



**VA DATE STAMP**  
(DO NOT WRITE IN THIS SPACE)

## 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 number is 711. VA forms are available at <https://www.va.gov/find-forms/>.

### SECTION I - VETERAN'S IDENTIFICATION INFORMATION

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

**Daffy D Duck**

2. SOCIAL SECURITY NUMBER

**012-34-5678**

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

**01-01-1966**

5. VA INSURANCE POLICY NUMBER (If applicable)

6. CURRENT MAILING ADDRESS (Number, street 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 HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)

**(765)222-1133**

Enter International Phone Number (If applicable)

8. E-MAIL ADDRESS (Optional)

### SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)

9. CLAIMANT'S NAME (First, Middle Initial, Last)

10. SOCIAL SECURITY NUMBER (If applicable)

11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)

12. CURRENT MAILING ADDRESS (Number, street 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 International Phone Number (If applicable)

14. E-MAIL ADDRESS (Optional)

### SECTION III - BENEFIT TYPE

15. PLEASE CHECK ONLY ONE (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

COMPENSATION     PENSION/DIC/SURVIVORS BENEFITS     FIDUCIARY     EDUCATION     VETERANS HEALTH ADMINISTRATION  
 VETERAN READINESS AND EMPLOYMENT     LOAN GUARANTY     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 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 me between 12:00 p.m. - 4:30 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

17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW:

17A. REPRESENTATIVE'S NAME (First, Last)

American Legion

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

317-916-3605

17C. REPRESENTATIVE'S E-MAIL ADDRESS

AL.vdaine@VA.GOV

**SECTION V - ISSUES FOR HIGHER-LEVEL-REVIEW**

18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in 18A in their entirety, and any associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn.

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 MM/DD/YYYY
PTSD	12-30-2022



**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 SIGNATURE**

**NOTE:** This section is **MANDATORY** and completion is required to process your claim unless accompanied by VA Form 21-0972, Alternate Signer Certification or Section VII is completed.

**I CERTIFY** the statements on this form are true and correct to the best of my knowledge and belief.

19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) 	19B. DATE SIGNED (MM/DD/YYYY) <b>04-15-2024</b>
---	--

**SECTION VII - AUTHORIZED REPRESENTATIVE SIGNATURE**

**I CERTIFY** the statements on this form are true and correct to the best of my knowledge and belief.

**NOTE:** A representative's signature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual as Claimant's Representative*, indicating the appropriate representative is of record with VA or included with this application.

20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	20C. DATE SIGNED (MM/DD/YYYY) <b>04-15-2024</b>

**PENALTY:** The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**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, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

**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 [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain).



**VA DATE STAMP**  
(DO NOT WRITE IN THIS SPACE)

## 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 number is 711. VA forms are available at <https://www.va.gov/find-forms/>.

### SECTION I - VETERAN'S IDENTIFICATION INFORMATION

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

**Daffy D Duck**

2. SOCIAL SECURITY NUMBER

**012-34-5678**

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

**01-01-1966**

5. VA INSURANCE POLICY NUMBER (If applicable)

6. CURRENT MAILING ADDRESS (Number, street 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 HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)

**(765)222-1133**

Enter International Phone Number (If applicable)

8. E-MAIL ADDRESS (Optional)

### SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)

9. CLAIMANT'S NAME (First, Middle Initial, Last)

10. SOCIAL SECURITY NUMBER (If applicable)

11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)

12. CURRENT MAILING ADDRESS (Number, street 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 International Phone Number (If applicable)

14. E-MAIL ADDRESS (Optional)

### SECTION III - BENEFIT TYPE

15. PLEASE CHECK ONLY ONE (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

COMPENSATION

PENSION/DIC/SURVIVORS BENEFITS

FIDUCIARY

EDUCATION

VETERANS HEALTH ADMINISTRATION

VETERAN READINESS AND EMPLOYMENT

LOAN GUARANTY

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 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 me between 12:00 p.m. - 4:30 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

17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW:

17A. REPRESENTATIVE'S NAME (First, Last)

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

17C. REPRESENTATIVE'S E-MAIL ADDRESS

**SECTION V - ISSUES FOR HIGHER-LEVEL-REVIEW**

18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in 18A in their entirety, and any associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn.

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 MM/DD/YYYY
<p>Left Knee Condition</p>	<p>03/03/2024</p>

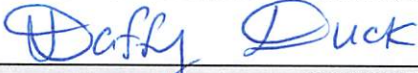
**SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)**

18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)

**SECTION VI - CERTIFICATION AND SIGNATURE**

**NOTE:** This section is **MANDATORY** and completion is required to process your claim unless accompanied by VA Form 21-0972, Alternate Signer Certification or Section VII is completed.

**I CERTIFY** the statements on this form are true and correct to the best of my knowledge and belief.

19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) 	19B. DATE SIGNED (MM/DD/YYYY) <b>04-15-2024</b>
---	--

**SECTION VII - AUTHORIZED REPRESENTATIVE SIGNATURE**

**I CERTIFY** the statements on this form are true and correct to the best of my knowledge and belief.

**NOTE:** A representative's signature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual as Claimant's Representative*, indicating the appropriate representative is of record with VA or included with this application.

20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	20C. DATE SIGNED (MM/DD/YYYY) <b>04-15-2024</b>

**PENALTY:** The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**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, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

**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 [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain).



**VA DATE STAMP**  
(DO NOT WRITE IN THIS SPACE)

### 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 number is 711. VA forms are available at <https://www.va.gov/find-forms/>.

#### SECTION I - VETERAN'S IDENTIFICATION INFORMATION

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

**Daffy D Duck**

2. SOCIAL SECURITY NUMBER

**012-34-5678**

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

**01-01-1966**

5. VA INSURANCE POLICY NUMBER (If applicable)

6. CURRENT MAILING ADDRESS (Number, street 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 HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)

**(765)222-1133** Enter International Phone Number (If applicable)

8. E-MAIL ADDRESS (Optional)

#### SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)

9. CLAIMANT'S NAME (First, Middle Initial, Last)

10. SOCIAL SECURITY NUMBER (If applicable)

11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)

12. CURRENT MAILING ADDRESS (Number, street 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 International Phone Number (If applicable)

14. E-MAIL ADDRESS (Optional)

#### SECTION III - BENEFIT TYPE

15. PLEASE CHECK **ONLY ONE** (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

COMPENSATION

PENSION/DIC/SURVIVORS BENEFITS

FIDUCIARY

EDUCATION

VETERANS HEALTH ADMINISTRATION

VETERAN READINESS AND EMPLOYMENT

LOAN GUARANTY

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 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 me between 12:00 p.m. - 4:30 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

17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW:

17A. REPRESENTATIVE'S NAME (First, Last)

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

17C. REPRESENTATIVE'S E-MAIL ADDRESS

**SECTION V - ISSUES FOR HIGHER-LEVEL-REVIEW**

18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in 18A in their entirety, and any associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn.

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 MM/DD/YYYY
Bilateral Hearing Loss	01 - 01 - 2024
Tinnitus	01 - 01 - 2024



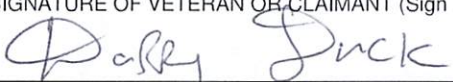
**SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)**

18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)

**SECTION VI - CERTIFICATION AND SIGNATURE**

**NOTE:** This section is **MANDATORY** and completion is required to process your claim unless accompanied by VA Form 21-0972, Alternate Signer Certification or Section VII is completed.


**I CERTIFY** the statements on this form are true and correct to the best of my knowledge and belief.

19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) 	19B. DATE SIGNED (MM/DD/YYYY)  <b>04-15-2024</b>
---	--

**SECTION VII - AUTHORIZED REPRESENTATIVE SIGNATURE**

**I CERTIFY** the statements on this form are true and correct to the best of my knowledge and belief.

**NOTE:** A representative's signature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual as Claimant's Representative*, indicating the appropriate representative is of record with VA or included with this application.

20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink) 	20C. DATE SIGNED (MM/DD/YYYY)  <b>04-15-2024</b>

**PENALTY:** The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**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, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

**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 [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain).

