



**VA DATE STAMP**  
**DO NOT WRITE IN THIS SPACE**

**PART I - CLAIMANT'S IDENTIFYING INFORMATION**

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**PART III - ISSUES FOR HIGHER-LEVEL REVIEW**

15. YOU MUST INDICATE BELOW EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. *Please refer to your decision notice(s) for a list of adjudicated issues. for each issue, please identify the date of VA's decision. You may attach additional sheets, if necessary. Please include your name and file number on each additional sheet.*

Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☐ **OPT-IN from SOC/SSOC**

15A. SPECIFIC ISSUE(S)	15B. DATE OF VA DECISION NOTICE
tinnitus	1900-01-01
left knee	1900-01-02
right knee	1900-01-03
PTSD	1900-01-04
Traumatic Brain Injury	1900-01-05
right shoulder	1900-01-06

**PART IV - CERTIFICATION AND SIGNATURE**

**NOTE:** This section is **MANDATORY** and completion is required to process your claim; any omission may delay claim processing time.

**VA AUTHORIZED REPRESENTATIVES ONLY:** I certify that the claimant has authorized the undersigned representative to file this higher-level review on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

**NOTE:** A power of attorney's (POA's) signature **will not** be accepted unless at the time of submission of this request a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual As Claimant's Representative*, indicating the appropriate POA is of record with VA.

**I CERTIFY THAT** the statements on this form are true and correct to the best of my knowledge and belief.

16A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE <i>(Sign in ink)</i> Jane Z Doe	16B. DATE SIGNED 02/03/2021
16C. NAME OF VA AUTHORIZED REPRESENTATIVE <i>(Please Print)</i>	

**ALTERNATE SIGNER CERTIFICATION AND SIGNATURE**

17. **I CERTIFY THAT** by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

17A. SIGNATURE OF ALTERNATE SIGNER <i>(Sign in ink)</i>	17B. DATE SIGNED
17C. NAME OF ALTERNATE SIGNER <i>(Please Print)</i>	

**PENALTY:** The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

Issue: sleep apnea - Decision Date: 1900-01-08

Issue: left shoulder - Decision Date: 1900-01-07