



VA DATE STAMP
 DO NOT WRITE IN THIS SPACE

**STATEMENT IN SUPPORT OF CLAIM FOR SERVICE CONNECTION
 FOR POST-TRAUMATIC STRESS DISORDER (PTSD)**

IMPORTANT: If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press 1, or visit <https://www.veteranscrisisline.net/> to chat online, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for [deaf and hard of hearing](#) individuals is available.

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, and the full names and unit assignments of you know of who were killed or injured during the incident. Please provide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as specific as possible so that research of military records can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

SECTION I: VETERAN'S 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.

1. VETERAN NAME (*First, Middle Initial, Last*)

2. SOCIAL SECURITY NUMBER

— —

3. VA FILE NUMBER (*If applicable*)

4. DATE OF BIRTH (*MM/DD/YYYY*)

Month Day Year

— —

5. VETERAN'S SERVICE NUMBER (*If applicable*)

6. TELEPHONE NUMBER (*Include Area Code*)

— —

7. E-MAIL ADDRESS (*Optional*)

8. DO YOU HAVE A GENDER PREFERENCE FOR YOUR EXAMINER? (*Optional*)

MALE

FEMALE

SECTION II: STRESSFUL INCIDENTS

9A. DATE **FIRST** INCIDENT OCCURRED (*MM/DD/YYYY*)

Month Day Year

— —

9B. DATES OF UNIT ASSIGNMENT (*MM/DD/YYYY*)

FROM:

Month Day Year

— —

TO:

Month Day Year

— —

9C. LOCATION OF INCIDENT (*City, State, Country, Province, landmark or military installation*)

9D. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)

9E. DESCRIPTION OF THE INCIDENT

9F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

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.*)

10A. NAME OF PERSON (*First, Middle Initial, Last*)

10B. RANK (<i>If applicable</i>)	10C. DATE OF INJURY/DEATH (<i>MM/DD/YYYY</i>) Month Day Year - -	10D. PLEASE CHECK ONE <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> WOUNDED IN ACTION <input type="checkbox"/> KILLED NON-BATTLE <input type="checkbox"/> INJURED NON-BATTLE <input type="checkbox"/> OTHER:
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10E. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)

11A. NAME OF PERSON (*First, Middle Initial, Last*)

11B. RANK (<i>If applicable</i>)	11C. DATE OF INJURY/DEATH (<i>MM/DD/YYYY</i>) Month Day Year - -	11D. PLEASE CHECK ONE <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> WOUNDED IN ACTION <input type="checkbox"/> KILLED NON-BATTLE <input type="checkbox"/> INJURED NON-BATTLE <input type="checkbox"/> OTHER:
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11E. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)

12A. DATE SECOND INCIDENT OCCURRED (<i>MM,DD,YYYY</i>) Month Day Year - -	12B. DATES OF UNIT ASSIGNMENT (<i>MM/DD/YYYY</i>)	
	FROM: Month Day Year - -	TO: Month Day Year - -

12C. LOCATION OF INCIDENT (*City, State, Country, Province, landmark or military installation*)

12D. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)

12E. DESCRIPTION OF THE INCIDENT

12F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

