## Department of Veterans Affairs

VA DATE STAMP DO NOT WRITE IN THIS SPACE

## STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION FOR POST-TRAUMATIC STRESS DISORDER (PTSD) SECONDARY TO PERSONAL ASSAULT

**INSTRUCTIONS:** List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment. Please complete the form in detail and be as specific as possible so that research of military records and other sources you identify can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

which the answers apply.					
1. NAME OF VETERAN (First, Middle, Last)		2. VA FILE NO.			
STRESS	SFUL INCIDENT NO	) 1			
			landmark or military installation)		
0.1. 57772 INCIDENT COCONNES (1120., 443), 37.9		,,,			
3C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION,			3D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)		
CAVALRY, SHIP)		FROM	ТО		
3E. DESCRIPTION OF THE INCIDENT					
4. OTHER SOURCES OF INFORMATION: Identify an	y other sources (milit	ary or non-military) t	that may provide information		
concerning the incident. If you reported the incident to	military or civilian au	thorities or sought he	elp from a rape crisis center,		
counseling facility, or health clinic, etc., please provide th					
If the source provided treatment and you would like us to					
and Consent to Release Information to the Department of					
family members, chaplains, clergy, or fellow service p knowledge of the incident. These statements will help u					
personal diaries or journals.	as in deciding your c	dami. Other sources	of information also include		
NAME	ADDRESS				
TV WIL	ABBRESS				
NAME	ADDRESS				
NAME	ADDRESS				

	STRESSFUL INCIDENT NO.	2		
5A. DATE INCIDENT OCCURRED (Mo., day, yr.) 5B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)				
5C. UNIT ASSIGNMENT DURING INCIDENT (Such a	IS DIVISION WING RATTALION	5D DATES OF UN	NIT ASSIGNMENT(Mo., day, yr.)	
CAVALRY, SHIP)	s, DIVISION, WING, BATTALLOW,	FROM	TO	
5E. DESCRIPTION OF THE INCIDENT		I		
6. OTHER SOURCES OF INFORMATION: concerning the incident. If you reported the i counseling facility, or health clinic, etc., please the source provided treatment and you would li Consent to Release Information to the Depart	ncident to military or civilian aut provide the names and addresses a ike us to obtain the treatment recor- tment of Veterans Affairs (VA),	thorities or sought hand we will assist yo ds, complete VA For for each provider. If	nelp from a rape crisis center, u in getting the information. If rm 21-4142, Authorization and f you confided in roommates,	
family members, chaplains, clergy, or fellow so of the incident. These statements will help us				
journals.	in deciding your claim. Other sour	ces of information a	iso include personal diaries of	
NAME	ADDRESS			
TO WIL	ADDITESS			
NAME	ADDRESS			
NAME	ADDRESS			
NAME	ADDRESS			

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7. Please provide in the space below any other information to us know if you experienced any of the following or other be	•		help your claim. Let		
<ul> <li>visits to a medical or counseling clinic or dispensary without a specific dia sudden requests for a change in occupational series or duty assignment increased use of leave without an apparent reason</li> <li>changes in performance and performance evaluations</li> <li>episodes of depression, panic attacks, or anxiety without an identifiable of increased or decreased use of prescription medications</li> <li>increased use of over-the-counter medications</li> </ul>	•	substance abuse such as alc increased disregard for milita obsessive behavior such as or pregnancy tests around the titests for HIV or sexually transunexplained economic or soo breakup of a primary relation	ry or civilian authority overeating or undereating me of the incident smitted diseases ial behavior changes		
I CERTIFY THAT the foregoing statement(s) are true and	correct to the best of my k	nowledge and belief.			
			IEDO (In alv. Ia Aven Cada)		
8. SIGNATURE	9. DATE	DAYTIME	ERS (Include Area Code)  EVENING		
		DATTIWE	EVENING		
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.					
<b>PRIVACY ACT NOTICE</b> : The VA will not disclose in authorized under the Privacy Act of 1974 or Title 38, Code enforcement, congressional communications, epidemiological communications.	e of Federal Regulations 1	.576 for routine uses (i	.e., civil or criminal law		

**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 and other sources 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 and 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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