

## LAVC REFERRAL DATA SHEET

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Please fill out this form and send it to the LAVC Coordinator by e-mail, fax or regular mail: [hzkellylaw@gmail.com](mailto:hzkellylaw@gmail.com) or fax at (608) 519-2675 or Helen Zoellner Kelly, LAVC Coordinator, P.O. Box 412, La Crosse, WI 54602-0412.

### VETERAN INFORMATION:

NAME OF VETERAN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

County of Residence: \_\_\_\_\_ State of Residence: \_\_\_\_\_

### Military Service Information:

Date(s) of Military Service: \_\_\_\_\_

Branch(es) of Service: \_\_\_\_\_

Periods of Combat/theater: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Receiving VA services: \_\_\_ Yes/\_\_\_ No                      Disability Rating: \_\_\_\_\_

### Criminal Charges Pending:

County: \_\_\_\_\_ Case number(s): \_\_\_\_\_

### ATTORNEY INFORMATION:

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_