

VA LAW FOR NON-VA LAWYERS

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Agenda

- Types of Military Discharges & VA Benefits**
- VA Disability Compensation & VA Pension**
- VA Appeals Modernization Act (AMA)**
- Veterans Benefits Administration Reports**
- The PACT Act**
- Incarceration & VA Benefits**
- VA Fugitive Felon Program**
- VA Benefits & the Criminal Sentencing Case**
- Requesting Military Records & VA Records**
 - Military Records**
 - VA Records**
 - Civilian Medical Records for VA Purposes**
 - VA Claims File**
 - VA/Military Records and Witnesses**

Military Discharges

What You Need to Know About Your Client's Military Discharge (**DD-214**)

- What Information is Found on the DD-214?
- Military Discharges Generally

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH United States Marine Corps -11		3. SOCIAL SECURITY NUMBER																																					
4a. GRADE, RATE OR RANK Private	5. PAY GRADE E-1	5. DATE OF BIRTH (YYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A																																					
7a. PLACE OF ENTRY INTO ACTIVE DUTY Oakland MEPS Oakland, California 94612-2002		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)																																							
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1stBn 4thMar 1stMarDiv		b. STATION WHERE SEPARATED SuppCo 1stMar 1stMarDiv RUC: 11104																																							
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGLI COVERAGE AMOUNT: \$ 250,000.00		NONE																																					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 3381, Food Service Specialist, 3 years 5 months.		12. RECORD OF SERVICE																																							
		<table border="1"> <thead> <tr> <th></th> <th>YEAR(S)</th> <th>MONTH(S)</th> <th>DAY(S)</th> </tr> </thead> <tbody> <tr> <td>a. DATE ENTERED AD THIS PERIOD</td> <td>200</td> <td>07</td> <td>22</td> </tr> <tr> <td>b. SEPARATION DATE THIS PERIOD</td> <td>2004</td> <td>07</td> <td>16</td> </tr> <tr> <td>c. NET ACTIVE SERVICE THIS PERIOD</td> <td>04</td> <td>00</td> <td>07</td> </tr> <tr> <td>d. TOTAL PRIOR ACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>e. TOTAL PRIOR INACTIVE SERVICE</td> <td>00</td> <td>06</td> <td>04</td> </tr> <tr> <td>f. FOREIGN SERVICE</td> <td>00</td> <td>11</td> <td>02</td> </tr> <tr> <td>g. SEA SERVICE</td> <td>00</td> <td>08</td> <td>02</td> </tr> <tr> <td>h. EFFECTIVE DATE OF PAY GRADE</td> <td>2003</td> <td>12</td> <td>19</td> </tr> </tbody> </table>					YEAR(S)	MONTH(S)	DAY(S)	a. DATE ENTERED AD THIS PERIOD	200	07	22	b. SEPARATION DATE THIS PERIOD	2004	07	16	c. NET ACTIVE SERVICE THIS PERIOD	04	00	07	d. TOTAL PRIOR ACTIVE SERVICE	00	00	00	e. TOTAL PRIOR INACTIVE SERVICE	00	06	04	f. FOREIGN SERVICE	00	11	02	g. SEA SERVICE	00	08	02	h. EFFECTIVE DATE OF PAY GRADE	2003	12	19
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g. SEA SERVICE	00	08	02																																						
h. EFFECTIVE DATE OF PAY GRADE	2003	12	19																																						
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) (CR) Combat Action Ribbon (01) (WE) Global War on Terrorism Expeditionary Medal (01) (SD) Sea Service Deployment Ribbon (01) (NN) National Defense Service Medal (01) (PU) Presidential Unit Citation (01) (NU) Navy Unit Commendation (01)		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) (808) Recruit Training, 12 wks, October 2000. (M92) Marine Combat Training, 6 wks, November 2000. (33L) Basic Food Service, 10 wks, February 2001.																																							
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																
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16. DAYS ACCRUED LEAVE PAID None	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION																																								
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18. REMARKS Serial Number																																									
<p>The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.</p>																																									
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)																																						
20. MEMBER REQUESTS COPY 6 BE SENT TO CA DIRECTOR OF VETERANS AFFAIRS																																									
<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																
YES	NO																																								
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21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) J. R. Harvey, CWO2 Personnel Officer																																							
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)																																									
23. TYPE OF SEPARATION Discharged		24. CHARACTER OF SERVICE (Include upgrades) UNDER OTHER THAN HONORABLE CONDITION																																							
25. SEPARATION AUTHORITY MARCORSEPMAN 6210.5		26. SEPARATION CODE HKKI		27. REENTRY CODE RE-4B																																					
28. NARRATIVE REASON FOR SEPARATION MISCONDUCT																																									
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) (04) 20021004- 20021007				30. MEMBER REQUESTS COPY 4 (Initials) <i>Dr</i>																																					

Rank, Grade and
RateMilitary
Occupational
Specialty (MOS)

Awards

Deployments,
other information

Separation Authority

Reason for Separation

AWOL/Incarceration
dates

Dates of service

Duration of
overseas
deployment

Characterization

What Types of Military Discharges Are There?

▶ ADMINISTRATIVE DISCHARGES

- Honorable Discharge
- General (Under Honorable Conditions) Discharge
- Other-Than-Honorable Discharge
- Uncharacterized, or Entry-Level Separation (ELS) Discharge

▶ PUNITIVE DISCHARGES

- Bad-Conduct Discharge
- Dishonorable Discharge

Military discharge characterization

Honorable

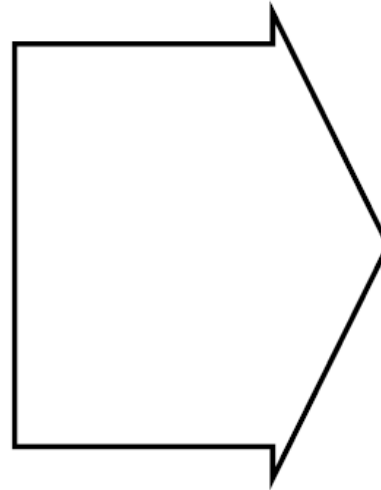
General Under Honorable Conditions

Uncharacterized

Other than Honorable/Undesirable

Bad Conduct

Dishonorable



Depends on
VA review

VA eligibility determination

“Honorable for VA purposes”

“Dishonorable for VA purposes”

BENEFITS AT SEPARATION

BENEFITS AT SEPARATION

E	Eligible
NE	Not Eligible
TBD	To be determined by Administering Agency
DV	Eligibility for these benefits depend upon specific disabilities of the veteran

Honorable DD Form 256A

General Under Honorable Conditions DD Form 257A "4"

Other Than Honorable "5"

Bad Conduct Discharge

Dishonorable Discharge
General Court-Martial "6"

Army Administered						Authority and References "7"
1. Payment for Accrued Leave	E	E	NE	NE	NE	37 USC 501-503; DODPEM Par. 40401a
2. Death Gratuity (six months pay)	E	E	E	E	NE	10 USC 1480; DODPEM Par. 40501b
3. Wearing of Military Uniform	E	E	NE	NE	NE	10 USC 771a, 772; AR 670-1
4. Admission to Soldiers' Home "1"	E	E	NE	NE	NE	24 USC 49, 50
5. Burial in Army National Cemeteries	E	E	NE	NE	NE	38 USC 1002; AR 290-5
6. Burial in Army Post Cemeteries "2"	E	E	NE	NE	NE	AR 210-190
7. Army Board for Correction of Military Records	E	E	E	E	E	10 USC 1552; AR 15-185
8. Army Discharge Review Board	E	E	E	NE "9"	NE	10 USC 1553; AR 15-180
9. Transportation to Home "3"	E	E	E	E	E	37 USC 404; JTR par. U7500-7506
10. Transportation of Dependents and Household Goods to Home	E	E	TBD "8"	TBD "8"	TBD "8"	37 USC 406; JTR par. U5225, par. U5370
Transitional Benefits & Services "14"						
1. Pre-separation Counseling	E	E	E	E	E	10 USC Section 1142
2. Employment Assistance	E	E	E	E	NE	10 USC Section 1143, 1144
3. Health Benefits	E	E	NE	NE	NE	10 USC Section 1145
4. Commissary/Exchange	E	E	NE	NE	NE	10 USC Section 1146
5. Military Family Housing	E	E	NE	NE	NE	10 USC Section 1147
6. Overseas Relocation Assistance	E	E	NE	NE	NE	10 USC Section 1148
7. Excess Leave/Permissive TDY	E	E	NE	NE	NE	10 USC Section 1149
8. Preference for USAR/ARNG	E	E	NE	NE	NE	10 USC Section 1150
9. Montgomery G.I. Bill (Additional Opportunity)	E	NE	NE	NE	NE	38 USC Section 3011
Department of Veteran Affairs "10"						
1. Dependency and Indemnity Compensation	E	E	E	E	NE	38 USC 410(b)
2. Pension for Non-Service Connected Disability or Death	E	E	TBD	TBD	NE	38 USC 521; 38 USC 3103
3. Medal of Honor Roll Pension	E	E	TBD	TBD	NE	38 USC 562; 38 USC 3103
4. Insurance	E	E	TBD "11"	TBD "11"	TBD "11"	38 USC 711, 773; AR 608-2
5. Vocational Rehabilitation (DV)	E	E	TBD	TBD	NE	38 USC 1502, 1503
6. Educational Assistance	E	NE	NE	NE	NE	38 USC 1411
7. Survivors & Dependents Educational Assistance	E	E	E	E	NE	38 USC 1701-1765
8. Home and other Loans	E	E	TBD	TBD	NE	38 USC 1802, 1818
9. Hospitalization & Domiciliary Care	E	E	TBD	TBD	NE	38 USC 610; 38 USC 3103
10. Medical and Dental Services	E	E	TBD	TBD	NE	38 USC 612; 38 USC 3103
11. Prosthetic Appliances (DV)	E	E	TBD	TBD	NE	38 USC 614; 38 USC 3103
12. Guide Dogs & Equipment For Blindness (DV)	E	E	TBD	TBD	NE	38 USC 614; 38 USC 612(b); 38 USC 3103
13. Special Housing (DV)	E	E	TBD	TBD	NE	38 USC 614; 38 USC 3103
14. Automobiles (DV)	E	E	TBD	TBD	NE	38 USC 801; 38 USC 3103
15. Funeral and Burial Expenses	E	E	TBD	TBD	NE	38 USC 1901; 38 USC 3103
16. Burial Flag	E	E	TBD	TBD	NE	38 USC 902; 38 USC 3103
17. Burial in National Cemeteries	E	E	TBD	TBD	NE	38 USC 901; 38 USC 3103
18. Headstone Marker	E	E	TBD	TBD	NE	38 USC 1002
						38 USC 906; 38 USC 3103
Administered by Other Federal Agencies						
1. Preference for Farm Loan (Dept. of Agriculture)	E	E	E	E	NE	7 USC 1983(5)
2. Preference for Farm & other Rural Housing Loans (Dept. of Agriculture)	E	E	E	E	NE	42 USC 1477
3. Civil Service Preference "13" (Office of Personnel Management)	E	E	NE	NE	NE	5 USC 2108, 3309-3316, 3502, 3504
4. Civil Service Retirement Credit	E	NE	NE	NE	NE	5 USC 8331, 8332
5. Reemployment Rights (Dept. of Labor)	E	E	NE	NE	NE	38 USC 2021-2026
6. Job Counseling & Employment Placement (Dept. of Labor)	E	E	E	E	NE	38 USC 2001-2014
7. Unemployment Compensation for Ex-Service members (Dept. of Labor)	E	E	NE	NE	NE	5 USC 8501, 8521
8. Naturalization Benefits (Dept. of Justice Immigration & Naturalization Service)	E	E	NE	NE	NE	8 USC 1439, 1440; AR 608-3, par. 2-2-3
9. Old Age, Survivors & Disability Insurance (Social Security Administration)	E	E	TBD	TBD	NE "12"	42 USC 417
10. Job Preference, Public Works Projects "13" (Dept. of Commerce)	E	E	TBD	TBD	NE	42 USC 6706; 13 CFR.317.35

VA Disability Compensation & VA Pension (not military retirement)

Service-Connected Compensation

- Monthly benefit for veterans with a current health condition that is “at least as likely as not” linked to their military service
- Not means-tested

Non-Service-Connected Pension

- Monthly benefit for low-income wartime veterans who are totally & permanently disabled **or** elderly
- Means-tested

VETERANS PENSION ELIGIBILITY

- ▶ May qualify for a Veteran's pension if:
 - Vet was discharged from service under other than dishonorable conditions,
 - AND**
 - served 90 days or more of active duty with at least 1 day during a period of wartime, **or**;
 - permanently & totally disabled **or** are age 65 or older.

VETERANS PENSION ELIGIBILITY

- ▶ Vet also ***must have limited income and a limited net worth or assets to qualify for a VA pension.***
- ▶ Net worth includes Veteran's and spouse's assets and annual income.
- ▶ When Veteran applies for Pension benefits, he/she will need to report all of these assets and income.
- ▶ The 2022 **asset limit** for VA pension is \$138,489

VA Pension

- ▶ Veteran (alone – no deps)
- ▶ VA Housebound Pension Payments
 - Veteran
 - Married Veteran
 - Surviving Spouse
- ▶ Veteran – Aid & Attendance (A&A) Without Dependents
- ▶ Veteran –A&A With One Dependent
- ▶ Surviving Spouse

2022 VA Pension Income Limits (Effective Dec. 1, 2021)

If you are a...	Your yearly income must be less than...
Veteran with no dependents	\$14,753
Veteran with a spouse or a child	\$19,320
Housebound veteran with no dependents	\$18,029
Housebound veteran with one dependent	\$22,596
Veteran who needs aid and attendance and has no dependents	\$24,610
Veteran who needs aid and attendance (A/A) and has one dependent	\$29,175
Two Vets Married to Each Other	\$19,320
Add for Each Additional Child to any category above	\$2,523

VA PENSION PAYMENT RATES

- ▶ The VA pays the Veteran the difference between his/her countable family income and the yearly income limit which describes their situation
 - (see prior chart).
- ▶ This difference is generally paid in 12 equal monthly payments rounded down to the nearest dollar.

Service Connected Disability Compensation

- ▶ What you must prove:
 - 1) **Veteran status**– a person who served on active duty and who was discharged honorably or other than dishonorable
 - 2) **Current disability**– veteran's disability must exist currently
 - 3) **Service connection**– must show that the disability is linked to an event/injury in service
 - 4) **Medical nexus**– need medical opinion linking the in service event/injury to the current disability (*“as likely as not” standard*)
 - 5) Compensation rates vary from 0%–100% or \$0 to \$3,456 per month for veteran alone.
 - 6) Additional amounts based on family size & other factors

Current VA Disability Compensation Rates

Compensation rates for Veterans with a 10% to 20% disability rating

Effective December 1, 2021

Note: If you have a 10% to 20% disability rating, you won't receive a higher rate even if you have a dependent spouse, child, or parent.

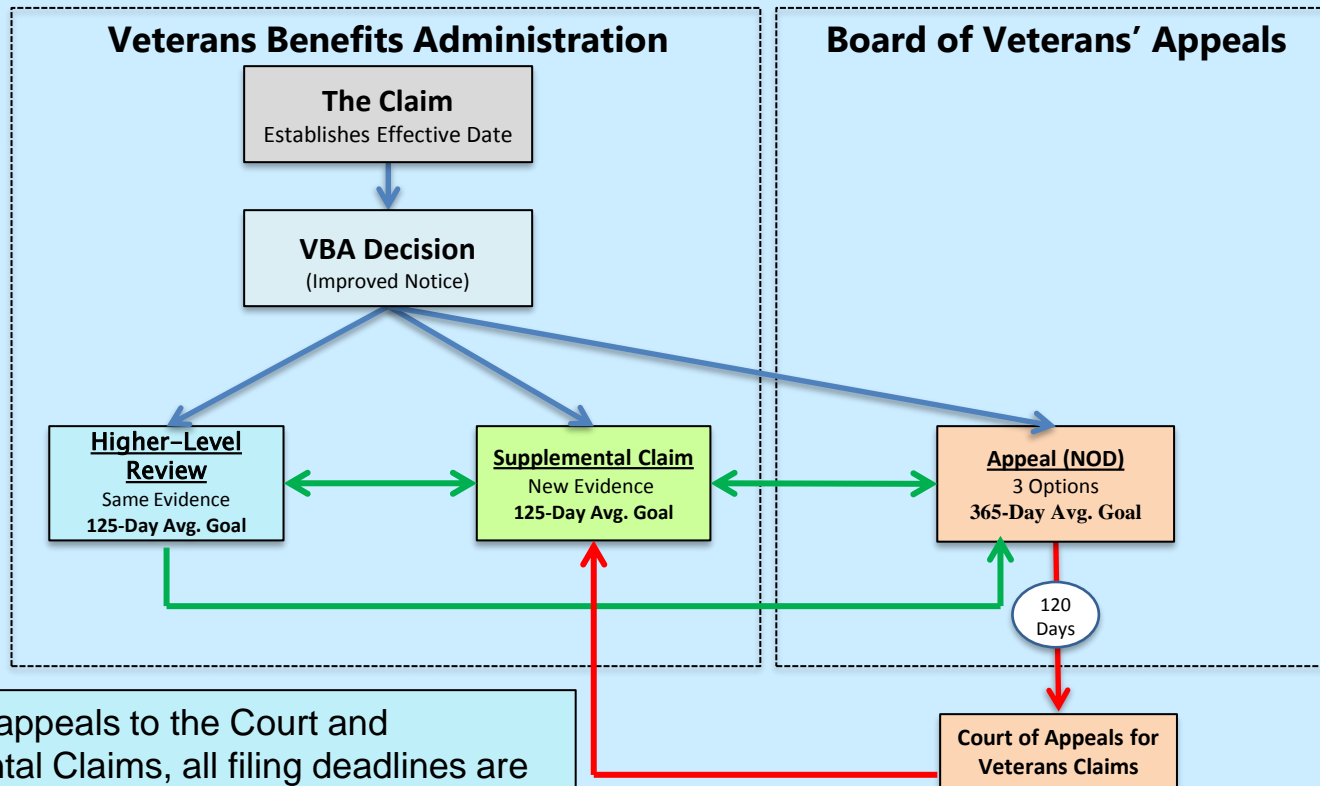
Disability rating	Monthly payment (in U.S. \$)
10%	152.64
20%	301.74

Dependent status	30% disability rating (in U.S. \$)	40% disability rating (in U.S. \$)	50% disability rating (in U.S. \$)	60% disability rating (in U.S. \$)
Veteran with 1 child only (no spouse or parents)	504.39	722.28	1020.44	1,288.03
With 1 child and spouse (no parents)	563.39	801.28	1,118.44	1,407.03
With 1 child, spouse, and 1 parent	607.39	860.28	1,192.44	1,496.03
With 1 child, spouse, and 2 parents	651.39	919.28	1,266.44	1,585.03
With 1 child and 1 parent (no spouse)	548.39	781.28	1,094.44	1,377.03
With 1 child and 2 parents (no spouse)	592.39	840.28	1,168.44	1,466.03

Dependent status	70% disability rating (in U.S. \$)	80% disability rating (in U.S. \$)	90% disability rating (in U.S. \$)	100% disability rating (in U.S. \$)
Veteran with child only (no spouse or parents)	1,615.95	1,877.43	2,109.52	3,456.30
With 1 child and spouse (no parents)	1,754.95	2,035.43	2,287.52	3,653.89
With 1 child, spouse and 1 parent	1,858.95	2,154.43	2,421.52	3,802.99
With 1 child, spouse and 2 parents	1,962.95	2,273.43	2,555.52	3,952.09
With 1 child and 1 parent	1,719.95	1,996.43	2,243.52	3,605.40
With 1 child and 2 parents (no spouse)	1,823.95	2,115.43	2,377.52	3,754.50

VA
Appeals Modernization Act
(AMA)
February 19, 2019
Law Change

New Decision Review Process



Except for appeals to the Court and Supplemental Claims, all filing deadlines are **one year**.

Three Review (Appeal) Options

VBA		BVA
Supplemental Claim	Higher-Level Review	Board Appeal
<ul style="list-style-type: none"> Replaces "reconsiderations" and "reopening" claims with "new and material" evidence VA will readjudicate a claim if "new and relevant" evidence is presented or identified with a supplemental claim (open record). VA will assist in gathering new and relevant evidence (duty to assist). Effective date for benefits is always protected when submitted within 1 year of prior decision. Tracked and controlled under EP 040 series Decisionmakers are Veterans Service Representatives (VSRs) and Rating VSRs (RVSRs) 	<ul style="list-style-type: none"> More experienced VA employee takes a second look at the same evidence (closed record and no duty to assist). Option for a one-time telephonic informal conference with the higher-level reviewer to discuss the error in the prior decision <i>De novo</i> review with full difference of opinion authority Duty to assist errors returned to lower-level for correction (quality feedback) Tracked and controlled under EP 030 series Decisionmakers are Decision Review Officers (DROs) and Senior VSRs 	<ul style="list-style-type: none"> Evidence only docket: The appellant may submit evidence within the 90 day window following submission of the NOD. The Board does not have a duty to assist and the record is otherwise closed. Direct docket: The appellant receives direct review by the Board of the evidence that was before VBA in the decision on appeal. The Board has a 365-day timeliness goal for this docket. Quality feedback loop for VBA. Hearing docket: The appellant will be scheduled for a Board hearing. Additionally, the appellant may submit evidence within the 90 day window following the scheduled hearing. The Board does not have a duty to assist and the record is otherwise closed.

Veterans Benefits Administration Reports

(as of 08/13/2022)

▶ Claims Inventory:

- Disability compensation and pension claims that have been received by VA that requires development and a decision by a VA claims processor:
 - Current (August 2022): 605,760
 - 2021: 475,821
 - 2020: 408,194

▶ Claims Backlog

- Subset of Claims Inventory, the backlog number represents claims that have been awaiting a rating decision for ***more than 125 days since receipt.***
 - Current: 159,701
 - 2021: 213,304
 - 2020: 68,222

Veterans Benefits Administration Reports

(as of 08/13/2022)

▶ VA Compensation Appeals Pending (Texas):

- **Total:**

- **2022: 70,885**
- **2021: 49,561**

- **Texas Claims that have been awaiting a rating decision for *more than 125 days since receipt:***

- **2022: 15,807**

▶ Board of Veterans' Appeals (BVA)

- **As of June 2022: 239,470 total appeals pending at BVA**

- **Average Days to Completion from filing of Appeal (Notice of Disagreement);**

- **Direct Review (no new evidence or hearing): 359 days**
- **Evidence Submission, but no hearing: 371 days**
- **Hearing: 691 days**

PACT ACT

- ▶ The Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (**PACT**) Act.
- ▶ **The PACT Act will bring these changes:**
 - Expands and extends eligibility for VA health care for Veterans with toxic exposures and Veterans of the Vietnam, Gulf War, and post-9/11 eras.
 - Adds more than 20 new presumptive conditions for burn pits and other toxic exposures.
 - Adds more presumptive-exposure locations for Agent Orange and radiation
 - Requires VA to provide a toxic exposure screening to every Veteran enrolled in VA health care
 - If you're a Veteran or survivor, you can file claims now to apply for PACT Act-related benefits.

PACT ACT

- ▶ **What does it mean to have a presumptive condition for toxic exposure?**
 - To get a VA disability rating, Vet disability must connect to military service. For many health conditions, Vet needs to prove that his/her service caused your condition.
 - But for some conditions, VA automatically assume (or “presume”) that service caused your condition. VA calls these “presumptive conditions.”
 - VA considers a condition presumptive when it's established by law or regulation.
 - If Vet has a presumptive condition, Vet does not need to prove that service caused the condition. Only need to meet the service requirements for the presumption.

PACT ACT

- ▶ Conditions have been added to the presumptive list for “covered veterans,” effective August 10, 2022.
- ▶ Defines a **covered veteran** as one of the following:
 1. A veteran who, **on or after August 2, 1990**, performed active military, naval, air, or space service while assigned to a duty station in, including air space above:
 - Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, United Arab Emirates
 2. A veteran who, **on or after September 11, 2001**, performed active military, naval, air, or space service, while assigned to a duty station, including the airspace above:
 - Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria

PACT ACT

► **Toxic Exposure Presumptives Effective Dates**

- For toxic exposure presumptive claims, the effective dates in the Act are listed below in following slides.
- If a veteran is terminally ill, homeless, in severe financial difficulty, aged 85 or older, or can demonstrate other acceptable cause, August 10, 2022, is the effective date for claims.
- This also applies to Dependency and Indemnity Compensation.
- Effective Dates: VA Implementation
 - VA declared all 23 conditions presumptive from the date the bill was signed.
 - Eliminates phase in system shown on next slide.

PACT ACT:

Gulf War era & post-9/11 Veteran eligibility

- ▶ Added more than 20 burn pit and other toxic exposure presumptive conditions based. This change expands benefits for Gulf War era & post-9/11 Veterans.
- ▶ **These cancers are now presumptive:**
 - Brain cancer (effective immediately)
 - Gastrointestinal cancer of any type (effective October 1, 2024)
 - Glioblastoma (effective immediately)
 - Head cancer of any type (effective October 1, 2024)
 - Kidney cancer (effective October 1, 2025)
 - Lymphatic cancer of any type (effective October 1, 2024)
 - Lymphoma of any type (effective October 1, 2024)
 - Melanoma (effective October 1, 2025)
 - Neck cancer (effective October 1, 2024)
 - Pancreatic cancer (effective October 1, 2024)
 - Reproductive cancer of any type (effective October 1, 2024)
 - Respiratory (breathing-related) cancer of any type (effective immediately)

PACT ACT:

Gulf War era & post-9/11 Veteran eligibility

▶ **These illnesses are now presumptive:**

- Asthma that was diagnosed after service (effective immediately)
- Chronic bronchitis (effective October 1, 2023)
- Chronic obstructive pulmonary disease (COPD) (effective October 1, 2023)
- Chronic rhinitis (effective immediately)
- Chronic sinusitis (effective immediately)
- Constrictive bronchiolitis or obliterative bronchiolitis (effective immediately)
- Emphysema (effective immediately)
- Granulomatous disease (effective immediately)
- Interstitial lung disease (ILD) (effective immediately)
- Pleuritis (effective immediately)
- Pulmonary fibrosis (effective immediately)
- Sarcoidosis (effective immediately)

PACT ACT:

Vietnam era Veteran eligibility

- ▶ PACT Act, added 2 new Agent Orange presumptive conditions:
 - High blood pressure (also called hypertension)
 - Monoclonal gammopathy of undetermined significance (MGUS)

PACT ACT:

Vietnam era Veteran eligibility

- ▶ PACT Act, added these 5 new locations to the list of presumptive locations:
 - Any U.S. or Royal Thai military base in Thailand from January 9, 1962, through June 30, 1976
 - Laos from December 1, 1965, through September 30, 1969
 - Cambodia at Mimot or Krek, Kampong Cham Province from April 16, 1969, through April 30, 1969
 - Guam or American Samoa or in the territorial waters off of Guam or American Samoa from Jan 9, 1962 - Jul 30, 1980
 - Johnston Atoll or on a ship that called at Johnston Atoll from January 1, 1972, through September 30, 1977
- ▶ If Vet served on active duty in any of these locations, VA will automatically assume (or “presume”) the Vet had exposure to Agent Orange.

PACT ACT:

New Radiation Presumptive Locations

- ▶ Added these 3 new response efforts to the list of presumptive locations:
 - Cleanup of **Enewetak Atoll**, from January 1, 1977, through December 31, 1980
 - Cleanup of the Air Force B-52 bomber carrying nuclear weapons off the coast of **Palomares, Spain**, from January 17, 1966, through March 31, 1967
 - Response to the fire onboard an Air Force B-52 bomber carrying nuclear weapons near **Thule Air Force Base in Greenland** from January 21, 1968, to September 25, 1968
- ▶ If Vet took part in any of these efforts, VA will automatically assume (or “presume”) that he/she had exposure to radiation.

PACT ACT: Survivors

- ▶ Surviving family member of a Veteran, may be eligible for these benefits:
 - **A monthly VA Dependency and Indemnity Compensation (VA DIC) payment.** May qualify if a surviving spouse, dependent child, or parent of a Veteran who died from a service-connected disability.
 - **A one-time accrued benefits payment.** May qualify if surviving spouse, dependent child, or dependent parent of a Veteran who we owed unpaid benefits at the time of their death.
 - **A Survivors Pension.** May qualify if you're the surviving spouse or child of a Veteran with wartime service.

PACT ACT: Camp Lejeune Justice Act

- ▶ People who were at Camp Lejeune between August 1, 1953, and December 31, 1987, for 30 days or more are eligible to file suit.
 - Veterans, family members, non-military workers (civilian contractors), and others who were exposed between these dates may qualify for a lawsuit.
- ▶ Water contamination at the base included multiple volatile organic compounds such as:
 - tetrachloroethylene, trichloroethylene, vinyl chloride, and benzene
- ▶ Base residents and workers drank, bathed in, cooked with, and used for decades.

PACT ACT: Camp Lejeune Justice Act

- ▶ Upwards of one million people were exposed to toxic chemicals in the Camp Lejeune water supply.
- ▶ People exposed to the water have suffered from various types of cancer, Parkinson's Disease, birth defects, and other serious and often deadly medical conditions.
- ▶ Impacted people will be able to recover compensation for their injuries, medical costs, emotional harm, and any other applicable damages – including wrongful death.
- ▶ The Act requires the completion of an administrative process prior to the filing of a lawsuit.
- ▶ All claims ripe for filing suit must be filed in the U.S. District Court: Eastern District of North Carolina.

PACT ACT: Camp Lejeune Justice Act

- ▶ The Camp Lejeune Justice Act is broad, allowing not just those who were on active duty to participate.
- ▶ Those able to file claims for compensation include:
 - Military family members present at the base
 - Non-military staff
 - Other exposed civilians (contractors)
- Statute of Limitations
 - Two years after the enactment of the Act
 - 180 days after the date which the claim is denied

PACT ACT: Camp Lejeune Justice Act

What Could Change A Camp Lejeune Lawsuit Award?

- ▶ The legislation provides multiple offsets for awards granted from the lawsuit.
- ▶ This means there are some current benefits a Veteran or a family member could be receiving due to a health issue from Camp Lejeune which would decrease the amount of an award from this lawsuit.
- ▶ ***For a Veteran currently receiving VA benefits for service connected injuries sustained at Camp Lejeune, there will be an offset to the award based on your disability award, payment, or benefit.***
- ▶ ***There are also offsets for Medicare, Medicaid, and SSDI benefits presented in this bill.***

How Incarceration Affects Eligibility for VA Benefits

► Disability Compensation

- VA disability compensation payments are reduced if a Veteran is convicted of a felony **and** imprisoned for more than 60 days.
- Veterans rated 20 percent or more are limited to the 10 percent disability rate (\$136.24 per month (2018)/ **\$152.64 for 2022**).
- For a Veteran whose disability rating is 10 percent, the payment is reduced by one-half.
- Once a Veteran is released from prison, compensation payments may be reinstated based upon the severity of the service connected disability(ies) at that time.
- Payments are not reduced for recipients participating in work release programs, residing in halfway houses (also known as "residential re-entry centers"), or under community control.
- Failure to notify VA of a Veteran's incarceration could result in the loss of all financial benefits until the overpayment is recovered.

<https://www.benefits.va.gov/persona/veteran-incarcerated.asp>

How Incarceration Affects Eligibility for VA Benefits

► Pension

- Veterans in receipt of VA pension will have payments terminated effective the 61st day after imprisonment in a Federal, State, or local penal institution for conviction of a felony or misdemeanor.
- Payments may be resumed upon release from prison if the Veteran meets VA eligibility requirements.
- Failure to notify VA of a Veteran's incarceration could result in the loss of all financial benefits until the overpayment is recovered.

<https://www.benefits.va.gov/persona/veteran-incarcerated.asp>

How Incarceration Affects Eligibility for VA Benefits

- ▶ **Apportionment to Spouse or Children**
 - All or part of the compensation not paid to an incarcerated Veteran may be apportioned to the Veteran's spouse, child or children, and dependent parents on the basis of individual need.
 - In determining individual need, consideration shall be given to such factors as the claimant's income and living expenses, the amount of compensation available to be apportioned, the needs and living expenses of other claimants as well as any special needs, if any, of all claimants.
 - No apportionment will be made if the Veteran is a fugitive felon as will be defined later in presentation.

<https://www.benefits.va.gov/persona/veteran-incarcerated.asp>

How Incarceration Affects Eligibility for VA Benefits

► Education Benefits

- Beneficiaries incarcerated *for other than a felony* can receive full monthly benefits, if otherwise entitled.
- Convicted felons residing in halfway houses (also known as "residential re-entry centers"), or participating in work-release programs also can receive full monthly benefits.
- Claimants incarcerated for a felony conviction can be paid only the costs of tuition, fees, and necessary books, equipment, and supplies.
- VA cannot make payments for tuition, fees, books, equipment, or supplies if another Federal State or local program pays these costs in full.
- If another government program pays only a part of the cost of tuition, fees, books, equipment, or supplies, VA can authorize the incarcerated claimant payment for the remaining part of the costs.



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

August 24, 2016

[REDACTED]
Killeen, TX 76543

RECEIVED
KILLEEN

SEP 12 2016

TAX APPRAISAL DISTRICT
BELL COUNTY

In Reply Refer to:
[REDACTED]

Dear Mr. [REDACTED]

This letter certifies that [REDACTED] is receiving service-connected disability compensation from the Department of Veterans Affairs.

The current benefit paid is as follows:

Gross Benefit Amount	\$3,010.06
Net Amount Paid	\$0.00
Effective Date	August 1, 2016
Combined Evaluation	100 percent

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://iris.va.gov>.

Sincerely,

Robert T. Reynolds, Director
Benefits Assistance Service

**2022:
100% for Vet &
Child is equal to
\$3,456.30**

Loss of VA Disability Benefits:

- ▶ Veteran's VA disability rate in **2018** at 100% would have been \$3,190 per month
- ▶ If paid at 10% rate it would be \$136 per month
- ▶ $\$3,190 - 136 = \$3,054$ loss per month
- ▶ Loss of VA Disability Compensation per year

One year: $10 \times \$3,054 = \$30,540$

Two years: $22 \times \$3,054 = \$67,188$

Three years: $34 \times \$3,054 = \$103,836$

Four years: $46 \times \$3,054 = \$140,484$

Five years: $58 \times \$3,054 = \$177,132$

Six years: $70 \times \$3,054 = \$213,780$

Seven years: $82 \times \$3,054 = \$250,428$

Eight years: $94 \times \$3,054 = \$287,076$

Nine years: $106 \times \$3,054 = \$323,724$

Ten years: $118 \times \$3,054 = \$360,372$

VA DISABILITY & SENTENCING

- ▶ Sentencing – Impact on VA Disability Benefits
 - Sentencing Direct Exam Questions
 - Example in materials
 - DD214
 - VA Letter: Current Disability Compensation
 - Client can get from VA E-Benefits website
 - Veterans Compensation Benefits Rate Tables – Effective 12/1/2021
 - https://www.benefits.va.gov/COMPENSATION/resources_comp01.asp
 - VA website on Incarcerated Veterans:
 - <https://www.benefits.va.gov/persona/veteran-incarcerated.asp>
 - VA Fact Sheet on Incarcerated Veterans:
 - <https://www.benefits.va.gov/BENEFITS/factsheets/misc/incarcerated.pdf>

Sentence

- ▶ Prosecutor argued for 10 years in jail
- ▶ Sentence from Judge
 - 10 years Deferred Adjudication
 - Fine
 - Community Service
 - **Serve 100 days in jail,**
 - first 50 day for day,
 - the remaining 50 days
 - **Saturday & Sunday on work release**

How Incarceration Affects Eligibility for VA Benefits

► Question:

- Whether a Veteran being held in a State Hospital was in confinement for purposes of 38 U.S.C § 5313(c), which limits the payment of VA disability compensation to persons that are incarcerated for a conviction of a felony?
- U.S. Court of Appeals for the Federal Circuit:
 - *Philbrook v. McDonough*, 15 F.4th 1117, No. 2020-2233 (October 8, 2021),
 - The Veteran was remanded to the custody of the Oregon State Hospital. Initially, the VA, the Board of Veterans Appeals, and the Court of Appeals for Veterans Claims found that the Veteran was “incarcerated” in a “correctional facility” per the statutory language prohibiting an award of VA disability compensation.
 - The Federal Circuit held that the plain language of 38 U.S.C § 5313(c) did not apply to the Veteran’s confinement in a “mental institution”. ***It held the Veteran was not confined to a “penal institutional or correctional facility.”*** The court held that a “correctional facility” cannot encompass a hospital that treats civil patients, and a hospital cannot be a correctional facility for some patients and not others. ***The Court held that the Veteran was not barred from receiving VA disability compensation.***

How Incarceration Affects Eligibility for VA Benefits

- ▶ Resumption of VA Benefits upon release
 - The VA benefit will be resumed the date of release from incarceration if the VA receives notice of release within one (1) year following release;
 - Otherwise the VA benefit shall be resumed the date of receipt of notice of release.

VA Fugitive Felon Program

- ▶ VA is prohibited from providing or continuing health care service (including medication) or VA benefits to Veterans and beneficiaries identified as a “*fugitive felon*.”
- ▶ A *Fugitive Felon* is defined as a person who is:
 - Fleeing to avoid prosecution, or custody or confinement after conviction, for an offense, or an attempt to commit an offense, which is felony* under the laws of the place from which the person flees, or
 - Violates a condition of probation imposed for commission of a felony under Federal or State law.

**The term felony includes a high misdemeanor under the laws of a State which characterizes as high misdemeanors offenses that would be felony offenses under Federal law.*

VA Fugitive Felon Program

- ▶ VA will mail a letter to the Veteran or beneficiary identified as a fugitive felon to inform them of their status and termination of all VA benefits.
- ▶ VA cannot pay for any alternative care while in Fugitive Felon status and the VA will bill the Veteran and/or beneficiaries for all VA provided care received while in fugitive felon status.
- ▶ The fugitive felon's VA benefits file/records and medical file/records will be "flagged."



August 29, 2022

We made a decision on your VA benefits.

Dear [REDACTED]

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

On June 07, 2022 we told you we have received information indicating that you are the subject of a felony arrest warrant. Section 5313B of title 38, United States Code, prohibits the Department of Veterans Affairs (VA) from providing certain benefits to a Veteran or a dependent of a Veteran who is identified as a fugitive felon. A fugitive felon is defined as a person:

(A) Fleeing to avoid prosecution, or custody or confinement after conviction, for an offense, or an attempt to commit an offense, which is a felony under the laws of the place from which the person flees; or

(B) Violating a condition of probation or parole imposed for commission of a felony under Federal or State law.

Furthermore, we informed you that we would be taking action to resume your benefits from October 26, 2021, the date the fugitive felon warrant was issued.

We received evidence addressing why we should not take this action and attempted to verify with official sources on your behalf that the warrant was cleared but were unsuccessful.

Therefore, we cannot resume your benefits at this time.

We encourage you to contact the issuing agency and notify VA directly via correspondence or telephone contact that the fugitive felon warrant has been cleared.

We have included with this letter:

1. Additional Benefits
2. Where to Send Your Correspondence
3. VA Form 20-0998
4. Fraud Prevention Attachment

Contact information:

Web: www.vets.gov

Phone: 1-800-827-1000

TDD: 711

To send questions online: visit

<https://iris.custhelp.com/>

Social Media:

Twitter: @VAVetBenefits

Facebook: www.facebook.com/VeteransBenefits

[VeteransBenefits](http://www.facebook.com/VeteransBenefits)

Your representative:

You appointed TEXAS VETERANS COMMISSION as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press 1.

Your Benefit Information:

Applicable Laws and Regulations: (38 C.F.R. §3.665, 38 U.S.C. 5313)

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$0.00	Oct 26, 2021	Fugitive Felon

We are currently paying you as a single Veteran with no dependents.

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

Evidence Considered

In making our decision, we considered the following evidence:

- Bureau of Prisons / Fugitive Felon Information, received on June 03, 2022
- Notification Letter (e.g. VA 20-8993, VA 21-0290, PCGL), sent on June 07, 2022
- VA 27-0820 Report of General Information, received on June 21, 2022
- VA 27-0820 Report of General Information, received on June 21, 2022
- Court Documents - General, received on July 01, 2022
- Court Documents - General, received on July 01, 2022
- Court Documents - General, received on July 01, 2022
- Third Party Correspondence, received on July 06, 2022
- Court Documents - General, received on July 06, 2022
- Court Documents - General, received on July 06, 2022

What You Should Do if You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level</i>

VA Fugitive Felon Program

- ▶ Resolving Fugitive Felon Status:
 - Persons identified as a fugitive felon must contact the Originating Agency that issued a felony warrant if it is believe:
 - An error was made, such as mistaken identity.
 - The warrant should be cancelled.
 - The warrant has been satisfied by arrest or surrender.
 - There are other reasons, which would resolve the warrant.
 - Evidence that the warrant has been satisfied should be provided to the VA.

VA Fugitive Felon Program

- ▶ The fact that a warrant has been dismissed, recalled, quashed, or otherwise cleared does not mean that no action is required on the fugitive referral, unless it has been established that the warrant was cleared effective on or before the date the beneficiary went in fugitive status.
- ▶ In most cases in which a warrant is dismissed, recalled, or quashed, there was still a valid warrant up to the date the warrant was cleared, so VA benefits are subject to adjustment from the warrant date until the recall/dismissal/quash date.

Request for Military Records

- ▶ Official Military Personnel File (OMPF)
 - Request at beginning of case due to length of time to get records
 - No cost
 - Contains some Service Treatment Records
 - Contains disciplinary actions, awards, combat/deployment information
 - Have it sent to Attorney
 - Generally receive CD/DVD
- ▶ Military Medical Records and Alcohol & Drug Treatment Records

Military Personnel Records, SF-180

Standard Form 180 (Rev. 5/12) (Page 1)
Prescribed by NARA (36 CFR 1228.168(b))

Authorized for local reproduction
Previous edition unusable

OMB No. 3095-0029 Expires 01/31/2015

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records>*
(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) [REDACTED]	2. SOCIAL SECURITY NO. [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. PLACE OF BIRTH HOUSTON, TX
---	--------------------------------------	--------------------------------	----------------------------------

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT	U.S. AIR FORCE	DEC 1972	DEC 1978		x	
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.
☒ NO ☐ YES

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?
☒ NO ☐ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☒ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): 1978
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An **UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
An **undeleleted copy will be sent unless you specify a deleted copy.** Indicate here if you want a deleted copy of the DD Form 214. ☐
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

☒ **All Documents in Official Military Personnel File (OMPF)**

☒ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____

☒ **Other (Specify): INCLUDING EVALUATIONS, ORDERS, AWARDS, ENL DOCUMENTS, ENL & SEP PHYSICAL**

2. **PURPOSE:** (An explanation of the purpose of the request is strictly **voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:
☒ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal
☐ Other, explain: **VA BENEFITS**

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter. No signature required for Archival records.)
☒ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____ (Relationship)
☐ Legal guardian (Must submit copy of court appointment.)
☐ Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)
RICHARD W. ROUSSEAU
Name
100 W. CENTRAL TEXAS EXPRESSWAY, SUITE 106
Street
Apt.
HARKER HEIGHTS TX 76548
City State Zip Code
Email address

3. **AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.
[REDACTED SIGNATURE] 30 Aug 2018
Signature Required - Do not print Date
(254) 699-9999 (254) 699-9996
Daytime phone Fax Number
rousseau@aol.com
Email address

This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site.

Alert

The HRC Website is experiencing difficulties when users attempt to access it using Microsoft Edge. Please use a different browser for the time being as we work to resolve the issue.

Accessing or Requesting Your Official Military Personnel File Documents

July 19, 2022Rate This Page: ★★★★★Add to My Links

See the chart below to determine the methods available, based on service separation date, to access or request Veteran records.

LOCATION OF MILITARY RECORDS

Current Service Members

Active Duty Personnel (Active Army, Reserve or National Guard (ARNG))

Individual Ready Reserve (IRR) or Temporary Disability Retired List (TDRL)

Via the Interactive Personnel Electronic Records Management System (iPERMS) at [iPERMS](#) (CAC required). This is the preferred method for accessing your record.

Via the Interactive Personnel Electronic Records Management System (iPERMS) at [iPERMS](#), DS Logon (Premium Access account required) This is the preferred method for accessing your record. To request a DS Logon account click here: [DS Logon Registration](#). For DS Logon customer service support, contact: 800-368-3665.

Retirees, Discharged or Deceased While In Service


Service Dates

Location

Enlisted and Officer 10/01/2002 - Current

Via the Interactive Personnel Electronic Records Management System (iPERMS) at [iPERMS](#), DS Logon (Premium Access account required) This is the preferred method for accessing

Article Menu



[Army Soldier Records Branch Main Page \(iPERMS\)](#)

[Soldier Self Service](#)

[S1 UA and HR Professionals Service](#)

[Veteran and Retirees Self Service](#)

[AMHRR Investigative Requests](#)

[Request Access to iPERMS](#)

[iPERMS \(Website Link\)](#)

[DAPMIS Photographer Instructions](#)

[Visit us on Facebook](#)

[FAQs](#)

Contact Us

Army Soldier Records Branch

Contact via Email

Getting Military Medical Records

DD Form 2870

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION		
PRIVACY ACT STATEMENT In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully. AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R. PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information. ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons. DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information. This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.		
SECTION I - PATIENT DATA		
1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	
SECTION II - DISCLOSURE		
6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:		
(Name of Facility/TRICARE Health Plan)		
a. NAME OF PERSON OR ORGANIZATION TO RECEIVE MY MEDICAL INFORMATION	b. ADDRESS (Street, City, State and ZIP Code)	
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)	
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL		
8. INFORMATION TO BE RELEASED		
9. AUTHORIZATION START DATE (YYYYMMDD)		
10. AUTHORIZATION EXPIRATION DATE (YYYYMMDD)		<input type="checkbox"/> ACTION COMPLETED
SECTION III - RELEASE AUTHORIZATION		
I understand that: a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization. b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected. c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 816.524. d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization. I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.		
11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)		
14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	
16. DATE (YYYYMMDD)		
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

DD FORM 2870, DEC 2003

Reset

Adobe Professional 8.0

Alcohol and Drug Treatment Records, DA Form 5018-R

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION		
For use of this form, see AR 600-85; the proponent agency is DCS, G-1.		
SECTION A - CONSENT		
I, _____, this _____ day of _____, 20____,		
(client's full name)		
do hereby voluntarily consent to the release of the following information by _____		
(name of installation ADAPCP)		
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with		
alcohol or other drug abuse education, training, treatment, rehabilitation, or research to _____		
_____ for the purpose of _____		

_____ namely,		

(extent or nature of information to be disclosed)		
SECTION B - EXPIRATION/REVOCAION		
(Check applicable paragraph)		
1. <input type="checkbox"/> I understand that this consent automatically expires when the above disclosure action has been taken in		
reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at		
any time.		
- Or -		
(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)		
2. <input type="checkbox"/> I understand that this consent automatically expires 60 days from today's date or when my present		
criminal justice system status changes to _____		
Further, I understand that if my release from confinement, probation, or parole is conditioned upon my		
participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective		
termination or revocation of my release from such confinement, probation, or parole.		
SIGNATURE OF CLIENT		DATE
NAME OF WITNESS (Type or print)	SIGNATURE	DATE
_____	_____	_____
SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION		
NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.		
In my judgment, the release of an evaluation of the present or past status of _____		
(client's name)		
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.		
NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)		DATE
_____		_____
SIGNATURE		

DA FORM 5018-R, NOV 1981

APD LC V3.00ES

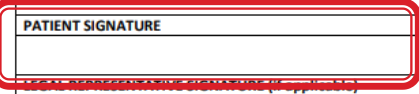
Request for VA Records

- ▶ VA medical records
 - Can obtain free of costs within weeks
 - Who request?
 - Vet for self
 - Attorney can request with Vet signature
- ▶ Private/Civilian Medical Records for Veteran benefits in Texas (discussed later)
- ▶ VA Claims file (discussed later)


VA Medical & Treatment Records

VA Form 10-5345

Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION	
PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.			
The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.			
TO: DEPARTMENT OF VETERANS AFFAIRS (Name and address of VA health care facility):			
LAST NAME-FIRST NAME-MIDDLE INITIAL		LAST 4 SSN	
DATE OF BIRTH			
NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED			
PURPOSE(S) OR NEED: Information is to be used by the organization or individual for			
<input type="checkbox"/> Treatment <input type="checkbox"/> Benefits <input type="checkbox"/> Legal <input type="checkbox"/> Employment <input type="checkbox"/> Other - Please specify: _____			
INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:			
<input type="checkbox"/> Health Summary (prior 2 years)			
<input type="checkbox"/> Inpatient Discharge Summary (dates): _____			
<input type="checkbox"/> Progress Notes:			
<input type="checkbox"/> Specific clinics (name & date range): _____			
<input type="checkbox"/> Specific providers (name & date range): _____			
<input type="checkbox"/> Date range: _____			
<input type="checkbox"/> Operative/Clinical Procedures (name & date): _____			
<input type="checkbox"/> Lab results:			
<input type="checkbox"/> Specific tests (name & date): _____			
<input type="checkbox"/> Date range: _____			
<input type="checkbox"/> Radiology Reports (name & date): _____			
<input type="checkbox"/> List of Active Medications			
<input type="checkbox"/> Flu Vaccination (dose, lot number, date & location)			
<input type="checkbox"/> Other (describe below): _____			

LAST NAME-FIRST NAME-MIDDLE INITIAL		LAST 4 SSN		DATE OF BIRTH	
SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.					
I request and authorize the Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization:					
<input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcoholism or Alcohol Abuse <input type="checkbox"/> Sickle Cell Anemia					
<input type="checkbox"/> Human Immunodeficiency Virus (HIV)					
I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.					
<input type="checkbox"/> I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.					
AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion, or because a condition of VA employment mandates the signing of this authorization. The information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any information disclosed per this authorization may no longer be protected by Federal confidentiality laws or regulations and may be subject to re-disclosure by the recipient.					
I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.					
EXPIRATION: Without my express revocation, the authorization will automatically expire					
<input type="checkbox"/> After one-time disclosure, if all needs are satisfied					
<input type="checkbox"/> On _____ (enter a future date other than date signed by patient)					
<input type="checkbox"/> Under the following condition(s): _____					
PATIENT SIGNATURE				DATE (mm/dd/yyyy)	
					
PRINT NAME OF LEGAL REPRESENTATIVE				RELATIONSHIP TO PATIENT	
FOR VA USE ONLY					
Type and Extent of Material Released:					
Date Released:		Released by:			

VA Form 10-5345a

 Department of Veterans Affairs		INDIVIDUALS' REQUEST FOR A COPY OF THEIR OWN HEALTH INFORMATION	
PRIVACY ACT INFORMATION			
<small>The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veterans Affairs (VA) in accordance with 38 CFR 1.577. The information on this form is requested under Title 38 U.S.C. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled.</small>			
TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility)			
LAST NAME- FIRST NAME- MIDDLE INITIAL		LAST 4 SSN	DATE OF BIRTH
DESCRIPTION OF INFORMATION REQUESTED			
Check applicable box(es) and state the extent or nature of information to be provided:			
<input type="checkbox"/> HEALTH SUMMARY (Prior 2 Years)			
<input type="checkbox"/> INPATIENT DISCHARGE SUMMARY (Dates):			
<input type="checkbox"/> PROGRESS NOTES:			
<input type="checkbox"/> SPECIFIC CLINICS (Name & Date Range):			
<input type="checkbox"/> SPECIFIC PROVIDERS (Name & Date Range):			
<input type="checkbox"/> DATE RANGE:			
<input type="checkbox"/> OPERATIVE/CLINICAL PROCEDURES (Name & Date):			
<input type="checkbox"/> LAB RESULTS:			
<input type="checkbox"/> SPECIFIC TESTS (Name & Date):			
<input type="checkbox"/> DATE RANGE:			
<input type="checkbox"/> RADIOLOGY REPORTS (Name & Date):			
<input type="checkbox"/> LIST OF ACTIVE MEDICATIONS			
<input type="checkbox"/> OTHER (Describe):			
COPY OF HEALTH INFORMATION IS TO BE DELIVERED TO THE INDIVIDUAL			
<input type="checkbox"/> PAPER <input type="checkbox"/> CD-ROM <input type="checkbox"/> OTHER:			
<input type="checkbox"/> IN-PERSON PICK-UP, PROVIDE CONTACT PHONE NUMBER:			
<input type="checkbox"/> MAIL TO ADDRESS:			
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)	
NOTE: If signed by someone other than the individual, indicate the authority (e.g. guardianship or power of attorney) under which request is made.			

No Cost Private Medical Records

- ▶ Texas Health & Safety Code § 161.201, Subchapter M, Medical or Mental Health
 - If using records to obtain SSA or VA benefits
- ▶ Texas Health and Safety Code § 161.202.
- ▶ Issues:
 - May need to educate the provider of the law
 - Medical record companies located outside of Texas
 - Send letter with copy of the law

SUBCHAPTER M. MEDICAL OR MENTAL HEALTH RECORDS

Sec. 161.201. DEFINITION. In this subchapter, "health care provider" means a person who is licensed, certified, or otherwise authorized by the laws of this state to provide or render health care in the ordinary course of business or practice of a profession.

Sec. 161.202. FEES. (a) A health care provider or health care facility may not charge a fee for a medical or mental health record requested by a patient or former patient, or by an attorney or other authorized representative of the patient or former patient, for use in supporting an application for disability benefits or other benefits or assistance the patient or former patient may be eligible to receive based on that patient's or former patient's disability, or an appeal relating to denial of those benefits or assistance under:

- (1) Chapter 31, Human Resources Code;
- (2) the state Medicaid program;
- (3) Title II, the federal Social Security Act, as amended (42 U.S.C. Section 401 et seq.);
- (4) Title XVI, the federal Social Security Act, as amended (42 U.S.C. Section 1382 et seq.);
- (5) Title XVIII, the federal Social Security Act, as amended (42 U.S.C. Section 1395 et seq.);
- (6) 38 U.S.C. Section 1101 et seq., as amended; or
- (7) 38 U.S.C. Section 1501 et seq., as amended.

(b) A health care provider or health care facility may charge a fee for the medical or mental health record of a patient or former patient requested by a state or federal agency in relation to the patient or former patient's application for benefits or assistance under Subsection (a) or an appeal relating to denial of those benefits or assistance.

(c) A person, including a state or federal agency, that requests a record under this section shall include with the request a statement or document from the department or agency that administers the issuance of the assistance or benefits that confirms the application or appeal.

(d) A health care provider or health facility is not required to provide more than one complete record for a patient or former patient requested under Subsection (a)(6) or (7) without charge. If additional material is added to the patient or former patient's record, on request the health care provider or health facility shall supplement the record provided under Subsection (a)(6) or (7) without charge. This subsection does not affect the ability of a person to receive a medical or mental health record under Subsections (a)(1)-(5).

VA CLAIMS FILE

- ▶ VA Benefits Claims File (C-File)
 - Request at beginning of case due to length of time to get records (6-12 months currently)
 - No cost
- ▶ What is in a C-File?
- ▶ How to get a C-File?
 - Client
 - Attorney
- ▶ What do you receive?
- ▶ Time

VA CLAIMS FILE: VA form 3288

Department of Veterans Affairs	
REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS	
PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.	
RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.	
Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, 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 or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (095E3), 810 Vermont Avenue, NW, Washington, DC 20420. Send comments only. Do not send this form or requests for benefits to this address.	
TO	Department of Veterans Affairs
	NAME OF INDIVIDUAL (Type or print)
	VA FILE NO. (include prefix)
	SOCIAL SECURITY NUMBER
NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED	
VETERAN'S REQUEST	
I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named below:	
NAME	
INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each)	
PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED	
NOTE: Additional information may be listed on the reverse side of this form.	
SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Assign authority to sign, e.g., POA)	
DATE	

VA FORM 3288
OCT 1986(R)

VA CLAIMS FILE FOIA

“Should” contain military records, military treatment records, VA treatment records, and VA claims documents

FREEDOM OF INFORMATION ACT REQUEST

Department of Veterans Affairs
Records Management Center
St. Louis, MO 63120-1703

.....2018

RE: FREEDOM OF INFORMATION ACT REQUEST

Veteran: NAME OF VETERAN

VA File No: SERVICE NUMBER OR SOCIAL SECURITY NUMBER

To Whom it May Concern:

I am writing this letter on behalf of my client, Veteran NAME OF VETERAN. This is a request for documents under 38 C.F.R. § 1.577, the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the Privacy Act, 5 U.S.C. § 552a, on behalf of Veteran NAME OF VETERAN. This request is properly made as it contains the signature of the requester.

1. → **IDENTIFICATION OF DOCUMENTS.** I hereby request all documents contained in any VA claims folder for any of Veteran NAME OF VETERAN's VA claims, to include all documents in the right flap, left flap and center flap, AND, to include anything in the VA Virtual File, Virtual Records, or any electronic system where records about me or my claim are kept or stored.

2. → **FORM/FORMAT IN WHICH TO PRODUCE INFORMATION.** The FOIA and the VA's own internal policies related to FOIA requests, require that the records be produced in the format sought by the requester, if the record is readily reproducible in that form or format. Please take special care to ensure that both sides of any two-sided documents produced in response to this request are included in the response and are scanned into a PDF in such a way that they do not "bleed-through" from one side of the document to the other.

3. → **TIME FOR RESPONSE.** Please note that this request for documents is being made pursuant to the Privacy Act, 5 U.S.C. § 552, and the Freedom of Information Act (FOIA), 5 U.S.C. § 552a, as well as 38 C.F.R. § 1.550 and 38 C.F.R. § 1.577. Your agency has a duty to respond to this request within **TWENTY (20) BUSINESS DAYS** of the date of this request pursuant to 5 U.S.C. § 552 (a)(6)(A)(2)(i).

..... Page Break

Additionally, although an extension of time to respond may be requested, it may only be granted for "unusual circumstances." "Predictable agency workload" is not typically considered an unusual circumstance as stated in 5 U.S.C. § 552(a)(6)(C)(ii). Moreover, even to the extent that unusual circumstances could be demonstrated in this instance, the time limit for the extension is limited to "10 working days" pursuant to 38 C.F.R. § 1.553(d). Please also be aware that your agency's failure to respond to this request within twenty business (20) days can result in the filing of an administrative appeal with the office of the Secretary of the Department of Veterans Affairs pursuant to 38 C.F.R. § 1.557 and 5 U.S.C. § 552(a)(6)(A)(2) (ii), and/or, the filing of a federal lawsuit to compel the production of the information.

In any such appeal or lawsuit, I intend to seek not only injunctive and/or monetary relief related to this request, but to the extent permitted by law, injunctive and/or monetary relief based on the Department of Veterans Affairs patterns and/or practices of responding to FOIA requests in a manner violative of the FOIA, as well as attorney fees and litigation expenses, and any other remedy/relief available at law.

4. **Point of Contact.** As discussed above, please respond to this request within twenty (20) business days. I may be contacted at XXX-XXX-XXXX.

Thank you very much in advance for your assistance.

Respectfully,

NAME OF ATTORNEY

NAME OF VETERAN, Veteran

POINTS OF CONTACT FOR VA AND MILITARY MEDICAL RECORDS

Carl R. Darnall Army Medical Center(CRDAMC)*

Attn: Release of Information Phone: (254) 287-0912
36065 Santa Fe Ave Hospital Information: (254) 288-8904 ask for medical records
Fort Hood, TX 76544 Email: usarmy.hood.medcom-crdamc.list.roi@health.mil

*Notes: For free medical record, CRDAMC wants a letter on attorney letterhead to accompany the ROI form that states that the records are being used for a VA Disability case. Include an email address for records to be emailed. If records are not being used for VA Disability, then there will be a charge for the medical records.

Michael E DeBakey VA Medical Center**

Attn: Release of Information Phone: 713)794-7776
Room 1B-304 **Third party cannot fax request.**
2002 Holcombe Blvd.
Houston, TX 77030

**Notes: If mailing for the second time put in the ROI that a prior ROI was submitted. Currently, Houston VAMC has a 3 month or longer wait time for records. Very common for this VAMC to lose the ROI.

South Texas Veterans Health Care System(San Antonio area)

Audie L. Murphy VA Medical Center Phone: (210) 617-5300 Ext 15610 or Ext 16434
Attn: Medical Records Fax: (210) 949-9567
7400 Merton Minter
San Antonio, TX 78229

Central Texas Veterans Health Care System(CTVHCS)***

1901 Veterans Memorial Drive Temple VA Phone: (254) 743-1545 POC: Stephen
Temple, Texas 76504 Fax: (254) 743-0234

***Waco & Austin VA come under CTVHCS.

Waco VA Phone: (254) 297-3217 POC: Debra
Fax: (254) 743-2613

To follow up on Waco VA medical records can only call on Thursdays after 2pm.

VA North Texas Health Care System(Dallas)

Dallas VA Medical Center Phone: (214) 857-1355
Attn: Release of Information Fax: (214) 462-4802
4500 S Lancaster Rd.
Dallas, TX 75216

VA Office of General Counsel

Points of Contact for Records Releases

- ▶ **Attorney Phil Cozzoni**

2410 Shawnee Bypass, Suite G/02 /; Muskogee, OK 74401

Telephone: 202-369-8292 / FAX: 202-495-6283

Email: Philip.Cozzoni@va.gov

- ▶ **Attorney Jeff Stacey**

Chief Counsel, Continental District (AR,CO,LA,MS,MT,OK,TX,UT,WY)

P.O. Box 25126; Denver, CO 80225

Telephone: 303-914-5810

Email: Jeffrey.Stacey@va.gov

- ▶ **Temple VA Attorneys primarily handle employment law issues:**

- Janet Harford: Janet.Harford@va.gov

- Andy Wallander: Andrew.Wallander@va.gov



Texas Military & Veterans Lawyers

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Rick Rousseau

July 27, 2016

"Texas Military & Veterans Lawyers" provides a forum where licensed Texas attorneys, military attorneys stationed in Texas, and military attorneys representing Texas Servicemembers and veterans can discuss various legal topics for military and veteran clients. This is a closed group. When requesting to join the group please indicate the reason you wish to join the group, if it is not clear from your page. Please no spam, advertising, or political postings.

👍 Sean Timmons, Wade Faulkner and 8 others

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Add Member

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DESCRIPTION

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"Texas Military & Veterans Lawyers" provides a forum where licen... See More

GROUP TYPE

Support

QUESTIONS?

Rick Rousseau
Colonel (Retired), U.S. Army

Criss & Rousseau Law Firm (CrissRousseau.com)
Rick.Rousseau@CrissRousseau.com

100 W. Central Texas Expressway, Suite 302
Harker Heights, Texas 76548

254-699-9999