

## Additional Information

**2A. Mailing address city:**

ThisIsAReallyLongCityName

**3A. Other first name Line 1:**

Joseph

**3A. Other last name Line 1:**

Doe

**3A. Other first name Line 2:**

Jarrold

**3A. Other last name Line 2:**

Doe

**4F. Specify VA facility Line 1:**

Dallas Fort Worth VA Medical Center

**4G. Specify federal facility Line 1:**

Memphis Health Care

**4G. Specify federal facility Line 2:**

Nashville Health Care

**5B. How many hours per week do you average Line 1:**

20

**5B. What kind of work are you currently doing Line 1:**

Customer service

**5B. How many hours per week do you average Line 2:**

20

**5B. What kind of work are you currently doing Line 2:**

Customer service

**7.1[Veteran]. (1) who were you married to? Line 1:**

Jessica Middle Doe

**7.1[Veteran]. (2) how did your previous marriage end (other reason)? Line 1:**

Personal reason thats too long to write an explanation for in this form field

**7.1[Veteran]. (2) how did your previous marriage end? Line 1:**

other

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 1:**

03-02-1989 - 03-02-1990

**7.1[Veteran]. (4) place of marriage Line 1:**

Dallas

**7.1[Veteran]. (5) place of marriage termination Line 1:**

San Antonio, TX

**7.1[Veteran]. (1) who were you married to? Line 2:**

Jane Middle Doe

**7.1[Veteran]. (2) how did your previous marriage end? Line 2:**  
spouse's death

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 2:**  
03-02-1989 - 03-02-1990

**7.1[Veteran]. (4) place of marriage Line 2:**  
Dallas

**7.1[Veteran]. (5) place of marriage termination Line 2:**  
San Antonio, TX

**7.1[Veteran]. (1) who were you married to? Line 3:**  
Jenniebenniefofenny Middle Danedanedanedanedanedanedane

**7.1[Veteran]. (2) how did your previous marriage end? Line 3:**  
divorce

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 3:**  
03-02-1983 - 03-02-1984

**7.1[Veteran]. (4) place of marriage Line 3:**  
Dallas

**7.1[Veteran]. (5) place of marriage termination Line 3:**  
San Antonio, TX

**7.1[Veteran]. (1) who were you married to? Line 4:**  
Jill Middle Doe

**7.1[Veteran]. (2) how did your previous marriage end? Line 4:**  
divorce

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 4:**  
02-03-1995 - 03-02-1996

**7.1[Veteran]. (4) place of marriage Line 4:**  
North Adams, MA

**7.1[Veteran]. (5) place of marriage termination Line 4:**  
San Antonio, TX

**7.2[Spouse]. (1) who was your spouse you married to? Line 1:**  
Joe F Generic Jr.

**7.2[Spouse]. (2) how did the previous marriage end (other reason)? Line 1:**  
Other reason thats too long to write an explanation for in this form field

**7.2[Spouse]. (2) how did the previous marriage end? Line 1:**  
other

**7.2[Spouse]. (3) what are the dates of the previous marriage? Line 1:**  
03-02-1980 - 03-02-1990

**7.2[Spouse]. (4) place of marriage Line 1:**  
Seattle, WA

**7.2[Spouse]. (5) place of marriage termination Line 1:**  
Tacoma, WA

**7.2[Spouse]. (1) who was your spouse you married to? Line 2:**

John F Person Jr.

**7.2[Spouse]. (2) how did the previous marriage end (other reason)? Line 2:**

Other reason

**7.2[Spouse]. (2) how did the previous marriage end? Line 2:**

other

**7.2[Spouse]. (3) what are the dates of the previous marriage? Line 2:**

03-02-1995 - 03-02-2005

**7.2[Spouse]. (4) place of marriage Line 2:**

Seattle, WA

**7.2[Spouse]. (5) place of marriage termination Line 2:**

Tacoma, WA

**8.1. (1) child's name Line 1:**

Bobby Middle Doe

**8.1. (2) child's date of birth Line 1:**

03-02-1997

**8.1. (3) child's place of birth Line 1:**

Tallahassee, FL

**8.1. (4) child's social security number Line 1:**

333224444

**8.1. (5) child's status Line 1:**

biological, previously married, does not live with you but contributes

**8.1. (6) amount of contribution for child Line 1:**

\$3,444.00

**8.1. (1) child's name Line 2:**

Emily Middle Doe

**8.1. (2) child's date of birth Line 2:**

03-02-1993

**8.1. (3) child's place of birth Line 2:**

Troy, MT

**8.1. (4) child's social security number Line 2:**

333224444

**8.1. (5) child's status Line 2:**

adopted

**8.1. (1) child's name Line 3:**

Bennedictimaximus Middle Doe

**8.1. (2) child's date of birth Line 3:**

04-01-1992

**8.1. (3) child's place of birth Line 3:**

Troy, MT

**8.1. (4) child's social security number Line 3:**  
333224444

**8.1. (5) child's status Line 3:**  
biological, does not live with you but contributes

**8.1. (6) amount of contribution for child Line 3:**  
\$2,300.00

**8.1. (1) child's name Line 4:**  
Sam Jason Doe

**8.1. (2) child's date of birth Line 4:**  
06-29-1992

**8.1. (3) child's place of birth Line 4:**  
Portland, ME

**8.1. (4) child's social security number Line 4:**  
122222222

**8.1. (5) child's status Line 4:**  
adopted, does not live with you but contributes

**8.1. (6) amount of contribution for child Line 4:**  
\$3,300.00

**9(1). Payment recipient Line 1:**  
Veteran

**9(2). Income type Line 1:**  
Social security

**9(3). Payer name Line 1:**  
John Doe

**9(4). Current gross monthly income Line 1:**  
\$278.05

**9(1). Payment recipient Line 2:**  
Veteran

**9(2). Income type Line 2:**  
Interest dividend

**9(3). Payer name Line 2:**  
John Doe

**9(4). Current gross monthly income Line 2:**  
\$78.50

**9(1). Payment recipient Line 3:**  
Spouse

**9(2). Income type Line 3:**  
Other

**9(2). Other income type explanation Line 3:**  
part-time Uber

**9(3). Payer name Line 3:**

John Doe

**9(4). Current gross monthly income Line 3:**

\$278.99

**9(1). Payment recipient Line 4:**

Spouse

**9(2). Income type Line 4:**

Other

**9(2). Other income type explanation Line 4:**

full time job

**9(3). Payer name Line 4:**

John Doe

**9(4). Current gross monthly income Line 4:**

\$3,278.75

**9(1). Payment recipient Line 5:**

Veteran

**9(2). Income type Line 5:**

Pension retirement

**9(3). Payer name Line 5:**

John Doe

**9(4). Current gross monthly income Line 5:**

\$55.27

**10.2[Medical](1). Medical expense recipient Line 1:**

Veteran

**10.2[Medical](2). Medical expense provider name Line 1:**

Funeral Home

**10.2[Medical](3). Medical expense purpose Line 1:**

Burial expenses

**10.2[Medical](4). Medical expense payment date Line 1:**

03-15-2020

**10.2[Medical](5). Medical expense payment frequency Line 1:**

ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 1:**

\$10,000.00

**10.2[Medical](1). Medical expense child name Line 2:**

Joe Doe

**10.2[Medical](1). Medical expense recipient Line 2:**

Child

**10.2[Medical](2). Medical expense provider name Line 2:**

Health Provider

**10.2[Medical](3). Medical expense purpose Line 2:**

Medical expenses

**10.2[Medical](4). Medical expense payment date Line 2:**

07-01-2023

**10.2[Medical](5). Medical expense payment frequency Line 2:**

ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 2:**

\$10,000.00

**10.2[Medical](1). Medical expense recipient Line 3:**

Spouse

**10.2[Medical](2). Medical expense provider name Line 3:**

Health Provider

**10.2[Medical](3). Medical expense purpose Line 3:**

Medical expenses

**10.2[Medical](4). Medical expense payment date Line 3:**

07-01-2023

**10.2[Medical](5). Medical expense payment frequency Line 3:**

ONCE\_MONTH

**10.2[Medical](6). Medical expense payment amount Line 3:**

\$500.00

**10.2[Medical](1). Medical expense child name Line 4:**

Joe Doe

**10.2[Medical](1). Medical expense recipient Line 4:**

Child

**10.2[Medical](2). Medical expense provider name Line 4:**

Health Provider

**10.2[Medical](3). Medical expense purpose Line 4:**

Medical expenses

**10.2[Medical](4). Medical expense payment date Line 4:**

07-01-2023

**10.2[Medical](5). Medical expense payment frequency Line 4:**

ONCE\_YEAR

**10.2[Medical](6). Medical expense payment amount Line 4:**

\$5,000.00

**10.2[Medical](1). Medical expense recipient Line 5:**

Spouse

**10.2[Medical](2). Medical expense provider name Line 5:**

Health Provider

**10.2[Medical](3). Medical expense purpose Line 5:**

Medical expenses

**10.2[Medical](4). Medical expense payment date Line 5:**  
07-01-2023

**10.2[Medical](5). Medical expense payment frequency Line 5:**  
ONCE\_MONTH

**10.2[Medical](6). Medical expense payment amount Line 5:**  
\$200.00

**10.2[Medical](1). Medical expense child name Line 6:**  
Joe Doe

**10.2[Medical](1). Medical expense recipient Line 6:**  
Child

**10.2[Medical](2). Medical expense provider name Line 6:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 6:**  
Medical fee

**10.2[Medical](4). Medical expense payment date Line 6:**  
07-01-2023

**10.2[Medical](5). Medical expense payment frequency Line 6:**  
ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 6:**  
\$100.00

**10.2[Medical](1). Medical expense child name Line 7:**  
Jack Doe

**10.2[Medical](1). Medical expense recipient Line 7:**  
Child

**10.2[Medical](2). Medical expense provider name Line 7:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 7:**  
Medical fee

**10.2[Medical](4). Medical expense payment date Line 7:**  
07-01-2023

**10.2[Medical](5). Medical expense payment frequency Line 7:**  
ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 7:**  
\$150.00