



CLIENT APPLICATION

1 Name (Mr. / Ms.) (Last, First, MI)		
2 Mailing Address (Street Address, City, State, and ZIP code):		
3 Home Phone No:	4 Alternate Phone No:	5 E-mail Address:
6 Which of these methods is the best way to contact you (choose one)? <input type="checkbox"/> Home Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Email	7 Is the Puller Clinic permitted to leave a voice message stating that the Puller Clinic has called? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8 Is the Puller Clinic permitted to send you confidential communications via e-mail? <input type="checkbox"/> YES <input type="checkbox"/> NO	9 Annual Household Income:	
10 What is your employment status? <input type="checkbox"/> Employed (Full-time) <input type="checkbox"/> Employed (Part-time) <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	11 Are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	12 Do you have any dependents? <input type="checkbox"/> YES, I have _____ dependent(s). If YES, please list dependent's relationship to veteran and dependent's age: 1.) _____ 2.) _____ 3.) _____ 4.) _____ 5.) _____ <input type="checkbox"/> No	
13 How did you hear about the Puller Clinic (choose all that apply)? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> The Puller Clinic Website <input type="checkbox"/> Newspaper Article (Newspaper: _____) <input type="checkbox"/> Internet Search <input type="checkbox"/> Other (please specify) _____		

Service History

Branch of service: _____ from (date) _____ to (date) _____
Branch of service: _____ from (date) _____ to (date) _____
Branch of service: _____ from (date) _____ to (date) _____

Characterization of Discharge(s): _____

Were you medically separated/retired? YES, I was medically _____ NO

Are you a combat veteran? YES NO

If YES, when and in which conflict? _____.

Please indicate the area(s) of legal service(s) you are seeking by checking the appropriate box(es):

- Assistance with disability compensation from the Department of Veterans Affairs (**If you select this box, please fill in Part A**)
- Physical Evaluation Board (PEB) representation (**If you select this box, please fill in Part B**)
- Filing for a discharge upgrade (**If you select this box, please fill in Part C**)
- Other (please specify): _____.

IMPORTANT: Have you received any correspondence from the Department of Veterans Affairs, Department of Defense, etc. related to your claim/legal issue? YES NO

If YES, what was the date of the most recent correspondence? _____.

What was the subject of the recently received correspondence (e.g., denial of claim, request for further information, etc.)? Please briefly describe the recently received correspondence below:

Part A: Disability Compensation

If you are not seeking assistance with disability compensation, please continue to Part B. If you are seeking assistance with disability compensation, please provide the following information.

Do you currently have a disability rating with the Department of Veterans Affairs ("VA")? YES, I have a total disability rating of ____%. NO

Please list your current disabilities (acknowledged by the VA) with their percentages below:

For the claims with which you would like legal assistance, please provide the following information (one claim per box-continued on next page). If you have more than three claims for which you are seeking legal assistance, you may include an extra sheet of paper.

Current Disability:
Cause of Disability:
Have you received treatment for this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed a claim for this disability with the VA? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what date? _____.
What was the outcome?
<input type="checkbox"/> I am still waiting for the VA to issue a decision.
<input type="checkbox"/> I was denied compensation on (insert date here) _____ and have not yet done anything.
<input type="checkbox"/> I was denied compensation and filed an appeal on _____.
<input type="checkbox"/> I received a rating decision, but I would like to file for an increase.

Current Disability:

Cause of Disability:

Have you received treatment for this disability?

Yes No

Have you ever filed a claim for this disability with the VA?

Yes No

If YES, what date? _____.

What was the outcome?

I am still waiting for the VA to issue a decision.

I was denied compensation on (insert date here) _____ and have not yet done anything.

I was denied compensation and filed an appeal on _____.

I received a rating decision, but I would like to file for an increase.

Current Disability:

Cause of Disability:

Have you received treatment for this disability?

Yes No

Have you ever filed a claim for this disability with the VA?

Yes No

If YES, what date? _____.

What was the outcome?

I am still waiting for the VA to issue a decision.

I was denied compensation on (insert date here) _____ and have not yet done anything.

I was denied compensation and filed an appeal on _____.

I received a rating decision, but I would like to file for an increase.

William & Mary Law School
Lewis B. Puller, Jr.
VETERANS BENEFITS CLINIC
CLIENT APPLICATION

Please read the following information carefully and acknowledge your understanding.

In seeking assistance from the William & Mary Law School's Lewis B. Puller, Jr. Veterans Benefits Clinic (Puller Clinic), I understand that:

1. If my case is accepted, I will be represented by law students under the supervision of licensed attorneys;
2. The Puller Clinic does not represent every kind of case or every applicant, and that I must meet certain eligibility requirements – submitting this application does **not** guarantee that the Puller Clinic will represent me;
3. The Puller Clinic is independent of the Department of Defense (“DOD”) and the Department of Veterans Affairs (“VA”) and will be representing my interests, not those of the DOD, VA, or the United States government;
4. Representation is free, but incidental costs such as administrative costs and filing fees will be my responsibility;
5. Prior to undertaking representation, the Puller Clinic will prepare an engagement letter, detailing the agreement with me explaining each party's responsibilities;
6. My case could be reassigned to another Puller Clinic student at the clinic director's discretion; and
7. I am **not** represented by the Puller Clinic until I actually meet with the Clinic and sign an engagement letter indicating that representation has begun.

By checking this box and signing below, I acknowledge that I understand and accept the above terms and conditions.

Signature: _____ Date: _____

Have you ever received assistance with your claims?

- NO
- YES, I received help from an **attorney**
- YES, I received help from a **Veteran Service Organization (“VSO”)**
Name of VSO from which you received assistance: _____
- YES, I received help from the **Department of Veteran Services**
- YES, I received help from a **family member**
- Other (please specify) _____

Are you **currently** receiving help from any of the sources listed above? YES NO

Please stop here and return the completed form to The Lewis B. Puller, Jr. Veterans Benefits Clinic

- By E-mail: veterans@wm.edu
- By Mail: The Lewis B. Puller, Jr. Veterans Benefits Clinic
William & Mary Law School
P.O. Box 8795
Williamsburg, Virginia 23187-8795
- By Fax: (757) 221-3131

Please do **not** send any additional or supplemental paperwork at this time!

