

 **Department of Veterans Affairs**

**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 [www.va.gov/vaforms](http://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)  

Jãñe

☐ Doé

2. SOCIAL SECURITY NUMBER  

123-45-6789

3. VA FILE NUMBER (If applicable)  

98765432

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

12-31-1969

5. VA INSURANCE POLICY NUMBER (If applicable)  

987654321123456789

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: ☒ U ☒ S ZIP Code/Postal Code: 66002-  
☐ I AM HOMELESS OR AT RISK OF HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)  

555-800-1111

 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)  

Betty

☐ Boop

10. SOCIAL SECURITY NUMBER (If applicable)  

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

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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./Unit Number: City: Detroit  
State/Province: Country: ☒ U ☒ S ZIP Code/Postal Code: 66002-  

13. TELEPHONE NUMBER (Include Area Code)  

-

 Enter International Phone Number (If applicable):

14. E-MAIL ADDRESS (Optional)  

claimant@email.com

**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  
☐ VETERAN READINESS AND EMPLOYMENT   ☐ LOAN GUARANTY   ☐ LIFE INSURANCE   ☐ NATIONAL CEMETERY ADMINISTRATION

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APR 2021

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