



Department of Veterans Affairs

**VA DATE STAMP**  
 (DO NOT WRITE  
 IN THIS SPACE)

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

**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.

<b>TO</b>		<b>FROM</b>	NAME AND ADDRESS OF INSTITUTION
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**SECTION I - IDENTIFICATION INFORMATION**

**NOTE:** You can *either* complete the form online or by hand. Please print the information requested in ink, neatly, and legibly to help process the form.

2. VETERAN/BENEFICIARY's NAME (*First, Middle Initial, Last*)

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3. SOCIAL SECURITY NUMBER  _ _ - _ - _	4. VA FILE NUMBER	5. VETERAN'S DATE OF BIRTH ( <i>MM/DD/YYYY</i> )  Month      Day      Year _      _      _
6. VETERAN'S SERVICE NUMBER ( <i>If applicable</i> )		7. RELATIONSHIP TO VETERAN

**SECTION II: INFORMATION ABOUT INCARCERATION**

8. DATE OFFENSE WAS COMMITTED ( <i>MM/DD/YYYY</i> )  Month      Day      Year _      _      _	9. TYPE OF OFFENSE FOR WHICH COMMITTED  <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	10. DATE OF CONFINEMENT FOLLOWING CONVICTION ( <i>MM/DD/YYYY</i> )  Month      Day      Year _      _      _
11. LENGTH OF SENTENCE	12. SCHEDULED RELEASE DATE ( <i>MM/DD/YYYY</i> )  Month      Day      Year _      _      _	
13A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM?  <input type="checkbox"/> YES <input type="checkbox"/> NO	13B. DATE ENTERED PROGRAM ( <i>MM/DD/YYYY</i> )  Month      Day      Year _      _      _	

**SECTION III: REMARKS**

REMARKS (Continued)

**SECTION IV: SIGNATURE OF OFFICIAL**

14. NAME AND TITLE OF INSTITUTIONAL OFFICIAL	15. DATE SIGNED (MM/DD/YYYY)
16. SIGNATURE OF INSTITUTIONAL OFFICIAL	17. INSTITUTION TELEPHONE NUMBER (Include Area Code)

**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.

**DEPARTMENT OF VETERANS AFFAIRS**

**Where to Send Your Written Correspondence**

In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivors Benefits); then, locate the corresponding address based on your location of residence.

For correspondence relating to all **Compensation** claims:

Location of Residence	Address
<b>All United States and Foreign Locations</b>	Department Of Veterans Affairs Evidence Intake Center <b>P.O. Box 4444</b> Janesville WI 53547-4444  Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260
<p><b>*Note:</b> For foreign Veterans Pension and Survivors Benefits please refer to the below addresses.</p>	

For correspondence relating to all **Veterans Pension** and **Survivors Benefits** claims:

Location of Residence	Address
Alabama      Kentucky      Missouri Arkansas      Louisiana      Ohio Illinois      Michigan      Tennessee Indiana      Mississippi      Wisconsin	Department Of Veterans Affairs Claims Intake Center Attention: Milwaukee Pension Center <b>P.O. Box 5192</b> Janesville WI 53547-5192 Or Fax your information to: Toll Free: (844) 655-1604
Alaska      Montana      Texas Arizona      Nebraska      Utah California      Nevada      Washington Colorado      New Mexico      Wyoming Hawaii      North Dakota      Mexico Idaho      Oklahoma      Central America Iowa      Oregon      South America Kansas      South Dakota      Caribbean Minnesota	Department Of Veterans Affairs Claims Intake Center Attention: St. Paul Pension Center <b>P.O. Box 5365</b> Janesville WI 53547-5365 Or fax your information to: Toll Free: (844) 655-1604
Connecticut      New Hampshire      South Carolina Delaware      New Jersey      Vermont Florida      New York      Virginia Georgia      North Carolina      West Virginia Maine      Pennsylvania      District of Columbia Maryland      Rhode Island      Puerto Rico Massachusetts      Canada	Department Of Veterans Affairs Claims Intake Center Attention: Philadelphia Pension Center <b>P.O. Box 5206</b> Janesville WI 53547-5206 Or fax your information to: Toll Free: (844) 655-1604
Countries outside of North, Central or South America	