


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

 <b>U.S. Department of Veterans Affairs</b>		<b>VA DATE STAMP</b> (DO NOT WRITE IN THIS SPACE)
<b>DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW</b>		
<b>INSTRUCTIONS:</b> 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: <a href="https://ask.va.gov/">https://ask.va.gov/</a> . VA forms are available at <a href="https://www.va.gov/find-forms/">https://www.va.gov/find-forms/</a> .		
<b>SECTION I - VETERAN'S IDENTIFICATION INFORMATION</b>		
<b>NOTE:</b> 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 Main St Suite #1200 Box 4 Apt./Unit Number      City New York State/Province N Y Country U S ZIP Code/Postal Code 30012 -      -      -      - <input type="checkbox"/> 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		
<b>SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)</b>		
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) 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		
14. E-MAIL ADDRESS (Optional) claimant@email.com		
<b>SECTION III - BENEFIT TYPE</b>		
15. <b>SELECT ONLY ONE</b> (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type) <input type="checkbox"/> COMPENSATION <input type="checkbox"/> LIFE INSURANCE <input type="checkbox"/> PENSION/DIC/SURVIVORS BENEFITS <input type="checkbox"/> VETERAN READINESS AND EMPLOYMENT <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> VETERANS HEALTH ADMINISTRATION <input checked="" type="checkbox"/> EDUCATION <input type="checkbox"/> NATIONAL CEMETERY ADMINISTRATION <input type="checkbox"/> 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)

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 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)
123456789	SOC/SSOC Date: 04-30-2020
Area of Disagreement: Rating left eye	0 1 - 0 1 - 1 9 0 0
Area of Disagreement: 123456789 right eye	0 1 - 0 2 - 1 9 0 0
left ear	0 1 - 0 3 - 1 9 0 0
Area of Disagreement: Rating right ear	0 1 - 0 4 - 1 9 0 0
Area of Disagreement: Rating migraines	0 1 - 0 5 - 1 9 0 0
Area of Disagreement: Rating left knee	0 1 - 0 6 - 1 9 0 0
Area of Disagreement: Rating	0 1 - 0 7 - 1 9 0 0

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	0 1 - 1 1 - 1 9 0 0
right hand	
Area of Disagreement: Rating	0 1 - 1 2 - 1 9 0 0
fever	
Area of Disagreement: Service connection	0 1 - 1 3 - 1 9 0 0
SECTION VI - CERTIFICATION AND SIGNATURE	
<b>NOTE:</b> This section is <b>MANDATORY</b> and completion is required to process your claim unless accompanied by VA Form 21-0972, <i>Alternate Signer Certification</i> or Section VII is completed.	
I <b>CERTIFY</b> that the statements on this form are true and correct to the best of my knowledge and belief.	
19A. SIGNATURE OF VETERAN OR CLAIMANT Betty D Boop - Signed by digital authentication to api.va.gov	19B. DATE SIGNED (MM/DD/YYYY) 0 2 - 0 3 - 2 0 2 1
SECTION VII - AUTHORIZED REPRESENTATIVE SIGNATURE	
I <b>CERTIFY</b> that the statements on this form are true and correct to the best of my knowledge and belief.	
<b>NOTE:</b> 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)	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE	20C. DATE SIGNED (MM/DD/YYYY)
	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>
<b>PENALTY:</b> 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.	
<b>PRIVACY ACT NOTICE:</b> 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.	
<b>RESPONDENT BURDEN:</b> 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 <a href="mailto:VACOPaperworkReduAct@VA.gov">VACOPaperworkReduAct@VA.gov</a> . Please refer to OMB Control No. 2900-0862 in any correspondence. Do not send your completed VA Form 20-0996 to this email address.	

**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	