



OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 03/31/2027

<div style="display: flex; align-items: center;"><div style="text-align: center;"></div><div><p>U.S. Department of Veterans Affairs</p></div></div> <div style="text-align: right; padding-top: 10px;">VA DATE STAMP (DO NOT WRITE IN THIS SPACE)</div>		
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 (TTY: 711) or contact us online through ASK VA: https://ask.va.gov/ . VA forms are available at https://www.va.gov/find-forms/ .		
SECTION I - VETERAN'S IDENTIFICATION INFORMATION		
NOTE: You may fill out the form online or by hand. If completed by hand, print the information neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.		
1. VETERAN'S NAME (First, Middle Initial, Last) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="flex: 1;">Jãñe</div><div style="flex: 0.1; text-align: center;">ø</div><div style="flex: 1;">Doé</div></div>		
2. SOCIAL SECURITY NUMBER <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div></div>	3. VA FILE NUMBER (If applicable) <div style="border: 1px solid black; padding: 2px;">987654321</div>	4. DATE OF BIRTH (MM/DD/YYYY) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div></div>
5. VA INSURANCE POLICY NUMBER (If applicable) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div></div>		
6. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <div style="border: 1px solid black; padding: 2px;">123 Main St Suite #1200 Box 4</div> Apt./Unit Number <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div> City <div style="border: 1px solid black; padding: 2px;">New York</div> State/Province <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px; text-align: center;">N Y</div> Country <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px; text-align: center;">U S</div> ZIP Code/Postal Code <div style="border: 1px solid black; padding: 2px;">30012</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>		
<input checked="" type="checkbox"/> I AM EXPERIENCING HOMELESSNESS OR AM AT RISK OF HOMELESSNESS		
7. TELEPHONE NUMBER (Include Area Code) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div></div> Enter International Phone Number (If applicable) <div style="border: 1px solid black; padding: 2px;">+34-555-800-1111 ex2</div>		
8. E-MAIL ADDRESS (Optional) <div style="border: 1px solid black; padding: 2px;">bob@bobbytablesemail.com</div>		
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)		
9. CLAIMANT'S NAME (First, Middle Initial, Last) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="flex: 1;">Betty</div><div style="flex: 0.1; text-align: center;">D</div><div style="flex: 1;">Boop</div></div>		
10. SOCIAL SECURITY NUMBER (If applicable) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div></div>	11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div></div>	
12. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <div style="border: 1px solid black; padding: 2px;">456 First St Apt 5 Box 1</div> Apt./Unit Number <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div> City <div style="border: 1px solid black; padding: 2px;">Detroit</div> State/Province <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px; text-align: center;">M I</div> Country <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px; text-align: center;">U S</div> ZIP Code/Postal Code <div style="border: 1px solid black; padding: 2px;">48070</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>		
13. TELEPHONE NUMBER (Include Area Code) <div style="display: flex; border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></div></div> Enter International Phone Number (If applicable) <div style="border: 1px solid black; padding: 2px;">555-811-1100 ext 4</div>		
14. E-MAIL ADDRESS (Optional) <div style="border: 1px solid black; padding: 2px;">claimant@email.com</div>		
SECTION III - BENEFIT TYPE		
15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION/DIC/SURVIVORS BENEFITS <input type="checkbox"/> FIDUCIARY <input checked="" type="checkbox"/> EDUCATION <input type="checkbox"/> LOAN GUARANTY</div><div><input type="checkbox"/> LIFE INSURANCE <input type="checkbox"/> VETERAN READINESS AND EMPLOYMENT <input type="checkbox"/> VETERANS HEALTH ADMINISTRATION <input type="checkbox"/> NATIONAL CEMETERY ADMINISTRATION</div></div>		

SECTION IV - OPTIONAL INFORMAL CONFERENCE

16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE. (VA will only conduct one informal conference associated with this request for Higher-Level Review.)

☒ 16A. I WOULD LIKE AN OPTIONAL INFORMAL CONFERENCE. I understand I will not be able to discuss or introduce new evidence that was not part of my file at the time of the decision at issue, and that VA may be able to make a decision faster if I do not request an informal conference. By requesting an informal conference, I understand VA may contact me or my representative in an available manner, such as mail, telephone, electronic notice, or by other means to schedule my conference.

16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to schedule the informal conference. INDICATE ONE PREFERENCE BY CHECKING THE APPROPRIATE BOX:

☒ Contact the veteran/claimant. If contact will be by phone, contact in the morning hours based on time zone.

☐ Contact the veteran/claimant. If contact will be by phone, contact in the afternoon hours based on time zone.

☐ Contact the representative. If contact will be by phone, contact in the morning hours based on time zone.

☐ Contact the representative. If contact will be by phone, contact in the afternoon hours based on time zone.

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)

Helen

Holly

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

5 5 5 - 8 0 0 - 1 1 1 1 x2

17C. REPRESENTATIVE'S E-MAIL ADDRESS

holly@hellohellenholly.com

SECTION V - ISSUES FOR HIGHER-LEVEL REVIEW

18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, you are withdrawing the eligible legacy appeal issue(s) listed in 18A in their entirety, and any associated hearing requests, and opting for the issues to be decided in the modernized review system. You acknowledge you cannot return to the legacy appeals system for the issue(s) withdrawn.

IDENTIFY IN ITEM 18A EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notification letter(s) for your issue(s) VA has previously decided. For each issue, identify the date of VA's most recent decision on the issue in Item 18B. If the space below is insufficient to include the information regarding your issue(s), it is acceptable to indicate that in the space below and attach additional pages to this form to complete your request. Include your name and file number on each page attached.

IMPORTANT: You may only list issues for the benefit type selected in Item 15, Section III.

18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
123456789	SOC/SSOC Date: 04-30-2020
Area of Disagreement: Rating left eye	0 1 - 0 1 - 1 9 0 0
Area of Disagreement: 123456789 right eye	0 1 - 0 2 - 1 9 0 0
left ear	0 1 - 0 3 - 1 9 0 0
Area of Disagreement: Rating right ear	0 1 - 0 4 - 1 9 0 0
Area of Disagreement: Rating migraines	0 1 - 0 5 - 1 9 0 0
Area of Disagreement: Rating left knee	0 1 - 0 6 - 1 9 0 0
Area of Disagreement: Rating	0 1 - 0 7 - 1 9 0 0

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Additional Issues

A. Specific Issue(s)	B. Area of Disagreement	C. Date of Decision	D. SOC/SSOC Date
lupus		1900-01-14	09-23-2020
cooties	Service connection	1900-01-15	