

Debt Collection Intake Form

You may have reasonable grounds on which to oppose the VA's efforts to collect an overpayment or other debt that it says you owe to it. This form will help you organize the information you need to decide whether to do so. Do not send this form to the VA; give it to your accredited service officer.

Date _____

(1) Name of veteran: _____
First Middle Last

(2) Name used in service if different _____

(3) Applicant if other than the veterans: _____
First Middle Last

(4) Relationship to veteran _____

(5) Address: _____
Number Street Apt. No.

City State Zip Code

(6) Mailing address: _____

Number Street Apt. No.

City State Zip Code

(7) Telephone:

Home () _____ Work () _____

(8) Date of birth: ____/____/____
Month Day Year

(9) Social Security number: ____ - ____ - ____

(10) Single () Married () Separated () Divorced () Widowed ()

(11) Are you currently employed? yes () no ()

If yes, what is your occupation? _____



Debt Collection

- (12) If not employed, are you able to work? yes() no()
- (13) If you are not employed, is it because of medical problems related to your military service?
yes() no()
- (14) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

- (15) Do you have dependents? yes() no()
If yes, how many? _____
Please list your dependents' names, how they are related to the veteran, dates of birth, and Social Security numbers: _____

Information Related to Service

- (16) Are you a veteran of the U.S. armed forces? yes() no()
- If you are a veteran, please attach a copy of your discharge form, the DD 214. If you do not have a copy of your DD 214, please obtain from your advocate and complete and attach Standard Form (SF) 180, Request Pertaining to Military Records, to obtain a copy of your DD 214.*
- (17) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) did you belong? _____

- (18) In what era (World War II, Korea, Vietnam, Persian Gulf, or other) was your service?

- (19) Please list your dates of service:
- | | |
|----------------------|--------------------------|
| Entry ____/____/____ | Discharge ____/____/____ |
| Entry ____/____/____ | Discharge ____/____/____ |
| Entry ____/____/____ | Discharge ____/____/____ |



Debt Collection

(20) Please state your type of discharge:

(21) Were you in combat?

yes()

no()

(22) Were you wounded?

yes()

no()

If so, where on the body? _____

(23) Are you still having medical problems caused by the wound(s)?

yes()

no()

If so, what are the problems? _____

(24) Were you treated for any injury, disability, or disease in service?

yes()

no()

If yes, briefly describe the disability or disease. _____

Information Related to VA Benefits

(25) Have you ever applied for VA benefits?

yes()

no()

If yes, check all that apply:

() Compensation

() Pension

() Medical care

() Education

() Vocational rehabilitation

() Nursing home care

() Domiciliary care

() Home loan guaranty

Other (please specify):

If this is a new claim, ask your advocate about filing an informal claim.

(26) If you have filed a claim before, please give the claim number that the VA assigned:



Debt Collection

(27) Are you now receiving VA benefits?

yes()

no()

If yes, check all that apply:

() Compensation

() Pension

() Pension plus aid and attendance benefit

() Education

() Pension plus housebound benefit

() Nursing home care

() Medical care

() Home loan guaranty

() Vocational rehabilitation

() Domiciliary care Other

(please specify):

(28) At which VA regional office is your claim file located? _____

(29) Were you ever treated at a VA hospital?

yes()

no()

If yes, please specify when, where, and what the treatment was for:

(30) Have you ever sought counseling or help from a Vet Center?

yes()

no()

If yes, please specify when and where: _____

(31) Date of VA notice of debt:

(32) Type of debt and amount that the VA states the claimant owes:

Type

Amount



Debt Collection

(33) Have you requested a waiver of the debt?
yes() no()

(34) If yes, on what date was the waiver requested:

Please attach a copy of the waiver request

(35) If no, do you desire a waiver of the debt?
yes() no()

(36) Have you challenged the existence/validity of the debt?
yes() no()

(37) Have you made a compromise offer, i.e., offered to pay less than the full amount of the debt?
yes() no()

(38) Have you requested suspension of collection actions?
yes() no()

(39) Have you requested termination of collection action (sometimes called a "write-off")?
yes() no()

(40) Have you requested reduction of the amount of debt through performance of work-study services (only certain individuals are eligible for this option and it may not be used concurrently with a waiver request)?
yes() no()

