



Department of Veterans Affairs

**VA DATE STAMP**  
 (DO NOT WRITE IN THIS SPACE)

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

**NOTE:** Pursuant to Title 38, U.S.C., 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. See Page 3 for information on how to submit this form.

<b>TO</b>		<b>FROM</b>	NAME AND ADDRESS OF INSTITUTION
-----------	--	-------------	---------------------------------

**SECTION I: VETERAN/BENEFICIARY 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.

2. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

3. SOCIAL SECURITY NUMBER  
 \_ \_ - \_ - \_

4. VA FILE NUMBER

5. VETERAN'S DATE OF BIRTH  
 Month \_ Day \_ Year

6. VETERAN'S SERVICE NUMBER *(If applicable)*

7. RELATIONSHIP TO VETERAN *(If other than veteran)*

**SECTION II: INCARCERATION INFORMATION**

8. DATE OFFENSE WAS COMMITTED  
 Month \_ Day \_ Year

9. TYPE OF OFFENSE FOR WHICH COMMITTED  
 FELONY  MISDEMEANOR  INFRACTION

10A. DATE OF CONVICTION  
 Month \_ Day \_ Year

10B. DATE OF CONFINEMENT FOLLOWING CONVICTION  
 Month \_ Day \_ Year

11A. LENGTH OF SENTENCE

11B. HAS/WILL INCARCERATION LAST(ED) MORE THAN 60 DAYS FOLLOWING DATE OF CONVICTION?  
 YES  NO

12. SCHEDULED RELEASE DATE  
 Month \_ Day \_ Year

13A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM?  
 YES (If "YES," complete Item 13B)  
 NO

13B. DATE ENTERED PROGRAM  
 Month \_ Day \_ Year

**SECTION III: REMARKS**

**REMARKS (Continued)**

**SECTION IV: SIGNATURE OF OFFICIAL**

14. NAME AND TITLE OF INSTITUTIONAL OFFICIAL	15. DATE SIGNED Month                  Date                  Year —                                  —
16. SIGNATURE OF INSTITUTIONAL OFFICIAL <i>(Required)</i>	17. INSTITUTION TELEPHONE NUMBER <i>(Include Area Code)</i> —                                  — Enter International Phone Number <i>(If applicable)</i> <input style="width: 150px; height: 20px;" type="text"/>

**PRIVACY ACT INFORMATION:** 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 the VA system of records, 58VA21/22/28, Compensation Pension, Education, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine the adjustment or discontinuance of VA benefits for veterans and beneficiaries who are incarcerated. Title 38, United States Code 1505, 3482, 3680, and 5313, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

## Where to Send Your Written Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit [www.va.gov/disability/upload-supporting-evidence](http://www.va.gov/disability/upload-supporting-evidence). You can also go directly to [AccessVA](#) to digitally upload any correspondence using QuickSubmit.

By visiting [www.va.gov](http://www.va.gov) you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>.

If you prefer to mail your correspondence, please use the related mailing address below.

Compensation Benefits	Pension & Survivors Benefits
Department of Veterans Affairs Compensation Intake Center PO Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604
Board of Veterans' Appeals	Fiduciary
Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979	Department of Veterans Affairs Fiduciary Intake Center PO Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826

These addresses serve **all United States  
and foreign locations.**

### Veteran Crisis Line then Dial 988 then Press 1

You can also send a text message to 838255 to receive confidential support  
24 hours a day, 7 days a week, 365 days a year.

For more information, visit  
[www.veteranscrisisline.net](http://www.veteranscrisisline.net)