

# WHAT A COMPLETE CLAIM FILE MUST SHOW

Four evidence questions, one readable packet.



| 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.

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