OMB Control No. 2900-0862 Respondent Burden: 15 minutes

Expiration Date: 4/30/2024

Department of Veterans Affairs

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 5. Use this form to request a Higher-Level Review of a decision you received. A Higher-Level Review is a new review of an issue(s) previously decided by VA based on the evidence of record at the time of the prior decision. For more information call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

number is 711. VA forms are available at https:	//www.va.gov/find-forms/.	,	
SECTIO	N I - VETERAN'S IDENTIFICAT	ION INFORMATI	ON
NOTE: You may complete the form online or be insert one letter per box, and completely fill in	by hand. If completed by hand, p	rint the informatio	n requested in ink, neatly and legibly
VETERAN'S NAME (First, Middle Initial, Last) Daffy D Duck	la .		
2. SOCIAL SECURITY NUMBER 012-34-5678	3. VA FILE NUMBER (If applicable)	23.83	ATE OF BIRTH (MM/DD/YYYY) 1-01-1966
5. VA INSURANCE POLICY NUMBER (If applicable)			
6. CURRENT MAILING ADDRESS (Number, street of	or rural route, City or P.O. Box, State	and ZIP Code and	Country)
No. & Street 111 E. 1st St.			
Apt./Unit Number City Marion			
State/Province IN Country US	ZIP Code/Postal Code 46952		
I AM HOMELESS OR AT RISK OF HOMELESS	SNESS		
7. TELEPHONE NUMBER (Include Area Code)			
(765)222-1133 Enter Internation	nal Phone Number (If applicable)		
8. E-MAIL ADDRESS (Optional)			and the same
SECTION II - CLAIMA	ANT'S IDENTIFICATION INFOR	MATION (If other	r than veteran)
9. CLAIMANT'S NAME (First, Middle Initial, Last)			
10. SOCIAL SECURITY NUMBER (If applicable)	11. DATE OF	BIRTH (MM/DD/YY	YY) (If applicable)
2. CURRENT MAILING ADDRESS (Number, street of	or rural route, City or P.O. Box, State	and ZIP Code and	Country)
No. & Street			
Apt./Unit Number City			
State/Province Country US	ZIP Code/Postal Code		
13. TELEPHONE NUMBER (Include Area Code)			
Enter Internation	al Phone Number (If applicable)		
14. E-MAIL ADDRESS (Optional)		-	
	SECTION III - BENEFIT T	YPE	Parety and present the second second
5. PLEASE CHECK ONLY ONE (If you would like to			rate request form for each benefit type.)
COMPENSATION PENSION/DIC/SURVIVORS BENEF	FITS FIDUCIARY	EDUCATION	VETERANS HEALTH ADMINISTRATION
VETERAN READINESS AND EMPLOYMENT	LOAN GUARANTY	LIFE INSURANCE	NATIONAL CEMETERY ADMINISTRATION
A FORM			

SECTION IV - OPTIONAL INFORMAL CONFERENCE	CF CONTROL OF THE CON
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. telephonic communication associated with this request for Higher-Level Review.)	WITH THE HIGHER-LEVEL REVIEWER FOR
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is	optional and may delay a decision.
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your represen Contact attempts will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ON	tative to schedule the informal conference.
Call me between 8:00 a.m 12:00 p.m. ET	
Call my representative between 8:00 a.m 12:00 p.m. ET Call my representative between 8:00 a.m 12:00 p.m. ET Call my representative between 8:00 a.m 12:00 p.m. ET Call my representative between 8:00 a.m 12:00 p.m. ET	tween 12:00 p.m 4:30 p.m. ET
17A. REPRESENTATIVE'S NAME (First, Last)	
American Lesion	
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)	
317-916-3605	
17C. REPRESENTATIVE'S E-MAIL ADDRESS	
AL. Voainde VA. GOV	
SECTION V - ISSUES FOR HIGHER-LEVEL-REVIE	
18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SS participate in the modernized review system for the following issues decided in a SOC or SSOC. I am 18A in their entirety, and any associated hearing requests, from the legacy appeals system. I understa for the issue(s) withdrawn.	withdrawing the eligible appeal issues listed in
INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You include your name and file number on each additional sheet. IMPORTANT: You may only list issues for separate form is required for each benefit type.	ou may attach additional sheets, if necessary -
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
Example 1: Service connection for left knee Example Example 2: Earlier effective date for hearing loss Example	MM/DD/YYYY MM/DD/YYYY
Example 3: Reimbursement for non-VA emergency care Example	MM/DD/YYYY
Example 4: Denial of entitlement to VR&E benefits and services Example Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY MM/DD/YYYY
PTSD	12-30-2022

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Co	ontinued)
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
· ·	
·	
SECTION VI - CERTIFICATION AND SIGNATURE	
NOTE: This section is MANDATORY and completion is required to process your claim unless Alternate Signer Certification or Section VII is completed.	s accompanied by VA Form 21-0972,
I CERTIFY the statements on this form are true and correct to the best of my knowledge and I	belief.
19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink)	19B. DATE SIGNED (MM/DD/YYYY)
Waty Duck	
SECTION VII - AUTHORIZED REPRESENTATIVE SIGNA	04-15-2024
I CERTIFY the statements on this form are true and correct to the best of my knowledge and I	
NOTE : A representative's signature will not be accepted unless at the time of submission of the Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 21-2	nis request a valid VA Form 21-22,
Claimant's Representative, indicating the appropriate representative is of record with VA or inc	cluded with this application.
20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
	20C. DATE SIGNED (MM/DD/YYYY)
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	04.45.0004
PENALTY: The law provides covere paralties which include a fine imprisonment as both for	04-15-2024
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for evidence of a material fact, knowing it to be false.	the willful submission of any statement or
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source	other than what has been authorized
under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses	(i.e., civil or criminal law enforcement,
which the United States is a party or has an interest, the administration of VA programs and de	elivery of VA benefits, verification of
identity and status, and personnel administration) as identified in the VA system of records, 58	3VA21/22/28, Compensation.
respond is voluntary.	Federal Register. Your obligation to
	I C C EO1) Title 20 I laited City
Code, allows us to ask for this information. We estimate that you will need an average of 15 m	inutes to review the instructions, find
the information, and complete the form. VA cannot conduct or sponsor a collection of informati	ion unless a valid OMB control
control numbers can be located on the OMB Internet Page at	per is not displayed. Valid OMB
under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses congressional communications, epidemiological or research studies, the collection of money owhich the United States is a party or has an interest, the administration of VA programs and dedentity and status, and personnel administration) as identified in the VA system of records, 58 Pension, Education, and Veteran Readiness and Employment Records - VA, published in the respond is voluntary. RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 LCode, allows us to ask for this information. We estimate that you will need an average of 15 m.	(i.e., civil or criminal law enforcement, owed to the United States, litigation in elivery of VA benefits, verification of 3VA21/22/28, Compensation, Federal Register. Your obligation to J.S.C. 501). Title 38, United States inutes to review the instructions, find ion unless a valid OMB control

www.reginfo.gov/public/do/PRAMain.

OMB Control No. 2900-0862 Respondent Burden: 15 minutes

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Department of Veterans Affairs

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DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

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	u use a Telecommunica ms are available at <u>https</u>			D), the Federal re	lay
number is 711. VA lon		N I - VETERAN'S I		ATION INFORMA	ATION
	olete the form online or ox, and completely fill in	by hand. If complete	ed by hand	d, print the inform	ation requested in ink, neatly and legibly,
2. SOCIAL SECURITY NI 012-34-5678	UMBER	3. VA FILE NUMBER	R (If applica	ble)	4. DATE OF BIRTH (MM/DD/YYYY) 01-01-1966
5. VA INSURANCE POLI	CY NUMBER (If applicable	·)		-	
6. CURRENT MAILING A	DDRESS (Number, street	or rural route, City or I	P.O. Box, S	tate and ZIP Code	and Country)
No. & Street 111 E. 1st St.					
Apt./Unit Number	City Marior	1			
State/Province IN	Country US	ZIP Code/Posta	al Code 46	952	
I AM HOMELESS O	R AT RISK OF HOMELES	SNESS			
7. TELEPHONE NUMBER	R (Include Area Code)				
(765)222-1133	Enter Internatio	nal Phone Number (If	applicable)		
8. E-MAIL ADDRESS (Op	otional)				
	SECTION II - CLAIM	ANT'S IDENTIFICA	TION INF	ORMATION (If o	ther than veteran)
9. CLAIMANT'S NAME (F	irst, Middle Initial, Last)				
10. SOCIAL SECURITY N	NUMBER (If applicable)		11. DATE	OF BIRTH (MM/DD	/YYYY) (If applicable)
12. CURRENT MAILING A	ADDRESS (Number, street	or rural route, City or	P.O. Box, S	State and ZIP Code	and Country)
No. & Street					
Apt./Unit Number	City				
State/Province	Country US	ZIP Code/P	ostal Code		
13. TELEPHONE NUMBE	R (Include Area Code)				
	Enter Internatio	nal Phone Number (If	applicable)		
14. E-MAIL ADDRESS (O	ptional)				
		SECTION III	- BENEF	IT TYPE	
5. PLEASE CHECK ONL	Y ONE (If you would like to	o file for multiple bene	fit types, yo	u must complete a	separate request form for each benefit type.)
COMPENSATION	PENSION/DIC/SURVIVORS BENI	EFITS FIDUCIAR	Υ	EDUCATION	VETERANS HEALTH ADMINISTRATION
VETERAN READINESS AND	EMPLOYMENT	LOAN GUA	ARANTY	LIFE INSURANCE	NATIONAL CEMETERY ADMINISTRATION

SECTION IV - OPTIONAL INFORMAL CONFERENCE		
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER FOR THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one informal conference by telephonic communication associated with this request for Higher-Level Review.)		
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is	optional and may delay a decision.	
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your represendant attempts will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE OF Call me between 8:00 a.m 12:00 p.m. ET Call me between 8:00 a.m 12:00 p.m. ET Call my representative between 8:00 a.m 12:00 p.m. ET Call my representative between 12:00 p.m. ET 17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT IN 17. REPRESENTATIVE'S NAME (First, Last)	NE PREFERENCE: p.m 4:30 p.m. ET etween 12:00 p.m 4:30 p.m. ET	
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)		
17C. REPRESENTATIVE'S E-MAIL ADDRESS		
SECTION V - ISSUES FOR HIGHER-LEVEL-REVIE	EW .	
18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SS participate in the modernized review system for the following issues decided in a SOC or SSOC. I am 18A in their entirety, and any associated hearing requests, from the legacy appeals system. I understate for the issue(s) withdrawn.	SOC): By submitting this form, I agree to withdrawing the eligible appeal issues listed in and I cannot return to the legacy appeals system	
INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets, if necessary include your name and file number on each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate form is required for each benefit type.		
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)	
Example 1: Service connection for left knee Example Example 2: Earlier effective date for hearing loss Example Example 3: Reimbursement for non-VA emergency care Example Example 4: Denial of entitlement to VR&E benefits and services Example Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY	
Left Knee Condition	03/03/2024	
	,	

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW	/ (Continued)
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION
SECTION VI - CERTIFICATION AND SIGNAT	
NOTE: This section is MANDATORY and completion is required to process your claim ur Alternate Signer Certification or Section VII is completed.	nless accompanied by VA Form 21-0972,
I CERTIFY the statements on this form are true and correct to the best of my knowledge a	and belief.
19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink)	19B. DATE SIGNED (MM/DD/YYYY)
Doffy Duck	04-15-2024
SECTION VII - AUTHORIZED REPRESENTATIVE SI	
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20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
	DATE CIONED ANADOLOGIC
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	20C. DATE SIGNED (MM/DD/YYYY)
	04-15-2024
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both evidence of a material fact, knowing it to be false.	, for the willful submission of any statement or
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any sou under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine us congressional communications, epidemiological or research studies, the collection of mon which the United States is a party or has an interest, the administration of VA programs are identity and status, and personnel administration) as identified in the VA system of records Pension, Education, and Veteran Readiness and Employment Records - VA, published in respond is voluntary.	ses (i.e., civil or criminal law enforcement, ey owed to the United States, litigation in addelivery of VA benefits, verification of 5,58VA21/22/28, Compensation.
RESPONDENT BURDEN: We need this information to determine entitlement to benefits (Code, allows us to ask for this information. We estimate that you will need an average of 1 the information, and complete the form. VA cannot conduct or sponsor a collection of infornumber is displayed. You are not required to respond to a collection of information if this n control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain .	5 minutes to review the instructions, find mation unless a valid OMB control

OMB Control No. 2900-0862 Respondent Burden: 15 minutes Expiration Date: 4/30/2024

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Department of Veterans Affairs

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number is 711. VA forms are available at https://		ie i ederal relay
	N I - VETERAN'S IDENTIFICATION	ON INFORMATION
NOTE: You may complete the form online or be insert one letter per box, and completely fill in a 1. VETERAN'S NAME (First, Middle Initial, Last)	y hand. If completed by hand, pri each applicable circle to help exp	nt the information requested in ink, neatly and legibly, edite processing of the form.
Daffy D Duck		
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I AM HOMELESS OR AT RISK OF HOMELESS	SNESS	
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9. CLAIMANT'S NAME (First, Middle Initial, Last)		
10. SOCIAL SECURITY NUMBER (If applicable)	11. DATE OF B	IRTH (MM/DD/YYYY) (If applicable)
12. CURRENT MAILING ADDRESS (Number, street of	or rural route, City or P.O. Box, State	and ZIP Code and Country)
No. & Street		
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5. PLEASE CHECK ONLY ONE (If you would like to		st complete a separate request form for each benefit type.)
COMPENSATION PENSION/DIC/SURVIVORS BENEF	FITS FIDUCIARY	EDUCATION VETERANS HEALTH ADMINISTRATION
VETERAN READINESS AND EMPLOYMENT	LOAN GUARANTY	LIFE INSURANCE NATIONAL CEMETERY ADMINISTRATION
/ F00)/		

SECTION IV - OPTIONAL INFORMAL CONFERENCE			
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. telephonic communication associated with this request for Higher-Level Review.)	WITH THE HIGHER-LEVEL REVIEWER FOR (VA will only conduct one informal conference by		
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional and may delay a decision.			
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to schedule the informal conference. Contact attempts will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:			
Call me between 8:00 a.m 12:00 p.m. ET Call my representative between 8:00 a.m 12:00 p.m. ET Call my representative between 12:00 p.m 4:30 p.m. ET Call my representative between 12:00 p.m 4:30 p.m. ET 7. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW:			
7. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW:			
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)			
17C. REPRESENTATIVE'S E-MAIL ADDRESS			
SECTION V - ISSUES FOR HIGHER-LEVEL-REVIE	-W		
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Example 1: Service connection for left knee Example	MM/DD/YYYY		
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Example 4: Denial of entitlement to VR&E benefits and services Example	MM/DD/YYYY		
Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY		
Bilateral Heoring Loss	01-01-2024		
Tinnitus	01-01-2024		

VA FORM 20-0996, SEP 2022

Page 4

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
SECTION VI - CERTIFICATION AND SIGNATU	
NOTE: This section is MANDATORY and completion is required to process your claim unlend Alternate Signer Certification or Section VII is completed.	ess accompanied by VA Form 21-0972,
I CERTIFY the statements on this form are true and correct to the best of my knowledge ar	d belief.
19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink)	19B. DATE SIGNED (MM/DD/YYYY)
Holly Duck	04-15-2024
SECTION VII - AUTHORIZED REPRESENTATIVE SIG	
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NOTE: A representative's signature will not be accepted unless at the time of submission o Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 2 Claimant's Representative, indicating the appropriate representative is of record with VA or	1-22a, Appointment of Individual as
20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
	20C. DATE SIGNED (MM/DD/YYYY)
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	04-15-2024
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, evidence of a material fact, knowing it to be false.	
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RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at

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