

**ATTACHMENT TO THE STATEMENT IN SUPPORT OF CLAIMED MENTAL HEALTH DISORDER(S)
DUE TO AN IN-SERVICE TRAUMATIC EVENT(S)**

When To Use This Form:

<p>Use this form, VA Form 21-0781, <i>Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s)</i>, to provide a statement in support of a claimed mental health disorder(s) (e.g., post-traumatic stress disorder (PTSD), depression, anxiety, bipolar disorder, etc.) due to an in-service traumatic event(s) to include:</p>
<ul style="list-style-type: none"> • Combat traumatic event(s) (e.g., engaged in combat with the enemy, experienced fear of hostile military or terrorist activity, served in an imminent danger area, served as a drone aircraft crew member, etc.) • Personal traumatic event(s) (e.g., sexual assault or sexual harassment, also known as military sexual trauma (MST), physical assault, robbery, stalking, domestic intimate partner abuse, or harassment, etc.) • Other traumatic event(s) (e.g., involvement in car accident or natural disaster, worked on burn ward or graves registration, witnessed the death, injury, or threat to the physical integrity of another person not caused by the enemy, or an experience that involved friendly fire that occurred on a gunnery range during a training mission, etc.)
<p>Note: This form is optional and not required. However, completing this form could assist with your claim. VA can use the information you provide to review your military records and other sources of information for evidence to support your claim.</p>

What Form Is Required:

<p>Whether or not you complete this form, you must submit one of the following based on the type of claim sought. VA forms are available at www.va.gov/vaforms.</p>	
<p>If you are filing a new claim or a claim for increased disability compensation</p>	<p>please complete and submit VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i>.</p>
<p>If you disagree with a prior decision or an evaluation (a claim after an initial claim for the same or similar benefit was previously decided) and have new and relevant evidence</p>	<p>please complete and submit <i>VA Form 20-0995, Decision Review Request: Supplemental Claim</i>.</p>

Evidence That Can Be Used to Support Your Claim:

<p>VA will obtain or attempt to obtain evidence that supports your claim:</p> <ul style="list-style-type: none"> • If your claim is for mental health disorder(s) related to combat, personal traumatic event(s), or other traumatic event(s), service treatment records and/or personnel records can be used to support the occurrence of the traumatic event(s). • If your claim is for PTSD related to a personal traumatic event(s), alternative sources of evidence or changes in your behavior such as a change in work performance, substance abuse, economic or social behavioral changes, etc. can also be used to support the occurrence of the traumatic event(s). <p>NOTE: VA will obtain and/or request your service treatment records, personnel records and any other Federal records you identify.</p> <p>Lay testimony can be used:</p> <ul style="list-style-type: none"> • If you have any individual(s)/witness(es) who know about the personal traumatic event(s) or would have a knowledge of a behavioral change(s) you experienced after the personal traumatic event(s), and wants to provide a statement on your behalf, use VA Form 21-10210, <i>Lay/Witness Statement</i>, and attach it or send it to the address provided in this attachment. If your individual(s)/witness(es) is a veteran, they may be requested to provide their DD Form 214, <i>Certificate of Uniformed Service</i>, or other evidence of service.
<p>If you know of evidence not in your possession and want VA to try to get it for you:</p> <ul style="list-style-type: none"> • Complete and sign VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i>, and • Complete and sign VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, identifying any private medical records you wish VA to request for you. <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. Note: It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</p>

If You Need Assistance:

You may wish to contact an accredited **Veterans Service Officer (VSO)** to assist you with your application. For a list of accredited veterans service organizations go to <https://www.va.gov/ogc/recognizedvsos.asp>. Should you need further assistance with the application process, you may also contact your State Department(s) of Veterans Affairs at <https://www.va.gov/statedva.htm>.

If you have any questions concerning your claim, you may call 1-800-698-2411. If your claim is related to MST, you may also visit the following website to locate the Veterans Benefits Administration (VBA) MST Outreach Coordinator for your area:
<https://www.benefits.va.gov/benefits/mstcoordinators.asp>.

For information on Veterans Health Administration (VHA) health care service, visit www.va.gov/health-care/about-va-health-benefits. To learn more about VHA health care services available related to MST, visit www.mentalhealth.va.gov/mst or contact a VHA MST Coordinator. A list is available at www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp or you can contact your local VA medical facility and ask to speak to the MST Coordinator.

If you or someone you know is in crisis, call the **Veterans Crisis Line** at 988 and then press 1, visit <https://www.veteranscrisisline.net/> to chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for [deaf and hard of hearing](#) individuals is available.

General Information:

Want to apply electronically? You can apply online at www.va.gov. If you sign in or create an account, we can prefill parts of your application and save your work in progress. You can also upload all your supporting documents with your claim, then track claim status online. Get started at <https://www.va.gov/disability/how-to-file-claim/>.

If You Are Mailing Your Completed Form, Send To:

Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

**STATEMENT IN SUPPORT OF CLAIMED MENTAL HEALTH DISORDER(S)
DUE TO AN IN-SERVICE TRAUMATIC EVENT(S)**

INSTRUCTIONS: Before completing this form, we encourage you to read the Privacy Act and Respondent Burden on page 7. Use this form to provide a statement in support of a claimed mental health disorder(s) due to an in-service traumatic event(s). For more information, you can contact us online through Ask VA: <https://ask.va.gov/> or call us toll-free at 1-800-698-2411 (TTY:711). VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN/SERVICE MEMBER'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly and insert one letter per box to help expedite processing of the form.

1. VETERAN/SERVICE MEMBER'S NAME (First, Middle Initial, Last)

V a l e r i e V i c k s

2. SOCIAL SECURITY NUMBER

4 4 4 - 4 4 - 4 4 4 4

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

0 1 - 0 1 - 1 9 7 5

5. VETERAN'S SERVICE NUMBER (If applicable)

4 4 4 4 4 4 4 4 4

6. TELEPHONE NUMBER (Include Area Code)

2 2 3 - 4 5 6 - 7 8 9 0

Enter International Phone Number (If applicable)

7. E-MAIL ADDRESS (Optional)

valerievicks@gmail.com

SECTION II: TRAUMATIC EVENT(S) INFORMATION

8. SELECT THE TYPE OF IN-SERVICE TRAUMATIC EVENT(S) YOU EXPERIENCED (Check more than one, if applicable)

- ☐ COMBAT TRAUMATIC EVENT(S)
- ☐ PERSONAL TRAUMATIC EVENT(S) (not involving military sexual trauma (MST))
- ☒ PERSONAL TRAUMATIC EVENT(S) (involving MST) (if checked review Section VI)
- ☐ OTHER TRAUMATIC EVENT(S)

IMPORTANT: It is helpful, but not required, to complete all applicable sections of the form. Please provide information about where and when the in-service traumatic event(s) occurred. Including this information will help to identify records and sources of information that may support your claim. If you are unable to include this information or only provide approximate dates or locations, VA will still review and consider all the evidence available to support your claim. **See the following three examples for guidance on how to complete Items 9A through 9C.**

EXAMPLES OF BRIEF DESCRIPTION OF THE TRAUMATIC EVENT(S)	EXAMPLES OF LOCATION OF THE TRAUMATIC EVENT(S)	EXAMPLES OF DATES THE TRAUMATIC EVENT(S) OCCURRED
Example 1. Corpsman on medical ship in Da Nang harbor, Vietnam	STATIONED ON U.S.S. XYZ	SUMMER OF '70
Example 2. Mugged	BACK ALLEY IN BIG TOWN, USA	JUNE 2007
Example 3. Sexually assaulted by drill instructor	FORT XYZ	BOOT CAMP
9A. BRIEF DESCRIPTION OF THE TRAUMATIC EVENT(S) (e.g., injury in warfare, physical assault, sexual harassment, witnessed the death or injury of a person, etc.)	9B. LOCATION OF THE TRAUMATIC EVENT(S) (e.g., unit assignment, residence, off-base, duty station or state, if known)	9C. DATE(S) THE TRAUMATIC EVENT(S) OCCURRED (e.g., month(s) or year(s), if known, or approximate dates are acceptable)
Note: Briefly summarize the nature of the traumatic event(s) you experienced. While providing this information may be difficult, this information may help identify evidence to support your claim. If you provide name(s) of other individuals who were involved or present during the traumatic event(s), VA will not contact these individual(s). Please know providing name(s) is not required for VA to continue processing your claim. Use Section V: "Remarks" if additional space is needed.		
1. I was assaulted by a member of my unit.	121st Transportation BN, Fort Lee, VA	14 May 2020
2.		
3.		

SECTION II: TRAUMATIC EVENT(S) INFORMATION (Continued)			
4.			
5.			
6.			
SECTION III: ADDITIONAL INFORMATION ASSOCIATED WITH THE IN-SERVICE TRAUMATIC EVENT(S)			
<p>IMPORTANT: This information will help us identify records or sources of evidence that may support your claim. If you are unable to include this information, VA will still review and consider all the evidence available to support your claim. If additional space is needed, use Section V: "Remarks".</p> <p>Note: VA understands that in-service traumatic event(s) may not have been reported or documented. In these situations, other information, such as behavioral changes and/or sources of evidence, may be used to support the in-service traumatic event(s).</p>			
<p>10. INDICATE ANY BEHAVIORAL CHANGES FOLLOWING THE IN-SERVICE PERSONAL TRAUMATIC EVENT(S) (Note: Behavioral changes can include but are not limited to the examples listed in Items 10A through 10C. If your traumatic event(s) is combat only, you may skip to Item 11.)</p>			
A. BEHAVIORAL CHANGES EXPERIENCED FOLLOWING THE TRAUMATIC EVENT(S) (Check any box that applies)		B. ADDITIONAL INFORMATION ABOUT THE BEHAVIORAL CHANGES (If applicable) (e.g., approximate time change occurred, documentation, or record)	
<input checked="" type="checkbox"/>	INCREASED/DECREASED VISITS TO A HEALTHCARE PROFESSIONAL, COUNSELOR, OR TREATMENT FACILITY	I started seeking treatment right away and it continues to present.	
<input checked="" type="checkbox"/>	REQUEST FOR A CHANGE IN OCCUPATIONAL SERIES OR DUTY ASSIGNMENT	I requested reassignment to another unit.	
<input type="checkbox"/>	INCREASED/DECREASED USE OF LEAVE		
<input checked="" type="checkbox"/>	CHANGES IN PERFORMANCE OR PERFORMANCE EVALUATIONS	It became difficult to stay focus on getting assigned tasks done. It became difficult to concentrate.	
<input checked="" type="checkbox"/>	EPISODES OF DEPRESSION, PANIC ATTACKS, OR ANXIETY	I experience constant emotional distress, including persistent mood swings and anxiety.	
<input type="checkbox"/>	INCREASED/DECREASED USE OF PRESCRIPTION MEDICATIONS		
<input type="checkbox"/>	INCREASED/DECREASED USE OF OVER-THE-COUNTER MEDICATIONS		
<input checked="" type="checkbox"/>	INCREASED/DECREASED USE OF ALCOHOL OR DRUGS	I turned to drinking as a way to numb the emotional pain.	
<input type="checkbox"/>	DISCIPLINARY OR LEGAL DIFFICULTIES		
<input type="checkbox"/>	CHANGES IN EATING HABITS, SUCH AS OVEREATING OR UNDEREATING, OR SIGNIFICANT CHANGES IN WEIGHT		

SECTION III: ADDITIONAL INFORMATION ASSOCIATED WITH THE IN-SERVICE TRAUMATIC EVENT(S) (Continued)

<input type="checkbox"/>	PREGNANCY TESTS AROUND THE TIME OF THE TRAUMATIC EVENT(S)	
<input type="checkbox"/>	TESTS FOR SEXUALLY TRANSMITTED INFECTIONS	
<input checked="" type="checkbox"/>	ECONOMIC OR SOCIAL BEHAVIORAL CHANGES	I became socially withdrawn as I find it difficult to engage with others or trust people around me.
<input type="checkbox"/>	CHANGES IN OR BREAKUP OF A SIGNIFICANT RELATIONSHIP	

C. AS NEEDED, LIST ANY ADDITIONAL BEHAVIORAL CHANGES FOLLOWING THE IN-SERVICE PERSONAL TRAUMATIC EVENT(S) THAT WERE **NOT LISTED** IN ITEM 10A.

Since the incident I experience sleep disturbances, as nightmares and intrusive thoughts prevent me from getting adequate rest. I also developed a diminished sense of safety, making it difficult for me to function in both personal and professional settings.

11. WAS AN OFFICIAL REPORT FILED? (**Note:** When reporting a sexual assault during military service, the Department of Defense offers two different reporting options, restricted or unrestricted. Knowing the report type will help VA take the necessary steps to obtain a copy of the report. If you are unsure which report was filed, VA may send you a follow up letter with additional information. Submitting a restricted or unrestricted report was not an option prior to 2005.)

- ☒ YES (If "Yes," check the appropriate box below indicating which type of report was filed)
- ☐ NO (If "No," skip to Item 12)
- ☐ RESTRICTED ☐ UNRESTRICTED ☐ NEITHER
- ☒ POLICE REPORT (Provide location, if known) **FT Lee Military Police**
- ☐ OTHER (e.g., After Action Report (AAR), incident report, formal complaint, Judge Advocate General (JAG), Criminal Investigative Division (CID), Naval Criminal Investigative Service (NCIS), etc.)

12. POSSIBLE SOURCES OF EVIDENCE FOLLOWING THE TRAUMATIC EVENT(S) (Check all that apply) (**Note:** The following sources of evidence may provide additional information for your claim. This list is not all inclusive. If you have any individual(s)/witness(es) who know(s) about the in-service traumatic event(s) or would have knowledge of a behavioral change you experienced after the personal traumatic event(s), and wants to provide a statement on your behalf, use VA Form 21-10210, *Lay/Witness Statement*. If your individual(s)/witness(es) is a veteran, they may be requested to provide their DD Form 214, or other evidence of service.)

- | | |
|---|--|
| <input type="checkbox"/> A RAPE CRISIS CENTER OR CENTER FOR DOMESTIC ABUSE | <input checked="" type="checkbox"/> A CHAPLAIN OR CLERGY |
| <input type="checkbox"/> A COUNSELING FACILITY OR HEALTH CLINIC | <input type="checkbox"/> FELLOW SERVICE MEMBER(S) |
| <input type="checkbox"/> FAMILY MEMBERS OR ROOMMATES | <input type="checkbox"/> PERSONAL DIARIES OR JOURNALS |
| <input type="checkbox"/> A FACULTY MEMBER | <input type="checkbox"/> NONE |
| <input type="checkbox"/> CIVILIAN POLICE REPORTS | <input type="checkbox"/> OTHER (Specify below): |
| <input checked="" type="checkbox"/> MEDICAL REPORTS FROM CIVILIAN PHYSICIANS OR CAREGIVERS WHO TREATED YOU IMMEDIATELY FOLLOWING THE INCIDENT OR SOMETIME LATER | |

SECTION IV: TREATMENT INFORMATION

13A. HAVE YOU RECEIVED TREATMENT RELATED TO THE IMPACT OF THE TRAUMATIC EVENT(S) LISTED IN ITEM 9A?

- ☒ YES (If "Yes," complete Items 13B through 13E) ☐ NO (If "No," skip to Item 14)

13B. IDENTIFY WHERE YOU HAVE RECEIVED TREATMENT (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> PRIVATE HEALTHCARE PROVIDER (including non-Federal records) | <input type="checkbox"/> VA MEDICAL CENTER(S) (VAMC) AND COMMUNITY-BASED OUTPATIENT CLINICS (CBOC) |
| <input type="checkbox"/> VA VET CENTER | <input checked="" type="checkbox"/> DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITY(IES) (MTF) |
| <input type="checkbox"/> COMMUNITY CARE (Paid for by VA) | |

Note: VA has access to VAMC, CBOC, and MTF records. A consent form is not needed. However, if you would like VA to attempt to obtain your **private provider (excluding community care (paid for by VA)) or VA Vet Center health records**, VA requires your consent by completing VA Form 21-4142, and VA Form 21-4142a. VA forms are available at www.va.gov/vaforms

SECTION IV: TREATMENT INFORMATION (Continued)

Note: If VAMC, CBOC, or MTF treatment began from 2005 to present, you **do not** need to provide dates in Item 13D.

13C. NAME AND LOCATION OF THE TREATMENT FACILITY	13D. DATE(S) OF TREATMENT (Approximate dates are acceptable) (MM-YYYY)	13E. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
Ft. Lee Medical Facility	05 - 2020	<input type="checkbox"/> Don't have date
		<input type="checkbox"/> Don't have date
		<input type="checkbox"/> Don't have date

SECTION V: REMARKS

Note: This section is optional and can be left blank. However, if additional space is needed to fully answer a previous question or if needed, use this section to provide any additional information that you feel is important for us to know that may support your claim.

14. REMARKS (If any)

The trauma I endured has had a devastating impact on my daily life, leading to severe PTSD symptoms that prevent me from functioning as I once did. I respectfully request that my Military Sexual Trauma (MST) and PTSD disability claim be given full consideration so I can receive the necessary support and resources to aid in my recovery.

SECTION VI: OPTION FOR VETERANS BENEFITS ADMINISTRATION (VBA) TO NOTIFY VETERANS HEALTH ADMINISTRATION (VHA) ABOUT CERTAIN UPCOMING EVENTS DURING THE CLAIM AND/OR APPEAL PROCESS

(Note: This section only applies if you checked personal traumatic event(s) (involving MST) in Item 8)

15. If you are filing a claim for compensation for a condition due to a personal traumatic event(s) (involving MST) and you are registered and/or enrolled for VHA health care, you have the option for VBA to electronically notify VHA about certain upcoming event(s) during your claim and/or appeal process. These events are any scheduled compensation and pension (C&P) examination, hearing before the Board of Veterans' Appeals, and any decision notification. When notified, VHA will place an indicator in your medical record to alert VA health care providers that these events are scheduled to occur. Notifications to VHA would only indicate the type of event and potential time frame, not any details specific to your claim. The indicator in your medical record would not identify your claim as MST-related, but at this time, only claimants filing MST-related claims are provided this notification option. For this reason, providers may know that the indicator is in relation to an MST-related claim. The decision to **consent**, **not consent**, or **revoke prior consent** into the automatic notification system will not affect the status or outcome of your claim. If you would like VBA to send these electronic notifications to VHA, please indicate your consent by selecting a check box below.

- ☐ A. I **CONSENT** TO HAVE VBA NOTIFY VHA ABOUT CERTAIN UPCOMING EVENTS RELATED TO MY CLAIM AND/OR APPEAL (**Note:** I understand that an indicator for these events will appear in my VHA medical record)
- ☐ B. I **DO NOT CONSENT** TO HAVE VBA NOTIFY VHA ABOUT CERTAIN UPCOMING EVENTS RELATED TO MY CLAIM AND/OR APPEAL (**Note:** I understand that an indicator for these events will not appear in my VHA medical record)
- ☐ C. I **REVOKE PRIOR CONSENT** TO HAVE VBA NOTIFY VHA ABOUT CERTAIN UPCOMING EVENTS RELATED TO MY CLAIM AND/OR APPEAL (**Note:** I understand that in the future, notice of these events will no longer appear in my VHA medical record)
- ☒ D. **NOT APPLICABLE AND/OR NOT ENROLLED OR REGISTERED IN VHA HEALTHCARE**

Note: You have the option to modify your previous selection at any time. Mail your correspondence to: **Department of Veterans Affairs, Compensation Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

SECTION VII: CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.

16A. VETERAN/SERVICE MEMBER'S SIGNATURE

Valerie Vicks

16B. DATE SIGNED (MM/DD/YYYY)

03 - 03 - 2025

SECTION VIII: WITNESSES TO SIGNATURE
(Note: Only use this section if the veteran/service member signed Item 16A with an "X")

17A. SIGNATURE OF WITNESS	17B. PRINTED NAME AND ADDRESS OF WITNESS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
18A. SIGNATURE OF WITNESS	18B. PRINTED NAME AND ADDRESS OF WITNESS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

SECTION IX: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE
(Note: Only required if Item 16A is blank)

NOTE: An alternate signer signature will not be accepted unless a valid VA Form 21-0972, *Alternate Signer Certification*, is of record or attached to this request.

I CERTIFY THAT by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

19A. ALTERNATE SIGNER'S SIGNATURE	19B. DATE SIGNED (MM/DD/YYYY) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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SECTION X: POWER OF ATTORNEY (POA) SIGNATURE
(Note: Only required if Item 16A is blank)

I CERTIFY THAT the claimant has authorized the undersigned representative to file this claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

Note: A POA's signature will not be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual as Claimant's Representative*, indicating the appropriate POA is of record with VA.

20A. POA/AUTHORIZED REPRESENTATIVE'S SIGNATURE	20B. DATE SIGNED (MM/DD/YYYY) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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PRIVACY ACT NOTICE: The 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 VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Completion and submission of this form is voluntary. However, the requested information is important to assist VA in thoroughly researching your military record and other sources to obtain supporting evidence of traumatic event(s) in service. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0659, and it expires 03/31/2027. Public reporting burden for this collection of information is estimated to average 45 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0659 in any correspondence. Do not send your completed VA Form 21-0781 to this email address.

CERTIFICATE OF UNIFORMED SERVICE

When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended, and DoD 5400.11-R, DoD Privacy Program.

1. NAME (Last, First, Middle) Vicks, Valerie		2. BRANCH AND COMPONENT ARMY		3. DOD ID NUMBER 444444444		4. SERIAL NUMBER: 444444444		
5a. GRADE, RATE OR RANK E-7		b. PAY GRADE E-7		6. DATE OF BIRTH (YYYYMMDD) 19750101				
7a. MILITARY SERVICE OBLIGATION TERMINATION DATE (YYYYMMDD) 20150101		b. RESERVE STATUS FOR OBLIGATION (SELRES/IRR)		c. CONTACT PHONE NUMBER (Civilian) (223)456-7890		d. CONTACT EMAIL ADDRESS (Civilian) valerievicks@gmail.com		
8a. PLACE OF ENTRY INTO ACTIVE DUTY HOUSTON, TX		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 223 Veteran Rd., Houston, TX 12345						
9a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 18th Airborne Corps				b. STATION WHERE SEPARATED Ft. Lee, VA 44852				
10. COMMAND TO WHICH TRANSFERRED 88th Ready Reserve, Ft. McCoy, WI 45787						11. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$		
12. SPECIALITY (List number, title, and years and months in specialties involving periods of one or more years.) 25B INFO TECH SPEC - 15 YRS 0 MOS//NOTHING FOLLOWS				13. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
				a. DATE ENTERED TO AD THIS PERIOD		1992	10	01
				b. SEPARATION DATE THIS PERIOD		2015	09	03
				c. NET ACTIVE SERVICE THIS PERIOD		0023	00	00
				d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
				e. TOTAL ACTIVE SERVICE		0023	00	00
				f. TOTAL INACTIVE SERVICE		0000	00	00
				g. FOREIGN SERVICE		0000	00	00
				h. SEA SERVICE		0000	00	00
				i. INITIAL ENTRY TRAINING				
14. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL (2ND AWARD)//NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//A//CONT IN BLOCK 18				15. UNIFORMED SERVICE EDUCATION (Course title, number of weeks, and month and year completed)				
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
18. RETIREMENT SYSTEM OPTION <input type="checkbox"/> FINAL <input type="checkbox"/> HIGH-3 <input checked="" type="checkbox"/> REDUX <input type="checkbox"/> BRS		19. DD214-1 (Accompanies this DD214) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
20. REMARKS INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//CONT FROM BLOCK 13: MEDAL// GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMED FORCES SERVICE MEDAL (AFSM)//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (2ND AWARD)//ARMED FORCES The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.								
21a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 123 Veteran Rd., Houston, TX 12345				21b. NEAREST RELATIVE (Name and address - include ZIP code) Mary Doe 123 Veteran Rd., Houston, Tx 12345				
22. MEMBER REQUESTS DATA SHARE WITH (Specify state/locality) OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
23a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)		24. OFFICIAL AUTHORIZED TO SIGN				
				a. NAME, GRADE AND TITLE		c. DATE (YYYYMMDD)		
				b. SIGNATURE				

INJURY STATEMENT

Valerie Vicks
122 Venetian Rd.
Columbus, OH 12345

March 3, 2025

Department of Veterans Affairs
To Whom It May Concern,

SUBJECT: Injury Statement for Military Sexual Trauma (MST) and PTSD Claim

1. Background:

I am submitting this memorandum in support of my **Military Sexual Trauma (MST) disability claim**, with **Post-Traumatic Stress Disorder (PTSD) as a secondary disability**. While performing my assigned duties, I was sexually assaulted by another member of my unit. This traumatic experience has caused lasting emotional, psychological, and physical distress, significantly impacting my ability to function in daily life.

2. Symptoms:

Since the assault, I have suffered from the following symptoms:

- Anger and irritability
- Depression and emotional outbursts
- Mood swings
- Difficulty concentrating
- Persistent anxiety and fear
- Flashbacks and nightmares
- Hypervigilance and difficulty feeling safe
- Social withdrawal and avoidance behavior

3. Diagnosis and Treatment History:

- **Diagnosed:** MST – May 2020; PTSD – February 2021
- **Treatment Dates:**
 - May 2020
 - February 2021
 - August 2021 – Present

4. Treatment Details:

I have been receiving treatment at the **Columbus, Ohio VA Medical Facility**, which includes:

- **Cognitive Processing Therapy (CPT)** to address trauma-related stressors
- **Antidepressants and anti-anxiety medications** to help manage emotional distress
- **Substance use therapy**, due to alcohol dependency developed as a coping mechanism

5. Impact on Daily Life:

The MST and PTSD have **severely affected my quality of life**. I struggle with:

- **Constant emotional distress**, including persistent mood swings and anxiety
- **Social withdrawal**, as I find it difficult to engage with others or trust people around me
- **Work-related difficulties**, due to my inability to concentrate and regulate my emotions
- **Sleep disturbances**, as nightmares and intrusive thoughts prevent me from getting adequate rest
- **A diminished sense of safety**, making it difficult for me to function in both personal and professional settings
- **Alcohol dependency**, as I have turned to drinking as a way to numb the emotional pain

6. Conclusion:

The trauma I endured has had a **devastating impact** on my daily life, leading to **severe PTSD symptoms that prevent me from functioning as I once did**. I respectfully request that my **Military Sexual Trauma (MST) and PTSD disability claim** be given full consideration so I can receive the necessary support and resources to aid in my recovery.

If further information is needed, I am available for additional discussion. Thank you for your time and attention to my claim.

Respectfully,

Valerie Vicks

Valerie Vicks

NEXUS STATEMENT

[Provider's Letterhead]
Columbus VA Medical Facility
224 Victory Street
Columbus, OH 12345
(918) 242-5255

[Date: March 3, 2025]

To: Department of Veterans Affairs

Subject: Medical Nexus Letter in Support of VA Disability Claim for Military Sexual Trauma (MST) and PTSD

Patient Name: Valerie Vicks

Patient Address: 122 Venetian Rd., Columbus, OH 12345

To Whom It May Concern,

I am writing this letter in support of **Valerie Vicks'** VA disability claim for **Military Sexual Trauma (MST)** and **Post-Traumatic Stress Disorder (PTSD)** as a **secondary condition**. I have been treating Ms. Vicks at the **Columbus VA Medical Facility** since **May 2020** and can confirm that her conditions are directly linked to the traumatic experiences she endured while serving in the military.

Medical History & Diagnosis

Ms. Vicks first sought treatment in **May 2020** due to **anger, irritability, depression, emotional outbursts, mood swings, and difficulty concentrating**. After a comprehensive psychological evaluation, she was diagnosed with **Military Sexual Trauma (MST)** and **PTSD**. Her PTSD symptoms, including **flashbacks, nightmares, hypervigilance, and avoidance behaviors**, were found to be a direct result of the trauma she experienced during her service.

Cause of Disability

Ms. Vicks reported that her PTSD symptoms stem from a **sexual assault by another service member while performing her assigned duties**. She did not report the incident immediately due to **fear of retaliation, shame, and distrust of military leadership**. However, over time, her symptoms worsened, leading to severe **emotional distress and functional impairment**.

Treatment & Ongoing Care

Ms. Vicks has been actively receiving treatment at the **Columbus VA Medical Facility**, which includes:

- **Cognitive Processing Therapy (CPT)** to address trauma-related stressors
- **Antidepressant and anti-anxiety medications** to stabilize mood and manage anxiety
- **Substance use therapy**, as she developed alcohol dependency as a coping mechanism

Her treatment has been ongoing since **May 2020**, and despite continued efforts, she still experiences **severe emotional instability, social withdrawal, and difficulty maintaining employment and relationships**.

Impact on Daily Life

Due to her **MST and PTSD**, Ms. Vicks struggles significantly with:

- **Severe sleep disturbances**, including nightmares and insomnia
- **Heightened anxiety and paranoia**, causing her to avoid crowded or unfamiliar places
- **Social withdrawal**, leading to isolation from family and friends
- **Difficulty concentrating and regulating emotions**, impacting her ability to work
- **Substance use issues**, as she turned to alcohol to numb emotional pain

Her condition has resulted in **a substantial decline in her overall quality of life** and her ability to function independently.

Medical Opinion

Based on my professional evaluation and Ms. Vicks' medical history, it is my **professional medical opinion** that her **PTSD is at least as likely as not (50% or greater probability)** directly caused by her **Military Sexual Trauma (MST)**. This condition has led to **long-term psychological impairment**, requiring continued treatment and support.

Conclusion

Given the severity of her condition and its profound impact on her daily life, I strongly support Ms. Vicks' **VA disability claim for Military Sexual Trauma and PTSD as a secondary condition**. If further medical information is required, I am available for additional clarification.

Sincerely,

Jenny Jones

Jenny Jones, MD

BUDDY LETTER #1

Virgil Payne

121 Streamer Rd.

Toledo, OH 43699

Email: virgilpayne@gmail.com

Phone: (619) 913-9878

March 3, 2025

Department of Veterans Affairs

To Whom It May Concern,

I, **Virgil Payne**, am writing this letter in support of my friend, **Valerie Vicks'** VA disability claim for **Military Sexual Trauma (MST)**. I have known Valerie for several years, and during this time, I have personally witnessed the significant impact that her experience with MST has had on her daily life and overall well-being.

Observation of Symptoms

Since **July 2021 to the present**, I have observed Valerie struggling with the emotional and psychological effects of her trauma. One specific instance that stands out occurred in **November 2022**, when we attended a small gathering with mutual friends. At the time, Valerie seemed very anxious and uncomfortable being in a crowded space, and after only a short time, she abruptly left without explanation. Later, she confided in me that being around unfamiliar men triggered her **flashbacks and anxiety** due to her past military experience.

Over the years, I have noticed several concerning changes in her behavior, including:

- **Emotional outbursts and mood swings**
- **Severe difficulty trusting others**, particularly men
- **Avoidance of social situations**, leading to isolation
- **Hypervigilance and extreme discomfort in public places**
- **Frequent nightmares and difficulty sleeping**
- **Episodes of depression, withdrawal, and self-doubt**

Impact on Daily Life

Valerie used to be an outgoing and confident individual, but since her trauma, she has **become more withdrawn and struggles with day-to-day interactions**. She has told me that even performing normal tasks, like running errands or attending appointments, causes her anxiety. She has also shared that she **struggles with concentration and maintaining employment** due to her **emotional distress and inability to cope with triggers** from her past experience.

Conclusion

I have personally witnessed the **emotional, psychological, and social toll that MST has taken on Valerie's life**, and I firmly believe that she **deserves the VA support and benefits necessary to aid in her recovery**. If additional information is needed, please do not hesitate to contact me at (619) 913-9878 or virgilpayne@gmail.com.

Sincerely,

Virgil Payne

Virgil Payne

BUDDY LETTER #2

Jerry Johnson

2324 Soho Blvd.

Columbus, OH 789138

Email: jerryjohnson@gmail.com

Phone: (702) 207-2425

March 3, 2025

Department of Veterans Affairs

To Whom It May Concern,

I, **Jerry Johnson**, am writing this letter in support of my friend, **Valerie Vicks'** VA disability claim under **38 U.S.C. 1151** for **Military Sexual Trauma (MST)**. Over the past few years, I have observed firsthand the severe impact that MST has had on her emotional, psychological, and social well-being.

Observation of Symptoms

Since **July 2021**, I have witnessed Valerie struggle with the aftermath of her traumatic experience. One particular instance that stands out occurred in **August 2023**, when we were out for lunch at a local café. Suddenly, Valerie became visibly anxious and agitated when a group of uniformed men walked in. She became **restless, her hands shook, and she abruptly left the café without finishing her meal**. Later, she explained to me that their presence had triggered **painful memories and overwhelming emotions** related to her past trauma.

Over the years, I have noticed a **progressive decline in her emotional state** and ability to engage in daily life. She has:

- **Severe anxiety and panic attacks** when around certain environments
- **Emotional outbursts, mood swings, and intense irritability**
- **Depression and social withdrawal**, preferring isolation over interactions
- **Frequent nightmares and difficulty sleeping**, leading to exhaustion
- **An inability to maintain employment** due to emotional distress and difficulty concentrating

Impact on Daily Life

Valerie was once a confident and active individual, but since her traumatic experience, she has **become withdrawn and struggles to perform everyday tasks**. She frequently cancels social plans and avoids situations that remind her of the past. She has also shared with me that she **has difficulty trusting others, particularly men, and struggles to feel safe, even in familiar environments**.

Additionally, Valerie has told me that she has had difficulty securing appropriate treatment and support due to **delays and inadequate care at the VA facility**. She has expressed frustration

that her symptoms have worsened because she **did not receive the proper mental health treatment in a timely manner**, further contributing to her distress.

Conclusion

I have personally witnessed how MST has **profoundly impacted Valerie's quality of life**, and I strongly believe that she **deserves the VA benefits and support necessary to aid in her healing process**. If additional information is needed, please feel free to contact me at (702) 207-2425 or jerryjohnson@gmail.com.

Sincerely,

Jerry Johnson

Jerry Johnson

**ADD MEDICAL
DOCUMENTS
HERE**