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 appry.				
1. NAME OF VETERAN (First, Middle, Last)		2. VA FILE NO.		
STRESS	FUL INCIDENT NO.	1		
3A. DATE INCIDENT OCCURRED (Mo., day, yr.) 3B. LOCATION	N OF INCIDENT (City, Sta	te, Country, Province,	landmark or military installation)	
3C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)		3D. DATES OF UNIT ASSIGNMENT (Mo., day, yr.)		
		FROM	TO TO	
3E. DESCRIPTION OF THE INCIDENT				
4. OTHER SOURCES OF INFORMATION: Identify any concerning the incident. If you reported the incident to no counseling facility, or health clinic, etc., please provide the If the source provided treatment and you would like us to and Consent to Release Information to the Department of Yamily members, chaplains, clergy, or fellow service poknowledge of the incident. These statements will help upersonal diaries or journals.	nilitary or civilian authernames and addresses obtain the treatment recovererans Affairs (VA), ersons, you may want is in deciding your class.	norities or sought hand we will assist yords, complete VA for each provider. It to ask them for	elp from a rape crisis center, you in getting the information. Form 21-4142, Authorization of you confided in roommates, a statement concerning their	
NAME	ADDRESS			
NAME	ADDRESS			
NAME	ADDRESS			

STRESSELL	L INCIDENT NO. 2			
5A. DATE INCIDENT OCCURRED (Mo., day, yr.) 5B. LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)				
JA. DATE INCIDENT OCCONNED (Mo., uuy, yr.) JB. ECCATION OF	incident (City, State,	Country, 1 rovince, tanamar	k or milliary installation)	
5C. UNIT ASSIGNMENT DURING INCIDENT (Such as, DIVISION, WI	NG RATTALION	5D. DATES OF UNIT ASSI	GNMENT(Mo day yr)	
CAVALRY, SHIP)	NO, DATTALION,	FROM	TO	
,		FROW		
5E. DESCRIPTION OF THE INCIDENT				
(OTHER COURCES OF INFORMATION 11 4'C	.1 ('1')	11.4 \ \ \ \ \ 1	.1	
6. OTHER SOURCES OF INFORMATION: Identify any o				
concerning the incident. If you reported the incident to mili counseling facility, or health clinic, etc., please provide the national counseling facility.				
the source provided treatment and you would like us to obtain				
Consent to Release Information to the Department of Vetera				
family members, chaplains, clergy, or fellow service persons,				
of the incident. These statements will help us in deciding you				
journals.	i ciaiii. Other source.	or information also mer	ade personal diaries of	
	I A D D D E O O			
NAME	ADDRESS			
NAME	ADDRESS			
NAME	ADDRESS			

7. Please provide in the space below any other inform us know if you experienced any of the following or of	• •		y help your claim. Let	
 visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment sudden requests for a change in occupational series or duty assignment increased use of leave without an apparent reason changes in performance and performance evaluations episodes of depression, panic attacks, or anxiety without an identifiable cause increased or decreased use of prescription medications increased use of over-the-counter medications 		 substance abuse such as alcohol or drugs increased disregard for military or civilian authority obsessive behavior such as overeating or undereating pregnancy tests around the time of the incident tests for HIV or sexually transmitted diseases unexplained economic or social behavior changes breakup of a primary relationship 		
I CERTIFY THAT the foregoing statement(s) are true	ne and correct to the best of m	y knowledge and belief.		
8. SIGNATURE	9. DATE	10. TELEPHONE NUM	BERS (Include Area Code)	
		DAYTIME	EVENING	
PENALTY - The law provides severe penalties which include fine fact, knowing it is false, or fraudulent acceptance of any payment	e or imprisonment or both, for the wi to which you are not entitled.	Ilful submission of any stateme	ent or evidence of a material	
PRIVACY ACT NOTICE: The VA will not discled authorized under the Privacy Act of 1974 or Title 38 enforcement, congressional communications, epide States, litigation in which the United States is a part benefits, verification of identity and status, and person Compensation, Pension, Education and Rehabilitation is voluntary. However, the requested information is information is not furnished completely or accuratel sources for supporting evidence. The responses you	B, Code of Federal Regulation miological or research studiently or has an interest, the administration) as identification as identification as identification. VA, published in necessary to obtain supportinally, VA will not be able to the	s 1.576 for routine uses es, the collection of moministration of VA prognified in the VA system the Federal Register. Y g evidence of stressful in proughly research your r	(i.e., civil or criminal law oney owed to the United rams and delivery of VA n of records, 58VA21/22, Your obligation to respond neidents in service. If the	
RESPONDENT BURDEN: We need this information disorder (38 U.S.C. 5107 (a)). Title 38, United State an average of 1 hour and 10 minutes to review the insponsor a collection of information unless a valid collection of information if this number is not displawww.whitehouse.gov/omb/library/OMBINV.VA.EP	es Code, allows us to ask for astructions, find the information OMB control number is divided. Valid OMB control number is divided.	this information. We est on, and complete this for splayed. You are not onbers can be located on	stimate that you will need rm. VA cannot conduct or required to respond to a the OMB Internet Page at	

where to send comments or suggestions about this form.