



MILITARY SERVICE RECORD

Name: _____ Date: _____

SSN: _____ - _____ - _____

Date of Birth: _____

Military Service Organization: _____ Service Officer: _____

MILITARY SERVICE HISTORY

What year did you enlist? _____ How many enlistments? _____

Were all enlistments in the same branch of service? Yes No

What was your discharge status for each enlistment(s)? _____

Military service dates: _____ How many years of service total? _____

What was your rank at separation? _____

Do you have a copy of your DD-214? Yes No Did you enlist in Tennessee? Yes No

What branch of service were you in? USMC Air Force Army Navy Coast Guard

Component: Active Guard Reserve

During which military era did you serve?

- Iraq
- Afghanistan
- Both Iraq/Afghanistan
- Persian Gulf
- Vietnam
- Korea
- WWII
- Peacetime

Were you deployed? Yes No If yes, where? _____ How many times? _____

Were you deployed to a combat zone? Yes No Was it a hostile area? Yes No

Did you provide humanitarian aid? Yes No

What was your MOS/job during your military service? _____

Did you receive any decorations? Yes No Did you receive any commendations? Yes No

List any awards/commendations: _____

Total years of military service: _____

EDUCATION

Eligible for any of the following (indicate which)? Yes No Don't know

- Montgomery GI Bill Active Duty (MGIB-AD) (Chapter 30)
- Post 9/11 GI Bill (Chapter 33)
- Yellow Ribbon Program
- Montgomery GI Bill Selected Reserve (MGIB-SR) (Chapter 1606) D Reserve Educational Assistance Program (REAP) (Chapter 1607) D Veterans Educational Assistance Program (VEAP) (Chapter 32) Vocational Rehabilitation and Employment (VR&E) (Chapter 31)
- Pension & Disability Payments Service Connected Disability

Educational Attainment: High School Diploma GED College Graduate Vocational Training

DISABILITY

Do you have a service connected disability? Yes No Status: Eligible Not Eligible

Have you filed for disability status? Yes No If yes, what date? _____

Status awarded: Yes No If yes, state date of award: _____

Rating:
_____% Reason : _____ Amount \$ _____

_____% Condition: _____ Amount \$ _____

Total Service Connected Compensation: \$ _____

What is your disability rating and payment at plea into Veterans Treatment Court?

PENSION/BENEFITS/INCOME

Do you receive any pension benefits? Yes No If yes, how much? \$ _____

Are you receiving Veterans Health Benefits (VHA)? Yes No Applied? Yes No

Are you receiving Veterans Benefits Administration (VBA) compensation? Yes No Applied? Yes No

Are you receiving Voc-Rehab or VA Educational benefits? Yes No Applied? Yes No

Are you currently employed? Yes No If so, where? _____