

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

Jãñe	ø	Doé
------	---	-----

1	2	3	-	4	5	-	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---

987654321

3	1	-	1	2	-	1	9	6	9
---	---	---	---	---	---	---	---	---	---

9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

No. &
Street 123 Somestreet

Apt./Unit Number						City	Sometown
------------------	--	--	--	--	--	------	----------

State/Province			Country	U	S	ZIP Code/Postal Code	66002	-				
----------------	--	--	---------	---	---	----------------------	-------	---	--	--	--	--

5	5	5	-	8	0	0	-	1	1	1	1	Enter International Phone Number (If applicable)
---	---	---	---	---	---	---	---	---	---	---	---	--

josie@example.com

--	--	--	--

--	--	--	--	--	--	--	--	--	--

[illegible][illegible]

State/Province Country ZIP Code/Postal Code -

- - Enter International Phone Number (If applicable)

☐ COMPENSATION ☐ PENSION/DIC/SURVIVORS BENEFITS ☒ FIDUCIARY ☐ EDUCATION ☐ VETERANS HEALTH ADMINISTRATION
☐ VETERAN READINESS AND EMPLOYMENT ☐ LOAN GUARANTY ☐ LIFE INSURANCE ☐ NATIONAL CEMETERY ADMINISTRATION

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

☐ Call me between 12:00 p.m. - 4:30 p.m. ET

☐ Call my representative between 8:00 a.m. - 12:00 p.m. ET

☐ Call my representative 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)

Helen

Holly

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

- -

+6-555-800-1111

17C. REPRESENTATIVE'S E-MAIL ADDRESS

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

tinnitus

SOC/SSOC Date: 08-01-2020

- -

left knee

- -

right knee

- -

PTSD

- -

Traumatic Brain Injury

- -

right shoulder

- -

- -

Page 5