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Department of Veterans Affairs

APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) 2. CLAIM FILE NO. (Include prefix) 3. INSURANCE FILE NO., OR LOAN NO.

4. I AM THE:

- ☐ VETERAN ☐ VETERAN'S WIDOW/ER ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT
☒ OTHER (Specify)

5. TELEPHONE NUMBERS

A. HOME (Include Area Code)

B. WORK (Include Area Code)

6. MY ADDRESS IS:

(Number & Street or Post Office Box, City, State & ZIP Code)

7. IF I AM NOT THE VETERAN, MY NAME IS:
(Last Name, First Name, Middle Initial)

8. HEARING

IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.
Check one (and only one) of the following boxes:

- A. ☐ I DO NOT WANT A BVA HEARING.
B. ☐ I WANT A BVA HEARING IN WASHINGTON, DC.
C. ☒ I WANT A BVA HEARING AT A LOCAL VA OFFICE BEFORE A MEMBER, OR MEMBERS, OF THE BVA.
(Not available at Washington, DC, or Baltimore, MD, Regional Offices.)

9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

- A. ☒ I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.
B. ☐ I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES:
(List below.)

REC'D. VACOLS
MAIL ROOM #7
2012 APR 5 PM 5:58

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

recommend surgery, however, was deployed to OCONUS to serve this outstanding nation.

Thank you for your time in this matter.

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL

12. DATE

(MM/DD/YYYY)

13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY
(Not required if signed by appellant. See paragraph 6 of the

14. DATE

(MM/DD/YYYY)

04/02/2012

VACOLS UPDATE 02/4-6-12