



Department of Veterans Affairs

**NOTICE TO DEPARTMENT OF VETERANS AFFAIRS
OF VETERAN OR BENEFICIARY INCARCERATED
IN PENAL INSTITUTION**

1. VA FILE NUMBER *(If known)*

NOTE: Pursuant to Title 38, U.S.C., 1505, 3482, 3680 and 5313, awards of Department of Veterans Affairs benefits for veterans and beneficiaries are subject to adjustment or discontinuance while such persons are incarcerated.

TO	ADDRESS OF VA REGIONAL OFFICE	FROM	NAME AND ADDRESS OF INSTITUTION

PRIVACY ACT INFORMATION: 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 the VA system of records, 58VA21/22/28, Compensation Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is voluntary. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine the adjustment or discontinuance of VA benefits for veterans and beneficiaries who are incarcerated. Title 38, United States Code 1505, 3482, 3680, and 5313, allows us to ask for this information. We estimate that you will need an average of 15 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 <http://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.

2. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		
3A. SERVICE NUMBER	3B. SOCIAL SECURITY NO.	3C. DATE OF BIRTH
4. NAME OF PERSON INCARCERATED, IF OTHER THAN VETERAN	5. RELATIONSHIP TO VETERAN	
6. DATE OFFENSE WAS COMMITTED	7. TYPE OF OFFENSE FOR WHICH COMMITTED <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	8. DATE OF CONFINEMENT FOLLOWING CONVICTION
9. LENGTH OF SENTENCE	10. SCHEDULED RELEASE DATE	11A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
11B. DATE ENTERED PROGRAM	12. INSTITUTIONAL TELEPHONE NUMBER <i>(Including Area Code)</i>	
13. REMARKS		
14. DATE SIGNED	15. NAME AND TITLE OF INSTITUTIONAL OFFICIAL	16. SIGNATURE OF INSTITUTIONAL OFFICIAL