

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.)	
<input checked="" type="radio"/> 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:	
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> Call me between 8:00 a.m. - 12:00 p.m. ET <input type="radio"/> Call my representative between 8:00 a.m. - 12:00 p.m. ET </div> <div> <input type="radio"/> Call me between 12:00 p.m. - 4:30 p.m. ET <input type="radio"/> Call my representative between 12:00 p.m. - 4:30 p.m. ET </div> </div>	
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) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40%;"> WWWWWW </div> <div style="border: 1px solid black; padding: 2px; width: 40%;"> WWWWWW </div> </div>	
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code) <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> () </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> - </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> () </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> - </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> () </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> () </div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> () </div> <div style="margin-left: 10px;"> +WWW - WWWWWWxWWWWW </div> </div>	
17C. REPRESENTATIVE'S E-MAIL ADDRESS <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> See attached page for representative email </div>	
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, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in 18A 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. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets, if necessary - include your name and file number on each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate form is required for each benefit type.	
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. 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
123456789 Area of Disagreement: WWWWWW	SOC/SSOC Date: 04-30-2020 <div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 1 - 1 9 0 0 </div>
left eye Area of Disagreement: WWWWWW	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 2 - 1 9 0 0 </div>
right eye Area of Disagreement: WWWWWW	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 3 - 1 9 0 0 </div>
left ear Area of Disagreement: WWWWWW	SOC/SSOC Date: 05-15-2019 <div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 4 - 1 9 0 0 </div>
right ear Area of Disagreement: WWWWWW	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 5 - 1 9 0 0 </div>
migraines Area of Disagreement: WWWWWW	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 6 - 1 9 0 0 </div>
left knee Area of Disagreement: WWWWWW	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 0 1 - 0 7 - 1 9 0 0 </div>

VA FORM 20-0996, SEP 2022

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