



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)**

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

**INSTRUCTIONS:** List the stressful incident or incidents that occurred in service that you feel contributed to your current condition. For each incident, provide a description of what happened, the date, the geographic location, your unit assignment and dates of assignment, and the full names and unit assignments of you know of who were killed or injured during the incident. Please provide dates within at least a 60-day range and do not use nicknames. It is important that you complete the form in detail and be as specific as possible so that research of military records can be thoroughly conducted. If more space is needed, attach a separate sheet, indicating the item number to which the answers apply.

**SECTION I: VETERAN'S IDENTIFICATION INFORMATION**

**NOTE:** You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

1. VETERAN/BENEFICIARY NAME <i>(First, Middle Initial, Last)</i>		
2. SOCIAL SECURITY NUMBER  — — — — —	3. VA FILE NUMBER <i>(If applicable)</i>	4. DATE OF BIRTH <i>(MM/DD/YYYY)</i> Month Day Year — — —
5. VETERAN'S SERVICE NUMBER <i>(If applicable)</i>	6. PREFERRED E-MAIL ADDRESS <i>(Optional)</i>	
7A. PRIMARY TELEPHONE NUMBER <i>(Include Area Code)</i>	7B. SECONDARY TELEPHONE NUMBER <i>(Include Area Code)</i>	

**SECTION II: STRESSFUL INCIDENTS**

8A. DATE <b>FIRST</b> INCIDENT OCCURRED <i>(MM/DD/YYYY)</i> Month Day Year — — —	8B. DATES OF UNIT ASSIGNMENT <i>(MM/DD/YYYY)</i> FROM: Month Day Year TO: Month Day Year — — — — —	
8C. LOCATION OF INCIDENT <i>(City, State, Country, Province, landmark or military installation)</i>		
8D. UNIT ASSIGNMENT DURING INCIDENT <i>(Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP)</i>		
8E. DESCRIPTION OF THE INCIDENT		
8F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT		

**SECTION II: STRESSFUL INCIDENTS (Continued)****NOTE:** Information about persons who were killed or injured during the first incident (*attach a separate sheet if more space is needed.*)9A. NAME OF PERSON (*First, Middle Initial, Last*)9B. RANK (*If applicable*)9C. DATE OF INJURY/DEATH (*MM/DD/YYYY*)

Month Day Year

— —

9D. PLEASE CHECK ONE

☐ KILLED IN ACTION ☐ WOUNDED IN ACTION ☐ OTHER☐ KILLED NON-BATTLE ☐ INJURED NON-BATTLE9E. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)10A. NAME OF PERSON (*First, Middle Initial, Last*)10B. RANK (*If applicable*)10C. DATE OF INJURY/DEATH (*MM/DD/YYYY*)

Month Day Year

— —

10D. PLEASE CHECK ONE

☐ KILLED IN ACTION ☐ WOUNDED IN ACTION ☐ OTHER☐ KILLED NON-BATTLE ☐ INJURED NON-BATTLE10E. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)11A. DATE **SECOND** INCIDENT OCCURRED (*MM/DD/YYYY*)

Month Day Year

— —

11B. DATES OF UNIT ASSIGNMENT (*MM/DD/YYYY*)

FROM: Month Day Year

— —

TO: Month Day Year

— —

11C. LOCATION OF INCIDENT (*City, State, Country, Province, landmark or military installation*)11D. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)

11E. DESCRIPTION OF THE INCIDENT

11F. MEDALS OR CITATIONS YOU RECEIVED BECAUSE OF THE INCIDENT

**SECTION II: STRESSFUL INCIDENTS (Continued)****NOTE:** Information about persons who were killed or injured during the second incident (*attach a separate sheet if more space is needed.*)12A. NAME OF PERSON (*First, Middle Initial, Last*)12B. RANK (*If applicable*)12C. DATE OF INJURY/DEATH (*MM/DD/YYYY*)

Month Day Year

12D. PLEASE CHECK ONE

☐ KILLED IN ACTION ☐ WOUNDED IN ACTION ☐ OTHER☐ KILLED NON-BATTLE ☐ INJURED NON-BATTLE12E. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)13A. NAME OF PERSON (*First, Middle Initial, Last*)13B. RANK (*If applicable*)13C. DATE OF INJURY/DEATH (*MM/DD/YYYY*)

Month Day Year

13D. PLEASE CHECK ONE

☐ KILLED IN ACTION ☐ WOUNDED IN ACTION ☐ OTHER☐ KILLED NON-BATTLE ☐ INJURED NON-BATTLE13E. UNIT ASSIGNMENT DURING INCIDENT (*Such as, DIVISION, WING, BATTALION, CAVALRY, SHIP*)

14. REMARKS

**SECTION III: VETERAN SIGNATURE****I HEREBY CERTIFY THAT** the information I have given on this form is true and correct to the best of my knowledge and belief.

15. SIGNATURE

16. DATE SIGNED (*MM/DD/YYYY*)**PENALTY** - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.**PRIVACY ACT NOTICE:** The 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 VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is necessary to obtain supporting evidence of stressful incidents in service. If the information is not furnished completely or accurately, VA will not be able to thoroughly research your military records for supporting evidence. The responses you submit are considered confidential (38 U.S.C. 5701).**RESPONDENT BURDEN:** We need this information in order to assist you in supporting your claim for post-traumatic stress disorder (38 U.S.C. 5107 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour 10 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 [www.reginfo.gov/public/do/PRAMain](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.