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 VA DATE STAMP DO NOT WRITE IN THIS SPACE

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 <u>www.va.gov/vaforms</u> .						
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.						
VETERAN'S NAME (First, Middle Initial, Last)						
Jäñe Ø Doé						
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)						
1 2 3 - 4 5 - 6 7 8 9 9 9 8 7 6 5 4 3 2 1 2 - 3 1 - 1 9 6 9						
5. VA INSURANCE POLICY NUMBER (If applicable)						
9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9						
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)						
No.& 123 Main St Suite #1200 Box 4						
Apt./Unit Number City New York						
State/Province NY Country US ZIP Code/Postal Code 30012 -						
I AM HOMELESS OR AT RISK OF HOMELESSNESS						
7. TELEPHONE NUMBER (Include Area Code)						
5 5 5 — 8 0 0 — 1 1 1 1 Enter International Phone Number (If applicable) +34-555-800-1111 ex2						
8. E-MAIL ADDRESS (Optional)						
See attached page for veteran email						
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)						
9. CLAIMANT'S NAME (First, Middle Initial, Last)						
Betty D Boop						
10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)						
8 2 9 - 3 4 - 7 5 6 1						
12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)						
No. & Street 456 First St Apt 5 Box 1						
Apt./Unit Number City Detroit						
State/Province M I Country U S ZIP Code/Postal Code 48070 —						
13. TELEPHONE NUMBER (Include Area Code)						
5 5 5 — 8 1 1 — 1 1 0 0 Enter International Phone Number (If applicable)						
14. E-MAIL ADDRESS (Optional)						
See attached page for claimant email						
SECTION III - BENEFIT TYPE						
15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.) COMPENSATION PENSION/SURVIVORS BENEFITS FIDUCIARY EDUCATION VETERANS HEALTH ADMINISTRATION						
O VETERAN READINESS AND EMPLOYMENT O LOAN GUARANTY O LIFE INSURANCE O NATIONAL CEMETERY ADMINISTRATION						

VA FORM 20-0996 APR 2021

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) p.m 4:30 p.m. ET			
	between 12:00 p.m 4:30 p.m. ET			
 IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTA REPRESENTATIVE'S NAME (First, Last) 	TIVE'S CONTACT INFORMATION BELOW.			
Helen Holly				
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)				
5 5 5 - 8 0 0 - 1 1 1 1 x2 17C. REPRESENTATIVE'S E-MAIL ADDRESS				
See attached page for representative email				
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL				
18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following issues decided in a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A 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. TO OPT-IN, THE CIRCLE BELOW MUST BE MARKED.				
OPT-IN FROM SOC/SSOC				
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn. SECTION VI - ISSUES FOR HIGHER-LEVEL REVIE	EW.			
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Re				
issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheet each additional sheet. IMPORTANT : You may only list issues for the benefit type selected in Section III. A separation				
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)			
Example 1: Service connection for left knee Example 2: Earlier effective date for hearing loss	MM/DD/YYYY MM/DD/YYYY			
Example 3: Reimbursement for non-VA emergency care Example 4: Denial of entitlement to VR&E benefits and services	MM/DD/YYYY MM/DD/YYYY			
Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY			
tinnitus	SOC/SSOC Date: 04-30-2020			
Area of Disagreement: Rating	0 1 - 0 1 - 1 9 0 0			
left eye				
	0 1 - 0 2 - 1 9 0 0			
right eye				
right eye				
	0 1 - 0 3 - 1 9 0 0			
left ear	SOC/SSOC Date: 05-15-2019			
	0 1 - 0 4 - 1 9 0 0			
right oor				
right ear				
	0 1 - 0 5 - 1 9 0 0			
migraines				
	0 1 - 0 6 - 1 9 0 0			
left knee				
TELC VITEE				
	0 1 _ 0 7 _ 1 9 0 0			

VA FORM 20-0996, APR 2021 Pag

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)					
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)				
right knee					
	0 1 - 0 8 - 1 9 0 0				
left foot					
	0 1 - 0 9 - 1 9 0 0				
right foot	SOC/SSOC Date: 01-08-2021				
	0 1 - 1 0 - 1 9 0 0				
left hand					
	0 1 - 1 1 - 1 9 0 0				
right hand					
	0 1 - 1 2 - 1 9 0 0				
fever					
Area of Disagreement: Service connection	0 1 - 1 3 - 1 9 0 0				
SECTION VII - CERTIFICATION AND SIGNATURI					
NOTE: This section is MANDATORY and completion is required to process your claim unless accompanies or Section VIII is completed.	ied by VA Form 21-0972, Alternate Signer				
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.					
1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	20B. DATE SIGNED				
Betty D Boop - Signed by digital authentication to api.va.gov	0 2 - 0 3 - 2 0 2 1				
SECTION VIII - 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					
Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Cla appropriate representative is of record with VA or included with this application.	imant's Representative, indicating the				
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)					
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DATE SIGNED				
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s	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 Vocational Rehabilitation 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.

VA FORM 20-0996, APR 2021 Page 5

Veteran Email:

12345678901234567890123456789012345678901234567890123456789012345678901234567890 1234567890123456789_123456789012345678901234567890123456789012345678901234567890 123456789012345678901234567890123456789 12345678901234567890@bobbytablesemail.com

Claimant Email:

09845812017584936834751947843y6083475-

924709348156802374y698134y5984389347y8914hekjdnfjkdh8445678901234567890123456789012 34567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789_claimant@email.com

Representative Email:

98765432109876543210987654321098765432109876543210987654321098765432109876543210 9876543210987654321_98765432109876543210987654321098765432109876543210 987654321098765432109876543210987654321_98765432109876543210@hellohellenholly.com

Additional Issues

A. Specific Issue(s)	B. Area of Disagreement	C. Date of Decision	D. SOC/SSOC Date
lupus		1900-01-14	09-23-2020
cooties	Service connection	1900-01-15	