



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE
IN THIS SPACE)

**NOTICE TO DEPARTMENT OF VETERANS AFFAIRS OF VETERAN OR
BENEFICIARY INCARCERATED IN PENAL INSTITUTION**

NOTE: Pursuant to Title 38, U.S.C., 1505, 3482, 3680 and 5313, awards of Department of Veterans Affairs benefits for veterans and beneficiaries are subject to adjustment or discontinuance while such persons are incarcerated.

TO

FROM

NAME AND ADDRESS OF INSTITUTION

SECTION I: 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.

2. VETERAN/BENEFICIARY's NAME (*First, Middle Initial, Last*)

3. SOCIAL SECURITY NUMBER

4. VA FILE NUMBER

5. VETERAN'S DATE OF BIRTH (*MM/DD/YYYY*)

Month Day Year

6. VETERAN'S SERVICE NUMBER (*If applicable*)

7. RELATIONSHIP TO VETERAN

SECTION II: INFORMATION ABOUT INCARCERATION

8. DATE OFFENSE WAS COMMITTED (*MM/DD/YYYY*)

Month Day Year

9. TYPE OF OFFENSE FOR WHICH COMMITTED

☐ FELONY ☐ MISDEMEANOR

10. DATE OF CONFINEMENT FOLLOWING CONVICTION
(*MM/DD/YYYY*)

Month Day Year

11. LENGTH OF SENTENCE

12. SCHEDULED RELEASE DATE (*MM/DD/YYYY*)

Month Day Year

13A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM?

☐ YES ☐ NO

13B. DATE ENTERED PROGRAM (*MM/DD/YYYY*)

Month Day Year

SECTION III: REMARKS

REMARKS *(Continued)***SECTION IV: SIGNATURE OF OFFICIAL**

14. NAME AND TITLE OF INSTITUTIONAL OFFICIAL

15. DATE SIGNED *(MM/DD/YYYY)*16. SIGNATURE OF INSTITUTIONAL OFFICIAL *(Sign in ink)*17. INSTITUTION TELEPHONE NUMBER
(Include Area Code)

PRIVACY ACT INFORMATION: 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 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 voluntary. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine the adjustment or discontinuance of VA benefits for veterans and beneficiaries who are incarcerated. Title 38, United States Code 1505, 3482, 3680, and 5313, allows us to ask for this information. We estimate that you will need an average of 15 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 <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.

DEPARTMENT OF VETERANS AFFAIRS

Where to Send Your Written Correspondence

In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivors Benefits); then, locate the corresponding address based on your location of residence.

For correspondence relating to all **Compensation** claims:

Location of Residence	Address
All United States and Foreign Locations	Department Of Veterans Affairs Evidence Intake Center P.O. Box 4444 Janesville WI 53547-4444 Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260
*Note: For foreign Veterans Pension and Survivors Benefits please refer to the below addresses.	

For correspondence relating to all **Veterans Pension** and **Survivors Benefits** claims:

Location of Residence	Address
Alabama Kentucky Missouri Arkansas Louisiana Ohio Illinois Michigan Tennessee Indiana Mississippi Wisconsin	Department Of Veterans Affairs Claims Intake Center Attention: Milwaukee Pension Center P.O. Box 5192 Janesville WI 53547-5192 Or Fax your information to: Toll Free: (844) 655-1604
Alaska Montana Texas Arizona Nebraska Utah California Nevada Washington Colorado New Mexico Wyoming Hawaii North Dakota Mexico Idaho Oklahoma Central America Iowa Oregon South America Kansas South Dakota Caribbean Minnesota	Department Of Veterans Affairs Claims Intake Center Attention: St. Paul Pension Center P.O. Box 5365 Janesville WI 53547-5365 Or fax your information to: Toll Free: (844) 655-1604
Connecticut New Hampshire South Carolina Delaware New Jersey Vermont Florida New York Virginia Georgia North Carolina West Virginia Maine Pennsylvania District of Columbia Maryland Rhode Island Puerto Rico Massachusetts Canada	Department Of Veterans Affairs Claims Intake Center Attention: Philadelphia Pension Center P.O. Box 5206 Janesville WI 53547-5206 Or fax your information to: Toll Free: (844) 655-1604
Countries outside of North, Central or South America	