



**NOTICE TO DEPARTMENT OF VETERANS AFFAIRS
OF VETERAN OR BENEFICIARY INCARCERATED
IN PENAL INSTITUTION**

1. VA FILE NUMBER *(If known)*

NOTE: Pursuant to Title 38, U.S.C., sections 1505, 3482, 3680 and 5313, awards of Department of Veterans Affairs benefits for veterans and beneficiaries are subject to adjustment or discontinuance while such persons are incarcerated.

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| TO | ADDRESS OF VA REGIONAL OFFICE | FROM | NAME AND ADDRESS OF INSTITUTION |
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PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form pursuant to Title 38, U.S.C. 1505, 3482, 3680 and 5313. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

2. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN

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| 3A. SERVICE NUMBER | 3B. SOCIAL SECURITY NO. | 3C. DATE OF BIRTH |
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| 4. NAME OF PERSON INCARCERATED, IF OTHER THAN VETERAN | 5. RELATIONSHIP TO VETERAN |
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| 6. DATE OFFENSE WAS COMMITTED | 7. TYPE OF OFFENSE FOR WHICH COMMITTED <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR | 8. DATE OF COMMITMENT FOLLOWING CONVICTION |
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| 9. LENGTH OF SENTENCE | 10. SCHEDULED RELEASE DATE | 11A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| 11B. DATE ENTERED PROGRAM | 12. INSTITUTIONAL TELEPHONE NUMBER <i>(Including Area Code)</i> |
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13. REMARKS

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| 14. DATE SIGNED | 15. NAME AND TITLE OF INSTITUTIONAL OFFICIAL | 16. SIGNATURE OF INSTITUTIONAL OFFICIAL |
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