VSO DISCUSSION SHEET

One page for the VSO

Prepared for SAMPLE VETERAN - FICTIONAL. Generated September 6, 2026. Study sheet only. Not a VA form. My Claim Packet does not file.

Job. 2003-2007. 88M Motor Transport Operator

What hurts. Tinnitus

Already rated.

None marked as already rated.

Names to review — research leads, not claims.

Tinnitus · DC 6260

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.

Find at home.

DD214

Decision letter if you have one

Audiogram or hearing 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 Claim

File as primary
Status: planning | Source: You entered this

Evidence and supporting documents for this condition.

Tinnitus Claim - Evidence Checklist

Status: planning | Source: You entered this

Personal statement *(included)*

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

Buddy / witness statement (optional) *(still needed)*

Checklist status only. Original records are not embedded in this PDF. Attach your available evidence separately; keep this placeholder for items still being collected.

Diagnosis and treatment records *(marked available)*

Checklist status only. Original records are not embedded in this PDF. Attach your available evidence separately; keep this placeholder for items still being collected.

Service treatment or personnel records *(marked available)*

Checklist status only. Original records are not embedded in this PDF. Attach your available evidence separately; keep this placeholder for items still being collected.

Supporting medical opinion *(still needed)*

Checklist status only. Original records are not embedded in this PDF. Attach your available evidence separately; keep this placeholder for items still being collected.

Personal Statement in Support of Claim

Veteran: SAMPLE VETERAN - 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 Claim

Dear Sir or Madam,

Sample statement only. Ringing started during duty and is present most days. Not a medical opinion.

I certify that the statements in this letter are true and correct to the best of my knowledge and belief.

Sincerely,

_____
SAMPLE VETERAN - FICTIONAL, Veteran
Date: _____