

SECTION IV - OPTIONAL INFORMAL CONFERENCE

☒ 16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional and may delay a decision.

☒ Call me between 8:00 a.m. - 12:00 p.m. ET ☐ Call me 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'S CONTACT INFORMATION BELOW.

17A. REPRESENTATIVE'S NAME (First, Last)

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

17C REPRESENTATIVE'S E-MAIL ADDRESS

See attached page for representative email

SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEALS SYSTEM

☒ OPT-IN FROM SOC/SSOC

NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW

19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION
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Example 1: Service connection for left knee	MM/DD/YYYY
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tinnitus	
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	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Area of Disagreement:					

[illegible]

Area of Disagreement:

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right knee	
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Area of Disagreement: 2 1 2 2 1 2 2 2

PTSD	
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Area of Disagreement: 0 1 0 1 1 0 0 0

Traumatic Brain Injury	
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Area of Disagreement: 01 05 1000

right shoulder	
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Area of Disagreement: 0 1 0 6 1 9 0 0

[illegible][illegible]

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)	
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
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SECTION VII - CERTIFICATION AND SIGNATURE	
NOTE: This section is MANDATORY and completion is required to process your claim unless accompanied by VA Form 21-0972, <i>Alternate Signer Certification</i> or Section VIII is completed.	
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.	
20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Betty Boop - Signed by digital authentication to api.va.gov	20B. DATE SIGNED <div>0</div> <div>2</div> - <div>0</div> <div>3</div> - <div>2</div> <div>0</div> <div>2</div> <div>1</div>
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 valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> , or VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> , indicating the appropriate representative is of record with VA or included with this application.	
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last) <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DATE SIGNED <div></div> <div></div> - <div></div> <div></div> - <div></div> <div></div> <div></div> <div></div>
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.	
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an 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 and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.	
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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