OMB Control No. 2900-0826 Respondent Burden: 15 minutes Expiration Date: 5/31/2015

INTEXT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR IC  (This Form is used to Notify Va of Your Intent to File for the General Benefit(s) Checked Below)  Not: Please road the Privacy Act and Reproduct Bushes below before completing the form  SECTION IT GENERAL BENEFIT ELECTION  IMPORTANT: Va may not be able to use this form to establish an effective date for benefits if you do not select onto or more of the general benefit(s) Checked below: (Choose all that apply)  Compensation of the Section of the Section III and Secti	Department of Veterans Affairs			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)				
This Form is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)  Note: Please road the Privacy Act and Exequence Histophe to bus before completing, the firm.  SECTION I: GENERAL BENEFIT ELECTION  SECTION I: GENERAL BENEFIT ELECTION  SECTION I: GENERAL BENEFIT ELECTION  Reported to more of the general benefit(s) checked below: Choose all that apply)  Complementation of the for the general benefit(s) checked below: Choose all that apply)  Complementation of the for the general benefit(s) checked below: Choose all that apply)  MPORTANT: All receiving this form. Val will give you the appropriate application to file for the general benefit two years of flings this form, you completed application for general benefit two years of flings this form, you completed application for such selected general benefit two years of flings this form, you completed application for such selected general benefit that is received after you life this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit an appearal benefit to file for the general benefit will applicate the considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit an appearal benefit for each general benefit. Please complete as many flads in Section II as possible. Val cannot process this form if we cannot identify the claimant and valuetan.  SECTION II: CLAIMANT'S TORNIFICATION  1. CLAIMANT'S NAME (First, michile batial, tast)  SECTION II: CLAIMANT'S TORNIFICATION  1. CLAIMANT'S NAME (First, michile batial, tast)  SECTION III: CLAIMANT'S TORNIFICATION  1. CLAIMANT'S NAME (First, michile batial, tast)  SECTION III: SECTION III: SECTION OF INTENT  3. VETERAN'S SOCIAL SECURITY NUMBER  A VETERAN'S SOCIAL SECURITY NUMBER  A VETERAN'S SOCIAL SECURITY NUMBER  SECTION III: DECLARATION OF INTENT  SECTION III: DECLARATION OF INTENT		•						
SECTION I: GENERAL EENETT ELECTION  MPORTANT: 1/A may not be able to use this form to establish an effective date for henefits if you do not select one or more of the general benefit(s) forecked below.  Intend to file for the general benefit(s) forecked below.  Compensation   Selection   Selec			d Below)					
### Received Centralized Mail Processing James Vision to the page of the page	Note: Please read the Privacy Act and Respondent Burden below before completing the	form.						
Janeaville, WI 12/20/2020	SECTION I: GENERAL BENEFIT ELECTION	ON						
COMPENSATION   PENSION   PENSION   PENSION   PENSION   PENSION   PENSION AND/OR DEPRIVENCY AND INDEMNITY COMPENSATION (DIC)	<b>IMPORTANT:</b> VA may not be able to use this form to establish an effective date for benefits if you do not select one or more of the general benefits listed below.			~ ·				
NOTE: Only check this box if you are a surviving dependent of the veteran.  SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)  IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through either disability compensation on either provide depending and wave obsenting and the considered field as of the date of receipt of this form. Only the Brat benefit within gaz year of filing this form, your completed application will be considered field as of the date of receipt of this form. Only the Brat benefit within gaz year of filing this form, your completed application will be considered field as of the date of receipt of this form. Only the Brat benefit will be considered field as of the date of receipt of this form. Only the Brat benefit willing the considered field as of the date of receipt of this form. Only the Brat benefit willing the considered field as of the date of receipt of this form. Only the Brat benefit willing the considered field as of the date of receipt of this form. Only the Brat benefit willing the considered field as of the date of receipt of this form. Only the Brat benefit willing the considered field as of the date of receipt of this form of your way submit a separation to file of reach general benefit willing the considered filed as of the date of receipt of this form.  SECTION II: CLAIMANT'S IDENTIFICATION  1. CLAIMANT'S NAME (First, middle middle initial, last) (If different from claimant)  Roger  1. VETERAN'S SOCIAL SECURITY NUMBER  1. VE	I intend to file for the general benefit(s) checked below: (Choose all that apply	<i>'</i> )						
SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)   IMPORTANT: After reserving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA classibly compensation online through elements at yourse, If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application for each selected general benefit within one year of filing this form, your completed application for each selected general benefit that is recovered after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit for this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.    SECTION III: CLAIMANT'S IDENTIFICATION	X COMPENSATION PENSION							
MPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through eBenefits at www.ebenefits.va.gov. If you give VA a completed application for the selected general benefit whitin gaze year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on first form form you may submit a separation to file as of receipt of this form. You may submit a separation to file of the date of receipt of this form. You may submit a separation to file of the date of receipt of this form. You may submit a separation to file of the date of receipt of this form. You may submit a separation to file of the date of receipt of this form. Will be considered filed as of the date of receipt of this form. You may submit a separation to file as for the date of receipt of this form. You may submit a separation that it is section if as possible. VA cannot process this form if we cannot identify the claimant and veteran.  **SECTION III: CLAIMANT'S IDENTIFICATION**  1. CLAIMANT'S NOCIAL SECURITY NUMBER*  TRA	NOTE: Only check this box if you are a surviving dependent of the veteran.							
for VA disability compensation online through eBenefits at www.ebenefits.va.gov. If you give VA a completed application for the selected general benefit thin gan year of fling this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may induriat a special intent to file for more than one general benefit not his form or your may submit a special intent to file for neach general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.  SECTION II: CLAIMANT'S IDENTIFICATION  1. CLAIMANT'S NAME (First, middle initial, last)  SECTION II: CLAIMANT'S IDENTIFICATION  1. CLAIMANT'S NAME (First, middle initial, last)  Wartinez  2. CLAIMANT'S SOCIAL SECURITY NUMBER  TRA	SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)							
T. CLAIMANT'S NAME (First, middle initial, last)    Roger	for VA disability compensation online through eBenefits at <a href="https://www.ebenefits.va.gov">www.ebenefits.va.gov</a> . If you give VA a completed application for the selected general benefit within <a <="" href="https://one-pieces-pi&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Roger  TRA _ 30 _ 1580  3. VETERAN'S NAME (First, middle initial, last) (if different from claimant)  Roger  TRA _ 30 _ 1580  3. VETERAN'S SOCIAL SECURITY NUMBER  TRA _ 30 _ 1580  S. VETERAN'S SOCIAL SECURITY NUMBER  TRA _ 30 _ 1580  S. VETERAN'S DATE OF BIRTH&lt;/td&gt;&lt;td&gt;SECTION II: CLAIMANT&lt;/td&gt;&lt;td&gt;'S IDENTIFICAT&lt;/td&gt;&lt;td&gt;ION&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Z. CLAIMANT'S SOCIAL SECURITY NUMBER  TRA _ 30 _ 1580  3. VETERAN'S NAME (First, middle initial, last) (if different from claimant)  Roger&lt;/td&gt;&lt;td colspan=5&gt;1. CLAIMANT'S NAME (First, middle initial, last)&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;TRA _ 30 _ 1580  3. VETERANS NAME (First, middle initial, last) (If different from claimant)  Roger&lt;/td&gt;&lt;td&gt;   " td=""><td></td><td></td><td></td></a>							
Neteran's Name (First, middle initial, tast) (If different from claimant)								
Roger  4. VETERANS SOCIAL SECURITY NUMBER  TRA _ 30 _ 1580  5. VETERANS DATE OF BIRTH								
TRA   30   1580   1580   5. VETERAN'S BOCKAL SECURITY NUMBER   TRA   30   1580   5. VETERAN'S DATE OF BIRTH   6. VETERAN'S SEX   7. HAS THE VETERAN EVER FILED A CLAIM WITH VA?   8. VA FILE NUMBER   Month   Day   Year   Vear								
TRA _ 30 _ 1580  S. VETERANS DATE OF BIRTH 6. VETERAN'S SEX								
5. VETERAN'S DATE OF BIRTH 6. VETERAN'S SEX 7. HAS THE VETERAN EVER FILED A CLAIM WITH VA? 8. VA FILE NUMBER    OT								
9. CURRENT MALLING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  Number and Street or Rural Route, P.O. Box  Apt/Unit Number  31 HOPKINS PLAZA  Or Rural Route, P.O. Box  Apt/Unit Number  10. PREFERRED TELEPHONE NUMBER (Include Area Code)  SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  12B. DATE SIGNED (MM,DD,YYYY)  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, SWA21/22/28, Compensation, Pensar and delivery of benefits, verification 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 benefits, verification of dentity and status	5. VETERAN'S DATE OF BIRTH   6. VETERAN'S SEX   7. HAS THE VETERAN EVER FILED A CLAIM WITH VA?   8. VA FILE NUMBER							
9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  Number and Street or Rural Route, P.O. Box  Apt./Unit Number  MD 21201  City, State, ZIP Code Blatimore and Country  10. PREFERRED TELEPHONE NUMBER (Include Area Code)  SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits: (2) I must file a complete application for each general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits: (2) I must file a complete application for each general benefit within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  12B. DATE SIGNED (MM,DD,YYYY)  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 11tle 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, Inigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system or records, SWA21/22/28, Compensation, Pensas and delivery of benefits, verification of money owed to the United States, Inigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of money owed to	Month Day Year							
Number and Street or Rural Route, P.O. Box  Apt/Unit Number  Apt/Unit Number  Apt/Unit Number  Apt/Unit Number  MD 21201  11. PREFERRED TELEPHONE NUMBER (Include Area Code) 11. PREFERRED E-MAIL ADDRESS (If applicable)  SECTION III: DECLARATION OF INTENT  Apt/Unit Number  SecTION III: DECLARATION OF INTENT  SecTION III: DECLARATION OF INTENT  Intention of the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit (s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  ROGEN MANUTURE  12B. DATE SIGNED (MM,DD,YYYY)  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 19/4 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 benefits, verification and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a	07 _ 04 _ 1992   XMALE FEMALE YES XNO in Item 8)							
City, State, ZIP Code Blatimore and Country  10. PREFERRED TELEPHONE NUMBER (Include Area Code)  SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  Roger Martinez  13. NAME OF AITORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receip of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January I, 1975, a								
City, State, ZIP Code Blatimore and Country  10. PREFERRED TELEPHONE NUMBER (Include Area Code)  11. PREFERRED E-MAIL ADDRESS (If applicable)  555-55-1212  SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefits(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  12B. DATE SIGNED (MM,DD,YYYY)  Roger Martinez  127/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 19/4 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 identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is r	or Rural Route, P.O.							
11. PREFERRED TELEPHONE NUMBER (Include Area Code)  SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  Roger Marturey  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, S8VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless t		Apt./Unit Number						
11. PREFERRED E-MAIL ADDRESS (If applicable)  SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits: (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  Roger Maxturez  12B. DATE SIGNED (MM,DD,YYYY)  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, \$8VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusi		MD	21201					
SECTION III: DECLARATION OF INTENT  By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  12B. DATE SIGNED (MM,DD,YYYY)  Roger Martinezy  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA2I/22/8, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclo	•	11. PREFERRED	E-MAIL ADDRES	SS (If applicable)				
By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  12B. DATE SIGNED (MM,DD,YYYY)  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 19/4 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of la	· · · · · · · · · · · · · · · · · · ·			(7)				
not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  Roger Martinez  12B. DATE SIGNED (MM,DD,YYYY)  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 identity and status, and personnel administration) as identified in the VA system of records, \$8VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United	SECTION III: DECLARATION OF INTENT							
application to be considered filed as of the date of this form.  12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE  Roger Maxturey  12/20/2020  13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United	not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete							
ROTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United		e received within	one year or the	date VA receives this form for my				
ROTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United	12A SIGNATURE OF CLAIMANIT/AUTHORIZED REDRESENTATIVE		12B DATE SIC	NED (MM DD VVVV)				
13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION ( <i>Please Print</i> )  (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)  PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United				NED (MM,DD,TTTT)				
PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United			12/20/2020					
PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United		,	of attorney has been	n completed.)				
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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United								
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 benefits, verification of identity and status, and personnel administration) as identified in the 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.  RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United								
	Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, of money owed to the United States, litigation in which the United States is a party or has an identity and status, and personnel administration) as identified in the VA system of records, 50 Employment Records - VA, published in the Federal Register. Your obligation to respond is repear of receipt of this form. VA uses your Social Security number to identify if you have a clear VA will not deny an individual benefits for refusing to provide his or her SSN unless the dis 1975, and still in effect. The requested information is considered relevant and necessary to determine the state of the state	congressional communiterest, the administrative administrative and to present a constraint and to ensure closure of the SSN is the appropriate appropr	nications, epidemiolo ation of VA program ensation, Pension, Ed ve a date of claim fo e that your records at required by Federal e application and prov	ogical or research studies, the collection of as and delivery of benefits, verification of ucation, and Vocational Rehabilitation and or an application that is received within one be properly associated with your claim file. Statute of law in effect prior to January 1, wide it to the claimant.				
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								

VA FORM NOV 2014 **21-0966** 

1-800-827-1000 to get information on where to send comments or suggestions about this form.

number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call