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 <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>.

VA DATE STAMP DO NOT WRITE IN THIS SPACE

for the Dear			nformatione Fede																Devic	се									
for the Deaf (TDD), the Federal relay number is 711. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a> .  SECTION I - VETERAN'S IDENTIFICATION INFORMATION																													
<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.																													
1. VETERAN'S NAME (First, Middle Initial, Last)																													
Jäñe Ø Doé																													
2. SOCIAL S	SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)																												
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5. VA INSUF	RANCI	E POI	LICY NU	MBER	(If ap	plicat	ole)																						
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 N	umber							City	[	301	me t	tow	n															7	
7101.70111111	umber	<u> </u>				Ι.		City		)()	iiiC (		11		_					_		_							
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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 AI	DDRE	SS (C	ptional)																										
josie@example.com																													
	SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)																												
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9. CLAIMAN 10. SOCIAL	SECI	JRIT	(First, Mi	ER (If a	itial, L	ast)							11	I. DAT	E OF	BIRT	H (M	M/DD/	YYYY					ran)					
9. CLAIMAN  10. SOCIAL  12. CURRE  No. &	NT MA	JRIT'	(First, Mi	ER (If a	itial, L	ast)							11	I. DAT	E OF	BIRT	H (M	M/DD/	YYYY					ran)					
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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 Call me between 12:00	) p.m 4:30 p.m. ET									
	between 12:00 p.m 4:30 p.m. ET									
7. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW. 7A. REPRESENTATIVE'S NAME (First, Last)										
Helen Holly										
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)										
+6-555-800-11	11									
17C. REPRESENTATIVE'S E-MAIL ADDRESS	7									
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 O	ety, and any associated hearing requests, from the									
OPT-IN FROM SOC/SSOC										
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.	- NA/									
SECTION VI - ISSUES FOR HIGHER-LEVEL REVIE  19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. RO										
issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheet each additional sheet. <b>IMPORTANT</b> : You <b>may only</b> 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 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: 08-01-2020									
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left knee										
right knee										
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Traumatic Brain Injury										
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right shoulder										
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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Co	ontinued)
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
SECTION VII - CERTIFICATION AND SIGNATURE	
<b>NOTE:</b> This section is <b>MANDATORY</b> and completion is required to process your claim unless accompar <i>Certification</i> or Section VIII is completed.	nied 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.	
, , , , , , , , , , , , , , , , , , , ,	20B. DATE SIGNED
Jäñe ø Doé - Signed by digital authentication to api.va.gov	0 2 - 0 3 - 2 0 2 1
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN	ATURE
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 Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant or VA Form 21-22a, Appointment of Individual as Claimant or VA Form 21-22a, Appointment of Individual As Claimant or VA Form 21-22a, Appointment of Individual As Claimant or VA Form 21-22a, Appointment of Individual As Claimant or VA Form 21-22a, Appointment of Individual As Claimant or VA Form 21-22a, Appointment of Individual As Claimant or VA Form 21-22a, Appointment of Individual As Claimant or VA Form 21-22a, Appointment or VA Form 21-2	
appropriate representative is of record with VA or included with this application.  21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)	
ZIA. NAIVIE OF VA AUTHORIZED REFRESENTATIVE (FIISI, Last)	
OUR CIONATURE OF VA AUTHORIZED DEPOSEDITATIVE (C)	DATE CIONED
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DATE SIGNED
<b>PENALTY:</b> The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false.	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	
Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enfor epidemiological or research studies, the collection of money owed to the United States, litigation in which	
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 published in the Federal Register. Your obligation to respond is voluntary.	uon and ⊑mpioyment Records - VA,

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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