisline.net/</u> to c confidential support 24 hours a day, 7 days a week individuals is available.	5 and press to receive of hearing	
INSTRUCTIONS: List the stressful incident or incidents condition. For each incident, provide a description of what he dates of assignment, and the full names and unit assignments o provide dates within at least a 60-day range and do not use nicl specific as possible so that research of military records can b sheet, indicating the item number to which the answers apply.	your current signment and ident. Please tail and be as	
SECTIO	N I: VETERAN'S IDENTIFICATION INFORMATION	N
NOTE: You can <i>either</i> complete the form online or by 1. VETERAN/BENEFICARY NAME (<i>First, Middle Initial, Last</i>)	and. Please print the information requested in ink	c, neatly and legibly to help process the form.
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> Month Day Year
5. VETERAN'S SERVICE NUMBER (If applicable)	6. PREFERRED E-MAIL ADDRESS (Optional)	
7A. PRIMARY TELEPHONE NUMBER (Include Area Code)	7B. SECONDARY TELEPHONE NUMBER	(Include Area Code)
	SECTION II: STRESSFUL INCIDENTS	
8A. DATE FIRST INCIDENT OCCURRED (MM/DD/YYYY)	8B. DATES OF UNIT AS	SIGNMENT (MM/DD/YYYY)
Month Day Year FROM	: Month Day Year	TO: Month Day Year
8C. LOCATION OF INCIDENT (City, State, Country, Provinc 8D. UNIT ASSIGNMENT DURING INCIDENT (Such as, E		
D. ONT ACCONMENT DOMING INCIDENT (Such as, E	, ISION, WING, BATTALION, CATALAT, SHIT)	
8E. DESCRIPTION OF THE INCIDENT		
8F. MEDALS OR CITATIONS YOU RECEIVED BECAU	E OF THE INCIDENT	

VETERAN'S SOCIAL SECURITY NO.

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SECTION II: STRESSFUL INCIDENTS (Continued)							
NOTE: Information about persons who were killed or injured during the first incident (attach a separate sheet if more space is needed.)							
9A. NAME OF PERSON	(First, Middle Initial, Last)						
9B. RANK (If applicable)	9C. DATE OF INJURY/DEATH (/ Month Day	<i>MM/DD/YYYY)</i> Year	9D. PLEASE CHECK ONE KILLED IN ACTION KILLED NON-BATTLE	WOUNDED IN ACTION	OTHER		
9E. UNIT ASSIGNMENT	DURING INCIDENT (Such as,	DIVISION, WING, B	ATTALION,CAVALRY, SHIP)			
			,				
10A. NAME OF PERSO	N (First, Middle Initial, Last)						
10B. RANK (If applicable) 10C. DATE OF INJURY/DEA Month Day	ATH <i>(MM/DD/YYYY)</i> Year	10D. PLEASE CHECK ON KILLED IN ACTION KILLED NON-BATTLE	IE WOUNDED IN ACTION INJURED NON-BATTLE	OTHER		
10E. UNIT ASSIGNMEN	T DURING INCIDENT (Such a	s, DIVISION, WING,	BATTALION, CAVALRY, SHI	(P)			
	ENT OCCURRED (MM,DD,YYYY)	Γ					
Month Day		FROM: Month	Day Year	NIT ASSIGNMENT (MM/DD/YYY TO: Month	r) Day Year		
_	_		- Tear				
11C. LOCATION OF INCIDE	NT (City, State, Country, Province, la	ndmark or militarv instal	lation)				
11D. UNIT ASSIGNMENT	OURING INCIDENT (Such as, DIVIS	ION, WING, BATTALIO	N,CAVALRY, SHIP)				
11E. DESCRIPTION OF TH	IE INCIDENT						
11F. MEDALS OR CITATIO	NS YOU RECEIVED BECAUSE O	F THE INCIDENT					

VETERAN'S SOCIAL SECURITY NO.

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SECTION II: STRESSFUL INCIDENTS (Continued)						
NOTE: Information about	persons who	were killed or ir	njured during the	second incident (attach a	ı separate sheet if n	nore space is needed.)
12A. NAME OF PERSON (F	First, Middle I	Initial, Last)				
12B. RANK (If applicable) 12	2C. DATE OF	INJURY/DEATH	(MM/DD/YYYY)	12D. PLEASE CHECK C	NE	
Ν	Month	Day	Year	KILLED IN ACTION	WOUNDED	
	_	_				ON-BATTLE
12E. UNIT ASSIGNMENT D		DENT (Such as T	DIVISION WING F	KILLED NON-BATTL		ON-DATTLE
13A. NAME OF PERSON (F	First, Middle I	Initial, Last)				
13B. RANK (If applicable) 13	3C. DATE OF	INJURY/DEATH	(MM/DD/YYYY)	13D. PLEASE CHECK C	NE	
	Month	Day	Year			
	_	_		│ └── │		ON-BATTLE
13E. UNIT ASSIGNMENT D		DENT (Such as, E	DIVISION, WING, F			
14. REMARKS						
				VETERAN SIGNATURE		
	(THAT the	information I	have given on t	his form is true and co	rrect to the best c	of my knowledge and belief.
15. SIGNATURE						16. DATE SIGNED (MM/DD/YYYY)
PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.						
PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).						
RESPONDENT BURDEN: We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.						