



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. See Page 3 for information on how to submit this form.

TO		FROM	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*)

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 (Sign in ink)	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 Veteran Readiness and Employment Records - VA, 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.

Where to Send Your Written Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.

By visiting www.va.gov you can also check your claims status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>.

If you prefer to mail your correspondence, please use the related mailing address below.

COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365
FIDUCIARY	BOARD OF VETERANS' APPEALS
Department of Veterans Affairs Fiduciary Intake PO Box 95211 Lakeland, FL 33804-5211	Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 Washington, DC 20038

These addresses serve **all United States** and **foreign locations**.