



# LAWYERS SERVING WARRIORS®

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



## Application for Free Legal Assistance with Processing Through the Integrated Disability Evaluation System (IDES)

By completing this application, you are applying to Lawyers Serving Warriors® for free legal assistance with processing through the IDES. 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), if available
- VA/DOD Joint Disability Evaluation Claim Form, VA Form 21-0819, if available
- Medical Evaluation Board (MEB) Narrative Summary, MEB findings, and/or Physical Evaluation Board (PEB) findings, if available
- 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: APPLICANT INFORMATION

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: \_\_\_\_\_

Military branch of service: \_\_\_\_\_ Rank/grade: \_\_\_\_\_

Date of enlistment: \_\_\_\_\_ Date of discharge (if applicable): \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

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

Name of PEB Liaison Officer (PEBLO): \_\_\_\_\_

PEBLO's phone: \_\_\_\_\_ PEBLO's email: \_\_\_\_\_

### SECTION II: IDES PROCESSING

Have you been referred to IDES?      Yes      No





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Print name

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Signature

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Date (MM/DD/YYYY)