



APPLICATION FOR PULLER CLINIC SERVICES

Please note that this application is necessary to be considered for services or scheduled for an appointment.

1 First Name		2 Middle Name(s)		3 Last Name	
4 Street Address			5 City		6 State
7 ZIP Code		8 Best Phone No.:		9 Emergency Contact & Phone No.:	
10 E-mail Address:		11 Which of these methods is the best way to contact you (choose one)? <input type="checkbox"/> Phone <input type="checkbox"/> Email		12 May the Puller Clinic leave a voice message stating that the Clinic has called? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13 May the Puller Clinic send you confidential communications via email? <input type="checkbox"/> YES <input type="checkbox"/> NO		14 How did you hear about the Puller Clinic?			
15 Race (optional, for aggregate data collection only):		16 Date of Birth:			
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		17 Employment Status: <input type="checkbox"/> Working (Full-time) <input type="checkbox"/> Unemployed <input type="checkbox"/> Working (Part-time) <input type="checkbox"/> Retired	
18 Annual Household Income:		19 Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO			
20 Do you have children? <input type="checkbox"/> YES <input type="checkbox"/> NO		21 Do you currently have permanent, stable housing? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, what is the age of each? _____		If not, are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO			
22 Service History					
Branch of service: _____ from (date) _____ to (date) _____					
Branch of service: _____ from (date) _____ to (date) _____					
Character of Discharge(s): _____					
23 Were you medically separated? <input type="checkbox"/> YES <input type="checkbox"/> NO		Were you medically retired? <input type="checkbox"/> YES <input type="checkbox"/> NO			
24 Are you a combat veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, when and in which conflict? _____					
25 What do you want the VA to do? Describe in a few sentences. (NOTE: The Clinic does not currently pursue discharge upgrades.)					

26 IMPORTANT: If you have received in the last year any communication from VA or the Defense Department about a decision on any of your claims or issues, what was it and when is it dated?

- VA Rating Decision Date: _____
- Letter from VA requesting information Date: _____
- Board of Veterans' Appeals Decision Date: _____
- Communication from VA, not sure what it is Date: _____
- Other (describe as best you can): _____

27 Please tell us what the communication(s) checked above said about your claim(s):

28 DISABILITY COMPENSATION: Are you service-connected and rated for any condition(s)? List other service-connected conditions and their percentages in Box 29, if necessary.

Conditions: _____ rated at _____ %
_____ rated at _____ %
_____ rated at _____ %
_____ rated at _____ %
_____ rated at _____ %
_____ rated at _____ %
_____ rated at _____ %

What is your overall combined rating? _____ %

29 If applicable, please list other service-connected conditions with their percentages:

30 Which of your existing ratings are you looking to increase (if any)?

31 What other conditions do you want to have service-connected (if any)?

³² **As it concerns the claims for which you are seeking Puller Clinic services, have you received help from:**

- Veteran Service Organization (such as American Legion, Disabled American Veterans, etc.)
- Virginia Department of Veterans Services
- Attorney

Are you still receiving this assistance? YES NO

³³ **REQUIRED ACKNOWLEDGEMENTS FOR ALL APPLICANTS: *Please read the following carefully and indicate your understanding and agreement by signing below. This signature is required before your application will be considered.***

This application is for services from The Lewis B. Puller, Jr. Veterans Benefits Clinic of the William & Mary Law School ("Clinic"). I understand that, for educational and other reasons, my case may not be accepted."

I understand that the Clinic's consideration of this application does NOT constitute an agreement to represent me in any way and does not make me a client of the Clinic or of any Clinic attorney. I further understand that I am not a client of the Clinic until I sign an engagement letter indicating that official representation has begun. Unless and until then, if I have any pending deadlines, it is my responsibility to ensure I comply with those deadlines.

One main component of the Clinic's mission is to educate law students. William & Mary Law School has three academic semesters. The Spring Semester typically starts in late January and concludes around the end of April. The Summer Semester typically starts around the beginning of June and concludes in early August. The Fall Semester typically starts around the beginning of September and ends around the end of November. Applicants submitting outside of these periods are likely going to experience slower response times.

If I am asked to provide additional documents to the Clinic, I will **NOT** send original documents. I further understand that acceptance of these additional documents does **NOT** make me a client of the Clinic.

Any information I provide during the consultation concerning my claims or issues will be maintained in strict confidence and will not be disclosed outside the Clinic, except with my permission.

In certain circumstances, I **may** be scheduled for a limited engagement appointment for a one-hour meeting on a Military Monday at Starbucks with a supervising attorney and student from the Clinic. The Clinic will consult with and advise me during that appointment, and it may in some cases, depending on circumstances and entirely at the Clinic's discretion, agree to do some follow-up research or provide additional information. I may also be asked to provide documents in advance of the appointment to help the attorney better understand my claims. I will **not** send the Clinic originals of any document. I further understand that I am not retained as a client of the Clinic merely because I have been asked to provide documents.

I understand that any limited engagement consultation does not constitute an agreement to represent me in any way and does not make me a client of the Clinic or of any Clinic attorney. There is no obligation for the Clinic to provide anything beyond the consultation. If I have any pending deadlines, it is my responsibility to ensure I comply with those deadlines.

I further understand that if I miss an appointment, there is no guarantee that I will be re-scheduled. If an appointment is missed for a good reason, i.e., something which was not reasonably avoidable, the Clinic will make an effort to re-schedule.

Understood and agreed:

Veteran Applicant

Date