

AFTER YOU PRINT

How to keep this packet

Three steps. Then you can find every condition.

1

Print the packet

Print every page.

2

Three-inch binder

Use document protectors.

3

One section per condition

Separate each condition with its section divider.

That is how you keep track of everything after printing.

Study sheet only. This packet does not file a claim and does not predict a rating.

VSO DISCUSSION SHEET

Alex J. Rivera (fictional)

Pencil in a phone number and address after printing.

Phone

Address

Study sheet only. Not a VA form. My Claim Packet does not file and does not predict a rating. Generated 4 March 2026.

Job. 2003-2007. 88M Motor Transport Operator

What hurts. Tinnitus; Posttraumatic stress disorder (PTSD); Obstructive sleep apnea

Already rated.

None marked as already rated.

Already diagnosed.

Tinnitus · DC 6260

Posttraumatic stress disorder (PTSD) · DC 9411

Obstructive sleep apnea · DC 6847

Interested / not diagnosed yet.

None tagged as interested only.

Possible presumptive matches — worth reviewing with a VSO.

None selected from the matcher.

Ask a VA-accredited VSO. What is already in my file? What is still missing before we talk filing?

Medical-link review — criteria, not a store.

A purchased letter is not the first move. Treating clinician first. Then this VSO. Then the C&P exam VA schedules.

Usable opinion: matching specialty, records from this file listed, "at least as likely as not," a mechanism and timeline, writer independent of any claims mill.

Walk away: template letter, "could be related," no records list, or the same shop packed the claim and sold the letter.

Still open on this packet: Tinnitus. Ask whether existing records already connect it.

Still open on this packet: Posttraumatic stress disorder (PTSD). Ask whether existing records already connect it.

Still open on this packet: Obstructive sleep apnea — possible secondary to PTSD. Ask whether existing records already connect it.

Find at home.

DD214

Decision letter if you have one

Audiogram or hearing notes if they exist.

Mental-health treatment notes if they exist.

Sleep study or current sleep treatment notes if they exist.

Take this page to a VA-accredited VSO. They file. We don't.

Educational organizer for a VA-accredited representative. No predicted rating. Notes are optional. We do not sell nexus letters. Pages after this one hold checklists and statements if they were saved.



SECTION 1

Tinnitus

File as primary

Status: planning | Source: You entered this | Packet note: Direct - in-service noise exposure. Diagnosis note and personal statement in this sample. Fictional sample only. No rating is predicted.

Evidence and supporting documents for this condition.

Tinnitus - Evidence Checklist

Status: planning | Source: You entered this | Packet note: Direct - in-service noise exposure. Diagnosis note and personal statement in this sample.
Fictional sample only. No rating is predicted.

Personal statement *(included)*

Your saved statement follows this checklist. Review it for accuracy and sign it before use.

Buddy / witness statement *(optional) (included)*

Your saved statement follows this checklist. Review it for accuracy and sign it before use.

Diagnosis and treatment records *(reviewed; verify records)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Service treatment or personnel records *(reviewed; verify records)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Supporting medical opinion *(still needed)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Personal Statement in Support of Claim (DRAFT until signed)

Veteran: Alex J. Rivera (fictional)

Address: _____

Email: _____

Phone: _____

Date: _____

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

Subject: Statement in Support of Claim for Tinnitus

Dear Sir or Madam,

My name is Alex J. Rivera and I am the veteran in this fictional sample. I am writing to describe tinnitus. This is not a medical opinion and it does not ask anyone to assign a percentage.

I served as an 88M Motor Transport Operator from 14 June 2003 to 13 June 2007, including Iraq, 2004-2005. Convoy and motor-pool noise were constant. Ringing in both ears started during that tour and is present most days. It is louder when I am tired. I do not have a medical degree. I am describing what I hear and how it changes my sleep and concentration.

I want a VA-accredited representative to see this timeline in my own words. A real statement has to use the veteran's own facts.

Fictional sample only. Do not sign or submit this demonstration as your own statement.

Sincerely,

Alex J. Rivera (fictional), Veteran

Date: _____

Lay/Witness Statement in Support of Claim (DRAFT until signed)

Witness: Jordan Hale (fictional)

Address: _____

Email: _____

Phone: _____

Relationship to veteran: Former squadmate, 88M, same truck company

Date: _____

Department of Veterans Affairs

Claims Intake Center

P.O. Box 4444

Janesville, WI 53547-4444

Subject: Lay/Witness Statement in Support of Tinnitus

Dear Sir or Madam,

My name is Jordan Hale. I served with Alex J. Rivera as an 88M in the same truck company. This is a fictional sample. I am writing only what I personally saw or heard. I am not a clinician, and I am not offering a diagnosis.

In Iraq we ran the same routes. After long nights Alex started asking people to repeat themselves and would press a hand to one ear in the motor pool.

I remember Alex saying the ringing did not shut off after we got back to the tents.

After discharge we stayed in touch. Alex still checks exits in restaurants and does not sleep through the night. When we shared a hotel for a reunion in 2025 I heard gasping that stopped when the CPAP mask was on. I would answer questions about these observations if a representative asked.

Fictional sample only. Do not sign or submit this demonstration as your own statement.

Sincerely,

Jordan Hale (fictional), Witness

Date: _____



SECTION 2

Posttraumatic stress disorder (PTSD)

File as primary

Status: planning | Source: You entered this | Packet note: Direct - combat/convoy stressors to discuss.

Mental-health notes listed; still a VSO conversation. Fictional sample only. No rating is predicted.

Evidence and supporting documents for this condition.

Posttraumatic stress disorder (PTSD) - Evidence Checklist

Status: planning | Source: You entered this | Packet note: Direct - combat/convoy stressors to discuss. Mental-health notes listed; still a VSO conversation.
Fictional sample only. No rating is predicted.

Personal statement *(included)*

Your saved statement follows this checklist. Review it for accuracy and sign it before use.

Buddy / witness statement *(optional) (included)*

Your saved statement follows this checklist. Review it for accuracy and sign it before use.

VA or private diagnosis and treatment records *(reviewed; verify records)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Medication and therapy history *(still needed)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Deployment or service records *(still needed)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Personal Statement in Support of Claim (DRAFT until signed)

Veteran: Alex J. Rivera (fictional)

Address: _____

Email: _____

Phone: _____

Date: _____

Department of Veterans Affairs

Claims Intake Center

P.O. Box 4444

Janesville, WI 53547-4444

Subject: Statement in Support of Claim for Posttraumatic stress disorder (PTSD)

Dear Sir or Madam,

My name is Alex J. Rivera and I am the veteran in this fictional sample. I am writing about posttraumatic stress. This is not a diagnosis, not a medical opinion, and not a request for a percentage.

I served as an 88M Motor Transport Operator from 14 June 2003 to 13 June 2007, including Iraq, 2004-2005. After coming home I started having nightmares, a short fuse in traffic, and a need to sit facing the door. Mental-health notes are listed in this sample as something to discuss with a VA-accredited representative. They are not a finished claim.

I want that representative to see the timeline in my own words.

Fictional sample only. Do not sign or submit this demonstration as your own statement.

Sincerely,

Alex J. Rivera (fictional), Veteran

Date: _____



SECTION 3

Obstructive sleep apnea

File as secondary to PTSD

Status: planning | Source: You entered this | Packet note: Possible secondary to PTSD - medical-link sample only. Sleep study excerpt and sample nexus letter. Fictional sample only. No rating is predicted.

Evidence and supporting documents for this condition.

Obstructive sleep apnea - Evidence Checklist

Status: planning | Source: You entered this | Packet note: Possible secondary to PTSD - medical-link sample only. Sleep study excerpt and sample nexus letter. Fictional sample only. No rating is predicted.

Personal statement *(included)*

Your saved statement follows this checklist. Review it for accuracy and sign it before use.

Buddy / witness statement (optional) *(included)*

Your saved statement follows this checklist. Review it for accuracy and sign it before use.

Sleep study report *(reviewed; verify records)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

CPAP prescription or treatment notes *(still needed)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Current medical treatment notes *(reviewed; verify records)*

Checklist status only. This row is not a copy of a medical record. Bring originals you still have when you meet a VSO.

Personal Statement in Support of Claim (DRAFT until signed)

Veteran: Alex J. Rivera (fictional)

Address: _____

Email: _____

Phone: _____

Date: _____

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

Subject: Statement in Support of Claim for Obstructive sleep apnea

Dear Sir or Madam,

My name is Alex J. Rivera and I am the veteran in this fictional sample. I am writing about sleep. This is not a medical opinion, and it does not say that sleep apnea is service connected.

My spouse has to wake me when I stop breathing at night. I use a CPAP that the sleep clinic issued after the February 2025 study in this sample file. Obstructive sleep apnea is listed here as a possible secondary to PTSD, for a representative to discuss. This sample does not decide that link and does not assign a percentage.

Fictional sample only. Do not sign or submit this demonstration as your own statement.

Sincerely,

Alex J. Rivera (fictional), Veteran

Date: _____