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

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 .	_			
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)	_			
1 2 3 - 4 5 - 6 7 8 9 9 8 7 6 5 4 3 2 1 2 - 3 1 - 1 9 6 9	<u> </u>			
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. & Street 123 Somestreet				
Apt./Unit Number City Sometown				
State/Province Country US ZIP Code/Postal Code 66002 -				
O 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)				
8. E-MAIL ADDRESS (Optional)				
josie@example.com				
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 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. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each 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 OLOAN GUARANTY OLIFE INSURANCE NATIONAL CEMETERY ADMINISTRATION	1			

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SECTION IV - OPTIONAL INFORMAL CONFEREN	CE
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HI 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.)	
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional art	nd may delay a decision.
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:	schedule the informal conference. Contact attempts
Call me between 8:00 a.m 12:00 p.m. ET) 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 REPRESENTA	TIVE'S CONTACT INFORMATION BELOW.
17A. REPRESENTATIVE'S NAME (First, Last)	
Helen Holly	
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)	1.1
+6-555-800-11	
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL	S SYSTEM
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 entir legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO C	
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. 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 separa	ts, if necessary - include your name and file number on
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
Example 1: Service connection for left knee	MM/DD/YYYY
Example 2: Earlier effective date for hearing loss	MM/DD/YYYY
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
tinnitus	MM/DD/YYYY
	SOC/SSOC Date: 08-01-2020
	0 1 - 0 1 - 1 9 0 0
left knee	
	0 1 - 0 2 - 1 9 0 0
right knee	
	0 1 - 0 3 - 1 9 0 0
PTSD	
	0 1 - 0 4 - 1 9 0 0
Marana de la Darada Tradana	0 1 - 0 4 - 1 9 0 0
Traumatic Brain Injury	
	0 1 - 0 5 - 1 9 0 0
right shoulder	
	0 1 - 0 6 - 1 9 0 0

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	ntinued)
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
SECTION VII - CERTIFICATION AND SIGNATURI	
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan	ind by VA Form 21 0072 Alternate Cianar
	iled by VA FOITH 21-0972, Alternate Signer
Certification or Section VIII is completed.	iled by VA Form 21-0972, Alternate Signer
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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

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

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