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

Department of Veterans Affairs

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 https://www.ya.gov/find-forms

VA DATE STAMP DO NOT WRITE IN THIS SPACE

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SECTION I - VETERAN'S IDENTIFICATION INFORMATION											
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.											
1. VETERAN'S NAME (First, Middle Initial, Last)											
Jane Doe											
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 3 1 - 1 2 - 1 9 6 9											
5. VA INSURANCE POLICY NUMBER (If applicable)											
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)											
No. & Street 123 Some St.											
Apt./Unit Number City Sometown											
State/Province Country U S ZIP Code/Postal Code 12345 —											
State/Province Country US ZIP Code/Postal Code 12345 —											
O I AM HOMELESS OR AT RISK OF HOMELESSNESS											
7. TELEPHONE NUMBER (Include Area Code)											
Enter International Phone Number (If applicable)											
8. E-MAIL ADDRESS (Optional)											
USE EMAIL ON FILE											
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)											
9. CLAIMANT'S NAME (First, Middle Initial, Last)											
10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)											
12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)											
No. & Street											
Apt./Unit Number City											
State/Province Country ZIP Code/Postal Code —											
13. TELEPHONE NUMBER (Include Area Code)											
Enter International Phone Number (If applicable)											
Enter International Phone Number (If applicable)											
Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional)											
14. E-MAIL ADDRESS (Optional) SECTION III - BENEFIT TYPE											
14. E-MAIL ADDRESS (Optional)											

VA FORM **20-0996**

SECTION IV - OPTIONAL INFORMAL CONFERENCE	CE									
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HI PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one associated with this request for Higher-Level Review.)									ation	
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 will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:	sched	lule the	e info	rmal o	confere	ence.	Cont	act at	tempt	.s
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	betwe	en 12	:00 p.	m 4	:30 p.	m. ET	Γ			
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTA	TIVE'S	S CON	ITAC	TINF	ORMA	ATION	BEL	OW.		
17A. REPRESENTATIVE'S NAME (First, Last)									_	
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)										
17C. REPRESENTATIVE'S E-MAIL ADDRESS										
SECTION V - ISSUES FOR HIGHER-LEVEL-REVIE										
18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submireview system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed.	in 18A	in the	m, I ag ir enti	gree t irety, a	to part and ar	icipate ny ass	e in th sociate	ed hea	derniz aring	:ed
requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s)					<i>(</i>) <i>c</i>					
INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Ref issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets,	, if nece	essary	/ - inc	lude y	oùr na	ame a	and file			
each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate for the benefit type selected in Section III. A s		'				71		TIFIC	<u> </u>	N.1
IOA. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	1	8B. L	DATE		A DEC				ATIO	N
Example 1: Service connection for left knee Example 2: Earlier effective date for hearing loss		DD/Y DD/Y								
Example 3: Reimbursement for non-VA emergency care Example 4: Denial of entitlement to VR&E benefits and services			YYY							
Example 5: Entitlement to Service-Disabled Veterans Insurance		DD/Y								
left shoulder										
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VA FORM 20-0996, SEP 2022 Page 4

SECTION V - ISSUES FOR HIGHER-LEVEL REVIEW (COI	ntını	uea	I)								
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)										
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SECTION VI - CERTIFICATION AND SIGNATURE											
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan <i>Certification</i> or Section VII is completed.	ied b	y V	A F	orm	21-0	972,	Alte	rnate	Sign	ner	
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.											
19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Jane Doe	19B. DATE SIGNED								7		
- Signed by digital authentication to api.va.gov	0	_	2	_	0	3	<u> </u>	2	0	2 1	_
SECTION VII - AUTHORIZED REPRESENTATIVE SIGNA	UTA	RE									
I CERTIFY 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 Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimappropriate representative is of record with VA or included with this application.										'eteran	IS
20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)											_
								\top			
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	0C. I	DAT	E SI	GNE	D		1				_
				_			_				
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false.	ubmi	issic	on o	f an	y sta	teme	ent o	r evid	lence	of a	
											_

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 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.

VA FORM 20-0996, SEP 2022 Page 5