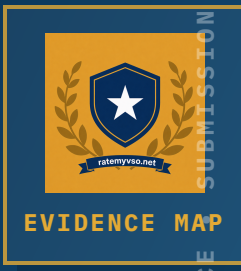


WHAT A COMPLETE CLAIM FILE MUST SHOW

Four evidence questions, one readable packet.



EVIDENCE MAP

CONNECTION	EVALUATION	ORGANIZATION
Current disability + qualifying basis + link	Severity and functional impact	Map each fact to a document

READ FIRST

A claim file must answer both connection and evaluation questions. Evidence that proves service connection may not show the correct percentage, and severity evidence does not automatically prove a link to service.

CONNECTION • ELEMENT 1

1

What disability exists now?

Use competent medical evidence, treatment records, examination findings, testing, or evidence of functional impairment suited to the claimed condition.

Useful file labels: diagnosis, treatment summary, imaging, laboratory results, medication history, specialist evaluation.

CONNECTION • ELEMENT 2

2

What is the qualifying service or legal basis?

Identify the event, injury, disease, exposure, duty status, presumptive service, established primary condition, aggravation theory, or other valid path.

DIR

Direct

An in-service event, injury, disease, exposure, or onset.

PRE

Presumptive

Qualifying service and a listed current condition under the applicable rule.

SEC

Secondary

An established service-connected condition and a specific caused-or-aggravated direction.

CONNECTION • ELEMENT 3

3

How are the current disability and qualifying basis connected?

Use the presumption when it applies. Otherwise, identify competent medical evidence that addresses the exact relationship and explains the reasoning.

MEDICAL CONCLUSION

A clear probability conclusion answering the correct direct, causation, or aggravation question.

+

MEDICAL REASONING

Accurate facts, record citations, clinical explanation, and treatment of meaningful contrary evidence.

EVALUATION • ELEMENT 4

4

How severe is the condition during the claim period?

Document the findings the rating schedule uses, including measurements, frequency, duration, treatment, flare-ups, and effects on work and ordinary activity.

S

Symptoms

What happens and which findings are present.

F

Frequency

How often episodes, attacks, or limitations occur.

D

Duration

How long symptoms, flares, or incapacitating periods last.

I

Impact

What the condition changes at work and in daily activities.

PACKET REVIEW

THE ONE-PAGE OVERVIEW SHOULD ANSWER THIS



Condition

What disability is being claimed?



Claim purpose and legal path

What exactly is the VA being asked to decide?



Evidence map

Which documents establish each required element?



Open development

Which identified records are still being requested or obtained?



Submission index

What was sent, under what filename, and on what date?

NO MAGIC DOCUMENT

A DBQ, nexus opinion, buddy statement, or service record answers only the questions within its competence and scope. The complete file must answer the whole claim.



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BUILD THE COMPLETE CLAIM FILE

RateMyVSO.net/dc/claim-file-guide

Evidence needs differ by condition, theory, and rating criteria.

VISUAL GUIDE 05
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