

VETERANS COURT – Military History Questionnaire

NAME: _____ LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

1. Did you ever serve in the U.S. Armed Forces?

- Yes
 No

2. Did you ever serve in the U.S. National Guard or Reserves?

- Yes
 No

3. In what Branch(es) of the Armed Forces did you serve?

- Army (Including Army National Guard or Reserve)
 Navy (Including Reserve)
 Marine Corps (Including Reserves)
 Air Force (Including Air National Guard and Reserve)
 Coast Guard (Including Reserve)
 Other (Specify) _____

4. When did you first enter the Armed Forces? MONTH _____ YEAR _____

5. When you were last discharged? MONTH _____ YEAR _____

6. Altogether, how much time did you serve in the Armed Forces?

Number of Years _____
Number of Months _____
Number of Days _____

7. What type of Discharge did you receive?

- Honorable
 General (Honorable Conditions)
 General (Without Honorable Conditions)
 Other than Honorable
 Bad Conduct
 Dishonorable
 Other (Specify) _____
 Do Not Know

8. What was your Military Occupational Specialty (MOS)?

9. Have you been deployed to a combat zone?

- Yes
 No

10. Are you a combat veteran?

- Yes
 No

11. Total number of deployments: _____

12. Dates and locations of deployments:

13. Have you ever received services at a VA hospital or clinic?

- Yes: _____
 No

14. Have you ever received services at a Vet Center?

- Yes: _____
 No

15. Have you ever worked with a County Veterans Service Officer (CVSO)?

- Yes: _____
 No

16. Do you receive service-connected disability benefits?

- Yes: _____
 No

17. Do you receive a VA pension?

- Yes
 No

18. Other information you would like us to know about your military experience:

SIGNATURE

DATE