



LAWYERS SERVING WARRIORS®

A project of the National Veterans Legal Services Program (NVLSP) providing veterans free legal assistance.



Application for Free Legal Assistance with a Claim for Combat-Related Special Compensation (CRSC)

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with a claim for CRSC. Filling out this application does not guarantee you legal representation through our project. Lawyers Serving Warriors® first needs to review your records and analyze your case. We are not able to take every case. But we do guarantee that you will **never** be charged any legal fees by Lawyers Serving Warriors® or by any of our volunteer attorneys. It will take us some time to decide whether we can provide you legal representation. Therefore, it is important for you to understand that you are responsible for meeting any deadlines that may apply to your case.

This application **must** be fully completed, signed, and returned along with the following documents:

- Final DD Form 214 (Certificate of Release or Discharge from Active Duty)
- Military orders demonstrating permanent disability retirement, if applicable
- Recent VA rating decision (or other recent VA document showing service-connected disabilities and associated ratings)
- All previous CRSC decisions, if applicable
- Completed Privacy Act Waiver and Standard Form 180 (please provide handwritten signatures that clearly show your full first and last name)

Confidentiality: Lawyers Serving Warriors® will not disclose the information you provide us, or the records you authorize us to obtain, to anyone who is neither an employee nor an agent of Lawyers Serving Warriors®.

National Veterans Legal Services Program, Attn: LSW
1100 Wilson Blvd, Suite 900, Arlington, VA 22209
Email: lsw.intake@nvlsp.org **Fax:** 202-223-9199

SECTION I

Name: _____
(Last, First, Middle Initial)

Date of birth: _____ Social Security #: _____
(MM/DD/YYYY)

Permanent mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Alternate contact's name: _____ Relationship: _____

Alternate contact's phone: _____ Alternate contact's email: _____

SECTION II

Military branch of service: _____

Rank/grade at discharge: _____ Active Duty Reserve National Guard

Date of enlistment: _____ Date of discharge: _____
(MM/DD/YYYY) (MM/DD/YYYY)

MOS/AFSC/Rating title (i.e. infantry or 11B): _____

SECTION III

Were you medically retired as a result of a PEB? Yes No

PLEASE NOTE: To be eligible for CRSC, you must have been retired.



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Are you currently on the TDRL? Yes No

Were you removed from the TDRL and separated with a combined disability rating of 0, 10, or 20%? Yes No

Are you currently receiving Concurrent Retirement and Disability Pay (CRDP)? Yes No

Are you currently receiving disability compensation from the VA? Yes No

PLEASE NOTE: To be eligible for CRSC, you must be entitled to disability compensation from the VA.

VA claims file #: _____ Regional Office you most recently filed a claim with: _____

List your service-connected disabilities **that you believe are combat-related** and the current VA disability rating for each:

<i>Service-connected disability</i>	<i>Current VA disability rating</i>

List any other service-connected disabilities and the current VA disability rating for each:

<i>Service-connected disability</i>	<i>Current VA disability rating</i>

SECTION IV

Have you previously applied for CRSC? Yes No I have an application currently pending

If yes, please tell us more information about your previous application(s):

<i>Date of decision (mm/dd/yyyy)</i>	<i>Outcome (granted or denied)</i>

PLEASE NOTE: A copy of each previous decision letter **must** be submitted with this application.

SECTION V

Please note any of the medals or awards listed below that you received for your service (these are medals/awards awarded for participation in combat):

- | | | |
|---------------------------------|---------------------------------------|-----------------------------|
| Purple Heart | Combat Action Badge | Medal of Honor |
| Combat Medical Badge | Combat Infantry Badge | Silver Star |
| Air Medal w/ "V" Device | Air Force Cross | Navy Cross |
| Bronze Star Medal w/ "V" Device | Navy Commendation Medal w/ "V" Device | Distinguished Flying Cross |
| Combat Aircrew Insignia | Army Commendation Medal w/ "V" Device | Distinguished Service Cross |



Combat Action Ribbon

Joint Service Commendation Medal w/ "V" Device

SECTION VI

Please briefly explain why you believe your disabilities are combat-related. Detailed information assists us in assessing your request for help.

Lined area for text entry, consisting of approximately 25 horizontal lines.

SIGNATURE

By completing this application, I am applying for services provided by Lawyers Serving Warriors®. Lawyers Serving Warriors® will treat information I provide through this application and any records collected regarding me during the evaluation process as confidential information. This information is for Lawyers Serving Warriors® to assess whether or not the project can provide me with free legal representation. I understand that my information will only be viewed by project staff or volunteer attorneys and their staff. I understand that I will **not** be charged a fee by Lawyers Serving Warriors® or the volunteer attorneys. I also understand that Lawyers Serving Warriors® is not able to take every case and filling out this application does not guarantee that I will receive services from Lawyers Serving Warriors®.



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Print name

Signature

Date (MM/DD/YYYY)