



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 Discharge Upgrade

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with a discharge upgrade. 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)
- All previous decisions by a Discharge Review Board (DRB) and/or a Board for Correction of Military Records (BCMR), if applicable
- All VA rating decisions (or other VA documents showing service-connected disabilities and associated ratings), 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: _____

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

What is the characterization of service listed on your DD Form 214? _____

What is the narrative reason for your separation listed on your DD Form 214? _____
(the narrative reason is generally found in block 28 of the DD Form 214)

SECTION III

Have you ever filed a claim for VA disability compensation? Yes No

If yes, with which Regional Office did you file your claim? _____

Do you receive VA disability compensation for service-connected disabilities? Yes No



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Print name

Signature

Date (MM/DD/YYYY)