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 www.va.gov/vaforms.

VA DATE STAMP DO NOT WRITE IN THIS SPACE

decision. For more information call us to for the Deaf (TDD), the Federal relay nu			•				evice	•							
SECTION I - VETERAN'S IDENTIFICATION INFORMATION															
NOTE: You may complete the form onli per box, and completely fill in each appli						nation req	ueste	d in	ink, nea	ly and	d legibl	y, inse	ert one	lette	er
1. VETERAN'S NAME (First, Middle Initial, La	ast)														
Jane Doe															
2. SOCIAL SECURITY NUMBER		3. VA FILE N	UMBER	(If applica	ıble)		4	. DA	TE OF BI	RTH (I	MM/DD/	YYYY))		
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5. VA INSURANCE POLICY NUMBER (If app	plicable)						·								
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6. CURRENT MAILING ADDRESS (Number,	street or rural route	, City or P.O. I	Box, Stat	te and ZIF	Code a	ind Country)								
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7. TELEPHONE NUMBER (Include Area Code															
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8. E-MAIL ADDRESS (Optional)															
josie@example.com															
SECTION	II - CLAIMANT	'S IDENTIF	ICATI	ON INF	ORMA	ATION (If	othe	er th	an vet	eran)					
9. CLAIMANT'S NAME (First, Middle Initial, La	ast)														
10. SOCIAL SECURITY NUMBER (If applica	able)		11	. DATE O	F BIRTI	H (MM/DD/	YYYY)	(If a	oplicable)						
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12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)															
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SECTION IV - OPTIONAL INFORMAL CONFEREN	CE				
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE H 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 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				
Call my representative between 8:00 a.m 12:00 p.m. ET	between 12:00 p.m 4:30 p.m. ET				
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE (STATE OF THE PROPERTY OF THE PR	TIVE'S CONTACT INFORMATION BELOW.				
17A. REPRESENTATIVE'S NAME (First, Last)					
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)					
17C. REPRESENTATIVE'S E-MAIL ADDRESS					
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL					
 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. 	ety, and any associated hearing requests, from the				
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	PT-IN, THE CIRCLE BELOW MUST BE MARKED.				
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.					
SECTION VI - ISSUES FOR HIGHER-LEVEL REVII					
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 o	n			
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 Example 3: Reimbursement for non-VA emergency care	MM/DD/YYYY MM/DD/YYYY				
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				
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left knee	0 1 - 0 2 - 1 9 0 0	1			
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right knee	0 1 - 0 3 - 1 9 0 0				
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Traumatic Brain Injury	0 1 - 0 5 - 1 9 0 0	7			
Traumatic Brain injury					
right shoulder	0 1 - 0 6 - 1 9 0 0				
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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Co	ntinued)							
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)							
SECTION VII - CERTIFICATION AND SIGNATURE								
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan Certification 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.								
1	20B. DATE SIGNED							
Jane Z Doe - Signed by digital authentication to api.va.gov	0 1 - 0 1 - 2 0 2 0							
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE								
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	a valid VA Form 21-22, Appointment of Veterans							
Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Cla								
appropriate representative is of record with VA or included with this application.								
21A NAME OF VA ALITHODIZED DEDDESENTATIVE (First Lost)								
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)								
	NO. DATE CIONED							
	21C. DATE SIGNED							
	P1C. DATE SIGNED							
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink) PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false. PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than	submission of any statement or evidence of a what has been authorized under the Privacy							
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www.reginfo.gov/public/do/PRAMain.

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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