

## STATEMENT IN SUPPORT OF CLAIM

# Personal Statement

*Patterned after VA Form 21-4138. Your own words about how a service-connected condition affects your daily life — work, sleep, relationships, hobbies. Most veterans underuse this form.*

**HOW TO USE THIS STATEMENT**

Be specific. "My back hurts" is weak. "I can no longer carry my toddler up stairs" is evidence.

Cover four areas: WORK impact, SLEEP impact, RELATIONSHIPS impact, ACTIVITIES you've given up.

Use first-person. Plain language. The rater is reading 50+ statements a week — make yours easy to skim.

If this is for one specific condition, name it at the top. Don't bury it in paragraph 3.

Veteran name

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Last 4 SSN

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Branch / Era of service

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Claim # (if known)

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This statement is about (specific condition or claim issue):

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Date of statement

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GUIDED PROMPTS

# Tell your story, section by section.

Answer each prompt directly. If a section doesn't apply, write "Not applicable" — don't leave it blank.

SECTION

## 1. When and how did this condition start?

Approximate date, event, or activity. Was it during service or after?

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SECTION

## 2. How does it affect your work?

Missed days, reduced hours, lost jobs, accommodations needed, things you can't do anymore.

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SECTION

## 3. How does it affect your sleep?

Hours slept, wake-ups, nightmares, insomnia, fatigue during the day.

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SECTION

**4. How does it affect your relationships?**

*Spouse, kids, friends, isolation, irritability, lost intimacy, reduced patience.*

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SECTION

**5. What activities have you given up?**

*Hobbies, sports, travel, gatherings, things you used to enjoy that you can't anymore.*

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SECTION

**6. What treatments have you tried? Have they helped?**

*Medications, therapy, surgery, devices (CPAP, brace, cane). Side effects. What still doesn't work.*

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DECLARATION

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Signature

Date

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