BALDWIN ADVOCACY & CLAIMS

First DVA Claim Evidence Checklist

What to have in hand before you hit lodge, grouped by stage. Print it, tick it off, and do not lodge until the evidence column is done.

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Most first claims that stall or get knocked back do it for one boring reason: something was missing. A diagnosis, a document, or the link between the condition and your service. This is the list I work through before any first claim leaves my desk. It pairs with the full how to make a DVA claim guide, which explains the why. This page is the what.

One thing before you start. Since 1 July 2026 every new claim to the Department of Veterans' Affairs (DVA) is decided under one Act, the Military Rehabilitation and Compensation Act 2004 (MRCA), no matter when you served. The old Veterans' Entitlements Act 1986 (VEA) and Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) are closed to new claims. So there is no "which Act am I under" step any more. There is only the evidence.

Your identity and service

- [ ] **Set up MyService through myGov.** It is the quickest way to lodge and track a claim, and a claim lodged through MyService is taken to have met DVA's proof of identity requirements.
- [ ] **Have your identity details on hand.** MyService pre-validates details like your PMKeyS number, driver's licence and Medicare card.
- [ ] **Still serving? Use your ADF ID card.** A valid purple or orange Australian Defence Force (ADF) ID card, shown in person at a Veteran Support Office or Veterans' Access Network, gets you a streamlined identity check.
- [ ] **Get a copy of your service records.** The first thing a DVA delegate does is verify your identity, your service records and your diagnosis. Having your own copy means you can check dates and postings against what you are claiming before DVA does.
- [ ] **Know what type of service you rendered.** Peacetime service is judged on the balance of probabilities. Warlike, non-warlike, peacekeeping and hazardous service get the more generous reasonable hypothesis standard.
- [ ] **Write a one-page service timeline.** Postings, deployments, incidents, injuries, with dates. Statement of Principles factors often hinge on a timeframe or an exposure threshold, and you cannot meet one you cannot date.

Your condition list

- [ ] **List every condition, not only the obvious ones.** Knees, back, shoulders, hearing, tinnitus, skin, sleep, mental health. Claiming one thing when you have ten is the mistake I see most.
- [ ] **Get a diagnosis for each one.** DVA requires a qualified health professional to confirm every condition you claim. No diagnosis, no complete claim. Seriously.
- [ ] **Date the onset of each condition.** DVA asks when your symptoms first appeared. Work it out now, from your records where you can, rather than guessing in the portal.
- [ ] **Check the presumptive liability list.** Since 1 July 2026 more than 150 specified conditions can be accepted automatically when the criteria are met, and it is the first test the delegate applies.
- [ ] **Flag any injury that happened on duty.** Fractures, heart attacks and strokes that occurred while you were on duty can be accepted without proving your duties caused them. Injuries only, not diseases.
- [ ] **Do not skip tobacco-related conditions.** Conditions linked to service-related tobacco use before 1 January 1998 can now be accepted under the MRCA.
- [ ] **Include injuries caused by treatment.** A condition that came from Commonwealth-funded treatment can be a service injury, whether or not the condition being treated was itself service related.

> **BAC tip:** the condition list is where I earn my keep. A proper walk through your full service history almost always turns up conditions you had written off as "just getting older". Read the Initial Liability guide if you want the detail on how acceptance works.

Evidence for each condition

- [ ] **Pull the Statement of Principles (SoP) for each condition.** They are free on the Repatriation Medical Authority (RMA) website at rma.gov.au. At least one factor in the SoP has to be related to your service for the claim to succeed, so find that factor and write down, plainly, what in your service meets it.

- [ ] **Get a medical report that names the diagnosis and the service link.** A GP or specialist report that says what the condition is and connects it to a specific event or exposure in your service. A vague one-liner will not carry a claim. Use the reports your GP or specialist already holds. Do not book or pay for an extra assessment just for the claim unless DVA has asked for it and approved it, or you may pay for it yourself.
- [ ] **Find the in-service record.** Medical entries, incident reports, injury paperwork. DVA looks for a condition that resulted from an in-service occurrence or is attributable to your service, and a record made at the time is the strongest form of that.
- [ ] **Gather your post-discharge treatment history.** Imaging, referrals, specialist letters, scripts. DVA asks you to include any relevant supporting reports or documents, and treatment records show the condition is real and ongoing.
- [ ] **Mental health: get treatment now, claim in parallel.** Non-liability health care funds mental health treatment for eligible veterans without a claim being accepted. Waiting for the claim before you see someone helps nobody.
- [ ] **Sort the evidence by condition, not by date.** One folder per condition: diagnosis, service link, treatment history. If you cannot fill all three for a condition, that is the gap to close before you lodge.

Lodging

- [ ] **Lodge through MyService.** Sign in, select Apply now, choose Initial Liability and follow the prompts.
- [ ] **Make it a complete claim.** DVA's definition: a filled-in claim form, correct proof of identity, and a medical diagnosis for each claimed condition. Incomplete claims are registered but sit on hold until the gap is filled.
- [ ] **Upload every document with the claim, not later.** If your GP report is still coming, the claim is registered but cannot progress until it arrives. Chase the report before you lodge, not after.
- [ ] **Decide who deals with DVA for you.** You can nominate a representative, whether that is a friend, family member or advocate, and DVA will use them as the contact point for the claim.
- [ ] **Use the free help if you are doing it yourself.** DVA's Claims Lodgement Assistants (email CLA@dva.gov.au), Veteran Support Officers on base for serving members, and ex-service organisation advocates on the Advocacy Register all cost nothing. See choosing a DVA advocate for when paid help makes sense.

After you lodge

- [ ] **Look for the acknowledgement letter.** For an Initial Liability claim DVA says it sends one within 5 days. Nothing after that? Call 1800 VETERAN.
- [ ] **Answer every DVA request fast.** Expect contact roughly every 30 days. A request you sit on is a claim that sits with you, not with DVA.
- [ ] **Ask about treatment while you wait.** Provisional Access to Medical Treatment (PAMT) covers the 20 most commonly accepted conditions while an MRCA claim is being assessed.
- [ ] **Turn up to every appointment.** Your delegate may send you to medical appointments or request information from Defence, ComSuper or Centrelink. Missing one stalls the file.
- [ ] **Read the decision letter properly.** It gives the reasons and your appeal rights. For an MRCA decision you have 12 months from the date you receive notice to ask the Veterans' Review Board (VRB) for a review. The appeals guide walks through it.
- [ ] **Accepted? The needs assessment is next.** That conversation with a delegate is what unlocks treatment, rehabilitation and compensation, including Permanent Impairment. Do not treat acceptance as the finish line.

How BAC Can Help

This list is my job. I identify every condition you can claim, line each one up against its SoP, coordinate the medical evidence, build the claim, lodge it, and chase DVA until there is a decision. If you are medically separating, the medical separation checklist covers the transition side of the same job.

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