

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



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/>.

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)

Jãñe ø Doé

2. SOCIAL SECURITY NUMBER

1 2 3 - 4 5 - 6 7 8 9

3. VA FILE NUMBER (If applicable)

987654321

4. DATE OF BIRTH (MM/DD/YYYY)

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 Somestreet

Apt./Unit Number City Sometown

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

☐ I AM EXPERIENCING HOMELESSNESS OR AM AT RISK OF HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)

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

8. E-MAIL ADDRESS (Optional)

josie@example.com

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 and street or rural route, P.O. Box, City, State, 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)

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

☐ LIFE INSURANCE

☐ PENSION/DIC/SURVIVORS BENEFITS

☐ VETERAN READINESS AND EMPLOYMENT

☒ FIDUCIARY

☐ VETERANS HEALTH ADMINISTRATION

☐ EDUCATION

☐ NATIONAL CEMETERY ADMINISTRATION

☐ LOAN GUARANTY

SECTION IV - OPTIONAL INFORMAL CONFERENCE

16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE. (VA will only conduct one informal conference associated with this request for Higher-Level Review.)

☒ 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 schedule the informal conference. INDICATE ONE PREFERENCE BY CHECKING THE APPROPRIATE BOX:

☒ 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 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, you are withdrawing the eligible legacy appeal issue(s) listed in 18A in their entirety, and any associated hearing requests, and opting for the issues to be decided in the modernized review system. You acknowledge you cannot return to the legacy appeals system for the issue(s) withdrawn.

IDENTIFY IN ITEM 18A EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notification letter(s) for your issue(s) VA has previously decided. For each issue, identify the date of VA's most recent decision on the issue in Item 18B. If the space below is insufficient to include the information regarding your issue(s), it is acceptable to indicate that in the space below and attach additional pages to 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)
tinnitus	SOC/SSOC Date: 08-01-2020 0 1 - 0 1 - 1 9 0 0
left knee	0 1 - 0 2 - 1 9 0 0
right knee	0 1 - 0 3 - 1 9 0 0
PTSD	0 1 - 0 4 - 1 9 0 0
Traumatic Brain Injury	0 1 - 0 5 - 1 9 0 0
right shoulder	0 1 - 0 6 - 1 9 0 0
	- -

Page 5