OMB Control No. 2900-0862 Respondent Burden: 15 minutes Expiration Date: 4/30/2024

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13. YOU notice(s) j each addi	for a list	of adju						Y VA 1	THAT	YOU	WC	OULD	LIK	E VA	ТО	REVI	EW A	S PAF	RT OF	YOU	JR S	JPPL										
Check this	s box if	any issu	ıe liste	d bel	ow is l	being v	vithdı	rawn fi	rom the	e lega	ey a	appeals	s pro	cess.		ОРТ	-IN fr	om SC	oc/ss	ос												
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PART III -	NIE\M	VND	DEI	E//VVI.	T =\/	IDENCE
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14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that vour supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file VA to obtain non-federal records , please review your decision notification letter for the appropriate authorization forms to complete a request form.	e number on each page. If you would like
15. DO YOU WANT VA TO GET FEDERAL RECORDS?	
LIST BELOW ANY VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENC EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: You may attach addit your name and file number on each additional sheet.	
15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS
PART IV - 5103 NOTICE ACKNOWLEDGMENT (This section applies to Compensation benefit claims only)	
NOTE: If your decision was issued within the past year, this section can be skipped.	
16. I CERTIFY THAT I have received or reviewed the notice of evidence necessary to substantiate a claim for Veterans Disability Colbenefits as provided at www.va.gov/disability/how-to-file-claim/evidence-needed .	mpensation and related Compensation
YES	
NO (If "NO" is checked, VA will send the 5103 notice to you via mail.)	
NO (If "NO" is checked, VA will send the 5103 notice to you via mail.) PART V - CERTIFICATION AND SIGNATURE	
	sing time.
PART V - CERTIFICATION AND SIGNATURE	to file this supplemental claim on behalf nas authorized the undersigned
PART V - CERTIFICATION AND SIGNATURE NOTE: This section is MANDATORY and completion is required to process your claim, any omission may delay claim process VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has	to file this supplemental claim on behalf has authorized the undersigned st of claimant's knowledge. ent of Veterans Service Organization as
PART V - CERTIFICATION AND SIGNATURE NOTE: This section is MANDATORY and completion is required to process your claim, any omission may delay claim process VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has representative to state that the claimant certifies the truth and completion of the information contained in this document to the be NOTE: A POA's signature will not be accepted unless at the time of submission of this claim a valid VA Form 21-22, Appointmant Claimant's Representative, or VA Form 21-22a, Appointment of Individual As Claimant's Representative, indicating the appropriate TAA. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE (Sign in ink)	to file this supplemental claim on behalf has authorized the undersigned st of claimant's knowledge. ent of Veterans Service Organization as iate POA is of record with VA. 17B. DATE SIGNED
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