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 number is 711. VA forms are available at www.va.gov/vaforms.

VA DATE STAMP DO NOT WRITE IN THIS SPACE

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for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms .																													
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) Jäñe Ø Doé																													
	2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)																												
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6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)																													
No. & Street 123 Main St Suite #1200 Box 4																													
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State	/Province	, <u> </u>	N Y	C	ountry	_ _ 	JS	7		ZIP Cod	de/Pos	stal C	ode	3	001	2			1	_				T					
I AM HOMELESS OR AT RISK OF HOMELESSNESS																													
7. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) +34-555-800-1111 ex2																													
8. E-MAIL ADDRESS (Optional)																													
bob@bobbytablesemail.com																													
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)																													
9. CL/	MANT'S	NAME	E (First, M	liddle Ir	nitial, La	ast)																							
В	etty									D	Во	op																	
10. S	OCIAL S	ECURI [*]	TY NUME	3ER (If	applica	able)						11	I. DA	TE OF	BIRT	H (MN	//DD/	YYY	Y) (If	арр	licab	le)							
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Apt./Unit Number City Detroit																													
State/Province MI Country US ZIP Code/Postal Code 48070 -																													
13. TELEPHONE NUMBER (Include Area Code)																													
	5 5	DRESS	_ 8	1 1	1.	<u> </u>	1	0	0	En	ter In	ternat	tional	Phone	e Numi	ber (l	fappl	cable	e)										
14. E-MAIL ADDRESS (Optional) claimant@email.com																													
SECTION III - BENEFIT TYPE																													
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	COMPENSATION ○ PENSION/SURVIVORS BENEFITS ○ FIDUCIARY ● EDUCATION ○ VETERANS HEALTH ADMINISTRATION VETERAN READINESS AND EMPLOYMENT ○ LOAN GUARANTY ○ LIFE INSURANCE ○ NATIONAL CEMETERY ADMINISTRATION																												
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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										
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)											
Helen Holly											
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)											
5 5 5 - 8 0 0 - 1 1 1 1 1 x2 17C. REPRESENTATIVE'S E-MAIL ADDRESS											
holly@hellohellenholly.com											
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL	SSYSTEM										
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 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.											
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 Example 3: Reimbursement for non-VA emergency care Example 4: Denial of entitlement to VR&E benefits and services Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY										
123456789	GOG /GGOG Data - 04 20 0000										
	SOC/SSOC Date: 04-30-2020										
Area of Disagreement: Rating	0 1 - 0 1 - 1 9 0 0										
left eyee											
Area of Disagreement: 123456789	0 1 - 0 2 - 1 9 0 0										
right eye											
	0 1 - 0 3 - 1 9 0 0										
left ear											
	SOC/SSOC Date: 05-15-2019										
Area of Disagreement: Rating	0 1 - 0 4 - 1 9 0 0										
right ear											
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Area of Disagreement: Rating migraines											
J											
Area of Disagreement: Rating	0 1 - 0 6 - 1 9 0 0										
left knee											
Area of Disagreement: Rating	0 1 - 0 7 - 1 9 0 0										

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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)											
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)									
right knee											
Area of Disagreement: Rating	0	1	_	0	8	_	1	9	0	0	
left foot											
Area of Disagreement: Rating	0	1	_	0	9	-[1	9	0	0	
right foot	so	C/S	3SOC	C C	ate	:	01-	-08-	-20	21	
Area of Disagreement: Rating	0	1	<u> </u>	1	0	_	1	9	0	0	
left hand											
Area of Disagreement: Rating	0	1	<u> </u>	1	1	_	1	9	0	0	
right hand											
Area of Disagreement: Rating	0	1	<u> </u>	1	2	<u>_</u>	1	9	0	0	
fever											
Area of Disagreement: Service connection	0	1]_	1	3	_	1	9	0	0	
SECTION VII - CERTIFICATION AND SIGNATURE											
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan <i>Certification</i> or Section VIII is completed.	ied by	VAI	Form	21-0)972, 	, Alte	∍rnat	e Sig	iner		
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.											
20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Betty D Boop	20B. DATE SIGNED										
- Signed by digital authentication to api.va.gov	0	2	<u> </u>	0	3	<u> </u>	2	0	2	1	
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN	ATUF	RE									
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.											
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)											
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. D.	ATE S	3IGNE	ED	Т	1_					
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s	ubmis	sion	of an	v sta	atem	ent c	or evi	idenc	e of a	 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 Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enfor										/	

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.

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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					