



Referred by: _____

Date _____

AN ASSET PROTECTION AND WEALTH PRESERVATION LAW FIRM

SATELLITE OFFICE
4909 Williams Drive
Georgetown, Texas 78633
(512) 766-3782

PRINCIPAL OFFICE
15600 San Pedro, Suite 100
SAN ANTONIO, TEXAS 78232
(210) 530-4278

SATELLITE OFFICE
2232 Lawrence Blvd.
Alamogordo, New Mexico 88310
(575) 430-2353

Prospective VA Service-Connected Disability Client Questionnaire

Please complete this form and return it to our office before you meet with us by faxing it to 210-247-9396, 512-766-3782 or emailing it to **Lori@marquardtlawfirm.com**. If you have any questions, please call **210-530-4278** or **512-766-3782** and ask for **Lori**.

What topics would you like to discuss at your appointment?	
Full Legal Name & Date of Birth	
Home Address (street)	
City, State Zip Code	
Citizenship	
Home Phone	
Cell Phone	
E-mail address	
Occupation/Name of Employer	
Highest Level of Education	
Have you ever made a will or trust?	
Status of Marriage? (circle one)	happily married, separated, divorced, widowed?
Spouse's Name, if Married	
Date & Place of most recent Marriage	
Recent pre-nuptial Agreement?	
Termination of previous marriages?	Date of termination: _____ Terminated by death, divorce, annulment?
Signature used on legal documents	

Marquardt Law Firm, P.C. Questionnaire

Military Service Information

Branch of Service	
Dates of Service	
MOS	
Character of Service	
VA ID and/or Social Security #	
Service Overseas?	No Yes
If Yes, Location & Dates:	

Current Rating Information

Have You Been Awarded Service-Connection for Any Conditions by VA?	Yes No	Current Combined Rating: Effective Date:
Date of Most Recent Decision:		
Decision Type:	Rating Decision	Statement of the Case Board Decision
Have You Appealed?	Yes No	Date of Appeal, if Yes
List All Currently Service-Connected Conditions Below (Not those that VA has denied)		
Condition		Rating

List All Conditions For Which You Are Seeking Service-Connection

Condition:	Has VA Denied?	Date of Denial:	Do You Receive Treatment for This?
	Yes or Not Applied		
	Yes or Not Applied		
	Yes or Not Applied		
	Yes or Not Applied		

Medical Information

Did You Have Pre-Existing Medical Conditions Upon Your Entry to Military?	Yes No
If Yes, Please List Those Conditions That Were Diagnosed Before Your Military Service	

Marquardt Law Firm, P.C. Questionnaire

Please List All Medical Providers You Recall Receiving Treatment From Since Separation		
Facility Name	Location	Dates of Treatment (mo/yr)

Please Send or Bring the Following Documents to Our Office, Prior to
Consultation if Possible:

- DD-214
- Most recent VA decision
- All claims related paperwork (Claims File, if you have a copy)
- All medical records you have
- All service medical records you have
- All service personnel records you have
- Any statements you've written and submitted to VA in support of your claims
- Any written statements you would like to submit to VA, or have us consider in support of your claims