OMB Control No. 2900-0862 Respondent Burden: 15 minutes Expiration Date: 4/30/2024

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## **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

for the	for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms.																															
									SEC	TION	<b>VI-</b>	VE.	ΓER	AN'S	IDE	ENTI	FICA	OITA	II N	NFOF	RMA	۱T	ON									
NOTE:																				ion re	que	ste	d in i	ink,	neat	ly an	id le	gibly,	inse	rt on	e lett	er
1. VETE	per box, and completely fill in each applicable circle to help expedite processing of the form.  1. VETERAN'S NAME (First, Middle Initial, Last)																															
Jar	Jane Doe																															
2. SOC	2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)																															
1																																
	5. VA INSURANCE POLICY NUMBER (If applicable)																															
9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	9															
6. CUR	RENT	ГМАІ	LING	ADD	RES	SS (Nu	mber	, str	eet or	rural ı	route,	, City	or P.	O. Box	x, Sta	ite an	d ZIP	Code	and	Count	ry)	_										
No. & Street	U	S	E			A   [	) [	)	R	E	S	S		0	N		F	I	L	E												
Apt./U	Apt./Unit Number City																															
State/I	State/Province Country ZIP Code/Postal Code -																															
<b>●</b> I A	I AM HOMELESS OR AT RISK OF HOMELESSNESS																															
7. TELEPHONE NUMBER (Include Area Code)																																
	Enter International Phone Number (If applicable) +34-555-800-1111 ex2																															
8. E-MA	8. E-MAIL ADDRESS (Optional)																															
jo	josie@example.com																															
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)																																
9. CLAI	9. CLAIMANT'S NAME (First, Middle Initial, Last)																															
10. SO	CIAL	SEC	URIT	Y NU	MBE	ER (If a	applic	able	∍)						1	1. DA	TE OF	BIR	TH (N	MM/DD	/YY\	YY)	(If ap	oplica	able)							
			]-			_												_[			-											
12. CU	RRE	NT M	AILIN	G AD	DRE	ESS (N	lumbe	er, s	street	or rura	al rout	e, C	ity or F	P.O. B	ox, S	state a	ınd ZI	P Cod	de an	d Cou	ntry)											
No. & Street			Т		Т																											T
Apt./U		umbe	r	Ť	Ť	$\overline{}$	Ť			City												Ť	T	一				T	T	Ť	T	
State/Province Country ZIP Code/Postal Code -																																
13. TELEPHONE NUMBER (Include Area Code)																																
Enter International Phone Number (If applicable)																																
14. E-MAIL ADDRESS (Optional)																																
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.)																															
	● COMPENSATION       ○ PENSION/SURVIVORS BENEFITS       ○ FIDUCIARY       ○ EDUCATION       ○ VETERANS HEALTH ADMINISTRATION         ○ VETERAN READINESS AND EMPLOYMENT       ○ LOAN GUARANTY       ○ LIFE INSURANCE       ○ NATIONAL CEMETERY ADMINISTRATION																															

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SECTION IV - OPTIONAL INFORMAL CONFERENCE										
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER FOR THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one informal conference by telephonic communication 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	00 p.m 4:30 p.m. ET									
	ve between 12:00 p.m 4:30 p.m. ET									
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENT  17A REPRESENTATIVE'S NAME (First Last)	FATIVE'S CONTACT INFORMATION BELOW.									
17A. REPRESENTATIVE'S NAME (First, Last)										
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)  5 5 5 - 8 0 0 - 1 1 1 1  17C. REPRESENTATIVE'S E-MAIL ADDRESS										
hholly@example.com										
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEA	LS SYSTEM									
18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following issues decided in a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A in their entirety, 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 OPT-IN, THE CIRCLE BELOW MUST BE MARKED.  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 REV										
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional she each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A sepa	eets, if necessary - include your name and file number on									
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)									
Example 1: Service connection for left knee Example 2: Earlier effective date for hearing loss Example 3: Reimbursement for non-VA emergency care 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 MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY									
tinnitus	0 1 - 0 1 - 1 9 0 0									
left eye	0 1 - 0 2 - 1 9 0 0									
right eye	0 1 - 0 3 - 1 9 0 0									
left ear	0 1 - 0 4 - 1 9 0 0									
right ear	0 1 - 0 5 - 1 9 0 0									
migraines	0 1 - 0 6 - 1 9 0 0									
left knee	0 1 - 0 7 - 1 9 0 0									

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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Co	entinued)									
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)									
right knee	0 1 - 0 8 - 1 9 0 0									
right files										
left foot	0 1 - 0 9 - 1 9 0 0									
right foot	0 1 - 1 0 - 1 9 0 0									
left hand	0 1 - 1 1 - 1 9 0 0									
Terc hand										
right hand	0 1 - 1 2 - 1 9 0 0									
fever	0 1 - 1 3 - 1 9 0 0									
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, Alternate Signer Certification 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)	20B. DATE SIGNED									
Jane Z Doe										
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE										
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.										
<b>NOTE</b> : 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)										
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)  21C. DATE SIGNED										
<b>PENALTY:</b> 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 Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enformations).										
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,										

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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