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

VA	U.S. Department of Veterans Affairs
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VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

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/.

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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)				
Jäñe Ø Doé				
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)				
1 2 3 - 4 5 - 6 7 8 9 987654321 1 2 - 3 1 - 1 9 6 9				
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. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)				
No. & Street 123 Main St Suite #1200 Box 4				
Apt./Unit Number City New York				
State/Province N Y Country U S ZIP Code/Postal Code 30012 -				
▼ I AM EXPERIENCING HOMELESSNESS OR AM AT RISK OF HOMELESSNESS				
7. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) +34-555-800-1111 ex2				
8. E-MAIL ADDRESS (Optional)				
bob@bobbytablesemail.com				
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)				
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)				
9. CLAIMANT'S NAME (First, Middle Initial, Last)				
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9. CLAIMANT'S NAME (First, Middle Initial, Last) Betty 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 0 5 - 0 8 - 1 9 7 2				
9. CLAIMANT'S NAME (First, Middle Initial, Last) Betty D Boop 10. SOCIAL SECURITY NUMBER (If applicable) 8 2 9 - 3 4 - 7 5 6 1 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 0 5 - 0 8 - 1 9 7 2 12. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)				
9. CLAIMANT'S NAME (First, Middle Initial, Last) Betty 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 0 5 - 0 8 - 1 9 7 2				
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9. CLAIMANT'S NAME (First, Middle Initial, Last) Betty 10. SOCIAL SECURITY NUMBER (If applicable) 8 2 9 - 3 4 - 7 5 6 1 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & 456 First St Apt 5 Box 1				
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9. CLAIMANT'S NAME (First, Middle Initial, Last) Betty D Boop 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street 456 First St Apt 5 Box 1 Apt./Unit Number City Detroit State/Province M I Country U S ZIP Code/Postal Code 48070 — 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 555-811-1100 ext 4				
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VA FORM MAR 2024

SECTION IV - OPTIONAL INFORMAL CONFERENCE					
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE. (VA will only this request for Higher-Level Review.)	y conduct one informal conference associated with				
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 sche PREFERENCE BY CHECKING THE APPROPRIATE BOX:	dule the informal conference. INDICATE ONE				
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 REPRESENT. 17A. REPRESENTATIVE'S NAME (First, Last)	ATIVE'S CONTACT INFORMATION BELOW:				
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 REVIE	W				
18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): the eligible legacy appeal issue(s) listed in 18A in their entirety, and any associated hearing requests, and optim modernized review system. You acknowledge you cannot return to the legacy appeals system for the issue(s) with IDENTIFY IN ITEM 18A EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LE notification letter(s) for your issue(s) VA has previously decided. For each issue, identify the date of VA's most is space below is insufficient to include the information regarding your issue(s), it is acceptable to indicate that in the state of	ng for the issues to be decided in the vithdrawn. EVEL REVIEW. Refer to your decision recent decision on the issue in Item 18B. If the				
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	0 1 - 0 1 - 1 9 0 0				
left eyee					
Area of Disagreement: 123456789	0 1 - 0 2 - 1 9 0 0				
right eye					
	0 1 - 0 3 - 1 9 0 0				
left ear	SOC/SSOC Date: 05-15-2019				
Area of Disagreement: Rating					
right ear					
Area of Disagreement: Rating	0 1 - 0 5 - 1 9 0 0				
migraines					
Area of Digagrapment: Dating	0 1 - 0 6 - 1 9 0 0				
Area of Disagreement: Rating left knee					
Area of Disagreement: Rating	0 1 - 0 7 - 1 9 0 0				
ARES OF HIGSOMERNET PSEING					

SECTION V - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)						
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)					
right knee						
Area of Disagreement: Rating	0 1 - 0 8 - 1 9 0 0					
left foot						
Area of Disagreement: Rating	0 1 - 0 9 - 1 9 0 0					
right foot	SOC/SSOC Date: 01-08-2021					
Area of Disagreement: Rating	0 1 - 1 0 - 1 9 0 0					
left hand						
Area of Disagreement: Rating						
right hand						
Area of Digagraement: Dating	0 1 - 1 2 - 1 9 0 0					
Area of Disagreement: Rating fever						
level						
Area of Disagreement: Service connection	0 1 - 1 3 - 1 9 0 0					
SECTION VI - CERTIFICATION AND SIGNATURE						
NOTE: This section is MANDATORY and completion is required to process your claim unless accompar <i>Certification</i> or Section VII is completed.	nied by VA Form 21-0972, Alternate Signer					
I CERTIFY that the statements on this form are true and correct to the best of my knowledge and belief.						
19A. SIGNATURE OF VETERAN OR CLAIMANT	19B. DATE SIGNED (MM/DD/YYYY)					
Betty D Boop Signed by digital authortication to anima gov	0 2 - 0 3 - 2 0 2 1					
Signed by digital addication to apr.va.gov						
SECTION VII - AUTHORIZED REPRESENTATIVE SIGNATURE I CERTIFY that 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.						
20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)						
20D. CICNATURE OF VA AUTHORIZED REDRESENTATIVE	200 DATE SIGNED (MAN/DD 2000)					
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE	20C. DATE SIGNED (MM/DD/YYYY)					
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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0862, and it expires 03/31/2027. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0862 in any correspondence. Do not send your completed VA Form 20-0996 to this email address.

VA FORM 20-0996, MAR 2024 Page 5

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	