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.

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	<b>NOTE:</b> 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.										er																					
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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. CI	9. CLAIMANT'S NAME (First, Middle Initial, Last)																															
_ []	Betty Boop																															
10.	SO	CIAL	SEC	URIT	Y NU	MBE	R (If a	applic	able)							11	. DAT	E OF	BIRTH	H (MM	/DD/\ _	/YYY	') (If a	appl	icable,							
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VA FORM APR 2021 **20-0996** 

SECTION IV - OPTIONAL INFORMAL CONFEREN	CE									
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE H PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one associated with this request for Higher-Level Review.)										n
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional a	nd may	delay	a de	cision	l.					
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:	sched	ule th	e info	rmal o	confer	ence	. Co	ntact	attem	pts
Call me between 8:00 a.m 12:00 p.m. ET Call me between 12:0	0 p.m	4:30	p.m. l	ET						
Call my representative between 8:00 a.m 12:00 p.m. ET										
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S NAME (First, Last)	ATIVE'S	CON	ITAC	ΓINF	ORMA	ATIOI	N BE	.LOW		
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 Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A in their entire legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO CONTROL OPT-IN FROM SOC/SSOC	ety, and	d any	assoc	ciated	l heari	ing re	ques	sts, fro	m th	é
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.										
SECTION VI - ISSUES FOR HIGHER-LEVEL REVI	EW									
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. R issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional shee each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate	ts, if ne	ecessa	ary - ir	nclude	e your	nam	e an	d file ı		
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19	9B. D	ATE (		A DE(			OTIFI RED)	CATI	ON
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/I MM/I MM/I	DD/Y` DD/Y` DD/Y` DD/Y` DD/Y`	YYY YYY YYY							
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VA FORM 20-0996, APR 2021

Area of Disagreement: Rating  left foot  Area of Disagreement: Rating  right foot  Area of Disagreement: Rating  left hand  Area of Disagreement: Rating  Area of Disagreement: Rating  Area of Disagreement: Rating  Area of Disagreement: Rating  right hand  Area of Disagreement: Rating  Area of Disagreement: Rating  Rating  O 1 - 1 1 - 1 9 0 0  O 1 - 1 2 - 1 9 0 0	SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)										
Area of Disagreement: Rating  BECTION VII - CERTIFICATION AND SIGNATURE  NOTE: This section is MANDATORY and completeon is required to process your claim unless accompanied by VA Form 21-0972, Alternate Signer Certification or Section VIII is completed.  AREA SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink)  BELTY D BOOP  SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE  ICERTIFY 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 included with this application.  21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)  PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a	19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)										
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	21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)										
		submission of any statement or evidence of a									

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 <a href="https://www.reginfo.gov/public/do/PRAMain.">www.reginfo.gov/public/do/PRAMain.</a>

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#### **Veteran Email:**

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### **Claimant Email:**

09845812017584936834751947843y6083475-

## 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/SS OC Date
lupus		1900- 01-14	09-23- 2020
cootiesco	Service connectionService connectionService connectionService connectionService connectionService connection	1900- 01-15	