

DATE OF MATCH: 08/09/2019 .

VA CLAIM NUMBER: [REDACTED]

VA REGIONAL OFFICE NUMBER: 49

STATUS CODE: 02 - Prisoner Data Present, disclosed

FACILITY TYPE: 02 - County Prison

NAME OF PENAL INSTITUTION: [REDACTED] COUNTY JAIL

ADDRESS: [REDACTED]

TELEPHONE NUMBER OF PENAL INSTITUTION: (512) [REDACTED]

FAX NUMBER OF PENAL INSTITUTION: (512) [REDACTED]

PRISONER'S NAME (FIRST, MI, LAST): [REDACTED]

VETERAN'S/PAYEE'S NAME: [REDACTED]

PRISONER'S SOCIAL SECURITY NUMBER: [REDACTED]

VETERAN'S/PAYEE'S SOCIAL SECURITY NUMBER: [REDACTED]

PRISONER'S DATE OF BIRTH: [REDACTED]

PRISONER'S ID NUMBER: [REDACTED]

DATE OF CONFINEMENT: 06/23/2010

DATE OF ACTUAL RELEASE: 00/00/0000

DATE REPORTED TO SSA: 07/01/2010