

## REQUEST FOR VA COMPENSATION OR PENSION INFORMATION

### SECTION I (To Be Completed By Service Department)

THE FOLLOWING NAMED INDIVIDUAL HAS BEEN AWARDED MILITARY RETIRED PAY.		GROSS AMOUNT OF RETIRED PAY			
LAST NAME - FIRST NAME - MIDDLE INITIAL		ADDRESS (Street number, city, state, and ZIP Code)			
<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; padding-right: 5px;">TO:</div> <div style="border-left: 1px solid black; padding-left: 5px;">       </div> </div>		SERVICE NUMBER			
		SOCIAL SECURITY ACCOUNT NUMBER			
		DATE OF BIRTH	DATE OF FIRST ENTRY INTO SVC		
		RETIREMENT DATE	RETIRED GRADE		
		SERVICE DEPARTMENT			

REMARKS

DATE	NAME AND TITLE OF REQUESTING OFFICER	SIGNATURE
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*COMPLETE SECTION III BEFORE MAILING TO VETERANS ADMINISTRATION*

### SECTION II (To Be Completed By VA)

	THE ABOVE NAMED INDIVIDUAL IS NOT RECEIVING COMPENSATION OR PENSION.		
	THE ABOVE NAMED INDIVIDUAL IS RECEIVING COMPENSATION OR PENSION AS STATED BELOW. <i>(See Instruction 6 on reverse side).</i>		
	THE ABOVE NAMED INDIVIDUAL HAS APPLIED FOR COMPENSATION OR PENSION. <i>(See Instruction 6 on reverse side).</i>		
AMOUNT OF COMPENSATION OR PENSION		VA OFFICE OF JURISDICTION	
\$		PER MONTH	
EFFECTIVE DATE	CLAIM NUMBER		
	C		

REMARKS

DATE	NAME AND TITLE OF VA OFFICIAL	SIGNATURE
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### SECTION III (For Return Reply)

<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; padding-right: 5px;">TO:</div> <div style="border-left: 1px solid black; padding-left: 5px;">       </div> </div>		<p><i>(Name, address, and ZIP Code of Service Department to which this form is to be returned)</i></p>
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## INSTRUCTIONS FOR PREPARATION AND USE OF DD FORM 1285

1. The sole purpose of DD Form 1285 is to determine whether an individual who becomes entitled to retired pay is receiving a compensatory VA award which will require waiver of all or a portion of retired pay.
2. DD Form 1285 will be prepared only when the claimant becomes entitled to retired pay.
3. DD Form 1285 will be prepared in triplicate. Both Sections I and III will be completed. The original and duplicate will be forwarded to the Veterans Administration Regional Office. The triplicate will be retained by originating office.
4. The Veterans Administration will complete Section II and return one copy to the originating office.
5. DD Form 1285 does NOT obviate necessity for execution of a waiver (*VA Form 21-651*) if the claimant desires to receive a VA award in lieu of full retired pay.
6. If a retired member is in receipt of, or will be in receipt of VA compensation, VA Form 21-651 will be furnished as soon as possible.