OMB Approved No. 2900-0116
Respondent Burden: 15 minutes
Expiration Date: XX/XX/20XX

VA | U.S. 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. See Page 3 for information on how to submit this form.

TO		FROM	NAME AND ADDRESS OF INSTITUTION

SECTION I: VETERAN/BENEFICIARY IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and insert one letter per box, to help expedite processing of 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
Month – Day – Year

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

7. RELATIONSHIP TO VETERAN *(If other than veteran)*

SECTION II: INCARCERATION INFORMATION

8. DATE OFFENSE WAS COMMITTED
Month – Day – Year

9. TYPE OF OFFENSE FOR WHICH COMMITTED
☐ FELONY ☐ MISDEMEANOR ☐ INFRACTION

10A. DATE OF CONVICTION
Month – Day – Year

10B. DATE OF CONFINEMENT FOLLOWING CONVICTION
Month – Day – Year

11A. LENGTH OF SENTENCE

11B. HAS/WILL INCARCERATION LAST(ED) MORE THAN 60 DAYS FOLLOWING DATE OF CONVICTION?
☐ YES ☐ NO

12. SCHEDULED RELEASE DATE
Month – Day – Year

13A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM?
☐ YES (If "YES," complete Item 13B)
☐ NO

13B. DATE ENTERED PROGRAM
Month – Day – Year

SECTION III: REMARKS

VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

REMARKS *(Continued)*

SECTION IV: SIGNATURE OF OFFICIAL

14. NAME AND TITLE OF INSTITUTIONAL OFFICIAL	15. DATE SIGNED Month ☐☐ – Date ☐☐ – Year ☐☐☐☐
16. SIGNATURE OF INSTITUTIONAL OFFICIAL ***(Required)***	17. INSTITUTION TELEPHONE NUMBER *(Include Area Code)* ☐☐☐ – ☐☐☐ – ☐☐☐☐ Enter International Phone Number *(If applicable)*

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, 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0116, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at **vapra@va.gov**. Please refer to OMB Control No. 2900-0116 in any correspondence. Do not send your completed VA Form 21-4193 to this email address.

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 AccessVA to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim 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 Benefits	Pension & Survivors Benefits
Department of Veterans Affairs Compensation Intake Center PO Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604
Board of Veterans' Appeals	**Fiduciary**
Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979	Department of Veterans Affairs Fiduciary Intake Center PO Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826

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

Veteran Crisis Line then Dial 988 then Press 1

You can also send a text message to 838255 to receive confidential support
24 hours a day, 7 days a week, 365 days a year.
For more information, visit
www.veteranscrisisline.net