



THE LAW OFFICES OF
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Attached to this letter you will find an Interview Form (Veterans' Case Evaluation). Complete the form in as much detail as you can. Please remember the following:

1. **Cases before the Veterans Administration depend on medical evidence.**
2. Provide accurate information concerning your disabling medical conditions.
3. Provide accurate information concerning any drug or alcohol abuse since this may have an impact upon your case.
4. **SEND THE COMPLETED FORM TO US AT:**

MAIL:

Gregory Kornegay
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Sincerely,

GREGORY K. KORNEGAY

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Veterans' Disability Case Evaluation

Name _____

Address _____

Phone _____

Email _____

Age _____ Birth date _____ SSN _____

Male/Female. Dependents: _____ Marital Status: _____

Education: _____

Are you currently employed? _____ Last date worked _____

Branch of the service: Army Air Force Navy Marines Coast Guard

Dates served: Army _____ Air Force _____

Navy _____ Marines _____

Coast Guard _____

Did you receive a Military Medical Board Rating? _____ What rating _____ %

Have you filed a claim with the VA? _____ Date you filed claim _____

Type of benefits you applied for: Disability __ Benefits for dependents __ Pension __
Death benefits __ (Your relationship to the deceased _____)

Have you received a Rating Decision Overall rating _____ %

Have you received a Statement of the Case _____ Overall rating _____ %

Your 5 most disabling conditions

1. Your 1st disabling condition _____

Are you service-connected for this condition _____

VA rating _____%

Do you disagree with this rating? If so, why? _____

2. Your 2nd disabling condition _____

Are you service-connected for this condition _____

VA rating _____%

Do you disagree with this rating? If so, why? _____

3. Your 3rd disabling condition _____

Are you service-connected for this condition _____

VA rating _____%

Do you disagree with this rating? If so, why? _____

4. Your 4th disabling condition _____

Are you service-connected for this condition _____

VA rating _____%

Do you disagree with this rating? If so, why? _____

5. Your 5th disabling condition _____

Are you service-connected for this condition _____

VA rating _____%

Do you disagree with this rating? If so, why? _____

Have you filed a Notice of Disagreement? _____ Date NOD filed _____

Have you requested a hearing (filed a VA Form 9)? ___ Date Form 9 filed _____

Has your case gone to the U.S. Court of Appeals for Veterans Claims (CAVC) _____

Have any of your doctors told you not to work? _____

Have any of your doctors given you work restrictions, if yes, please give doctor's name and any restrictions given: _____

Please list the medications you take for your disabling conditions: _____

Please list the doctors who treat you for your disabling conditions: _____

How often do you see a doctor? _____

Please list any surgeries you have had related to your disabilities: _____

Is there any drug abuse in your history? _____ If yes, drug abused? _____

Treatment received? _____

Time of being free from drug use? _____

Is there any alcohol abuse in your history? _____ If yes, how long sober? _____

Treatment received? _____

Signature

Date