

**DECISION REVIEW REQUEST: BOARD APPEAL
(NOTICE OF DISAGREEMENT)**

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME <i>(First, middle initial, last)</i> WWWWWW WWWWWW		2. VETERAN'S FILE NUMBER WWWWWW	3. VETERAN'S DATE OF BIRTH 1969-12-31
4. IF I AM NOT THE VETERAN, MY NAME IS <i>(First, middle initial, last)</i> WWWWWW WWWWWW		5. MY DATE OF BIRTH <i>(If I am not the Veteran)</i> 1972-05-08	
6. MY PREFERRED MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i> WWWWWW WWWWWW WWWWWW			
<input type="checkbox"/> I AM EXPERIENCING HOMELESSNESS			
7. MY PREFERRED TELEPHONE NUMBER <i>(Include Area Code)</i> 555-811-1100 ext 4	8. MY PREFERRED E-MAIL ADDRESS See attached page for preferred email		9. MY REPRESENTATIVE'S NAME See attached page for representative name

PART II - BOARD REVIEW OPTION *(Check only one)*

10. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select.
(For additional explanation of your options, please see the attached information and instructions.)

☐ 10A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal.
(Choosing this option often results in the Board issuing its decision most quickly.)

☐ 10B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will submit to the Board with my VA Form 10182 or within the 90 days of the Board's receipt of my VA Form 10182. (Choosing this option will extend the time it takes for the Board to decide your appeal.)

☒ 10C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. I want the hearing type below: (Choosing this option will extend the time it takes for the Board to decide your appeal.)

☒ Central Office Hearing (I will attend in person in Washington, DC)

☐ Videoconference Hearing (I will go to a Regional Office)

☐ Virtual Telehearing (I will attend using an internet-connected device) (Important: **Provide your e-mail address and Representative in Part I**)

PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD

11. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement (e.g., *service connection, disability evaluation, or effective date of award*).

☒ Check here if you are including a request for an extension of time to file the VA Form 10182 due to good cause and then attach additional sheets explaining why you believe there is good cause for the extension.

☒ Check here if you are appealing a denial of benefits by the Veterans Health Administration (VHA).

A. Specific Issue(s)	B. Date of Decision
<p>Area of Disagreement:</p>	1900-01-01
<p>Area of Disagreement:</p>	1900-01-02
<p>Area of Disagreement:</p>	1900-01-03
<p>Area of Disagreement:</p>	1900-01-04
<p>Area of Disagreement:</p>	1900-01-05

C. Additional Issue(s)

☒ Check here if you attached additional sheets. Include the Veteran's last name and the file number.

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

12. SIGNATURE (<i>Appellant or appointed representative</i>) (<i>Ink signature</i>)	13. DATE SIGNED
<p> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX W XX - Signed by digital authentication to api.va.gov </p>	02/03/2021

[illegible]

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| A. Specific Issue(s)                                                                                                                                                                                                                                                                                                            | B. Area of Disagreement                                                                                                                                                   | C. Date of Decision |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <p>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW                 </p> | <p>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW<br/>                     WWWW                 </p> | <p>1900-01-06</p>   |

[illegible]



## OVERVIEW OF NOTICE OF DISAGREEMENT FORM SECTIONS

If you decide to appeal to a Veterans Law Judge at the Board, these instructions will help you complete your VA Form 10182.

**Part I - PERSONAL INFORMATION** Please provide all the personal information in Part I. If desired, you may also enter the claimant's prefix (such as "Mr." or "Ms.") and/or suffix (such as "Jr." or "Sr."). If your address has changed recently or will change soon, please notify your local VA office. If you are homeless, please check the box in item 6. If you wish to include multiple addresses, you may attach additional sheets to the form, explaining how you would like VA to contact you. Please check the box in Part III, Block 11C to indicate additional sheets are attached. Please include the Veteran's last name and the file number on any additional sheets.

**Part II - REVIEW OPTION** You must check one, *and only one*, of the boxes in Part II, Block 10, to choose how you would like the Board to review the issues identified in Part III. The Board will place your appeal onto a list for consideration in the order it was received.

You can select different Board review options for different issues. However, if you choose to do so, you must submit a separate VA Form 10182 for each Board review option and list the issues that you want reviewed under that option.

**Box 10A - Direct Review by a Veterans Law Judge:** Check this box if you *do not* want to submit additional evidence and you *do not* want a Board hearing.

**Box 10B - Evidence Submission Reviewed by a Veterans Law Judge:** Check this box if you *do not* want a Board hearing, but you do want to submit additional evidence with this VA Form 10182 or **within 90 days** following VA's receipt of your VA Form 10182.

**Box 10C - Hearing With a Veterans Law Judge:** Check this box if you want a Board hearing with a Veterans Law Judge, which includes the option to submit additional evidence at your hearing or **within 90 days** following the hearing, if it is held. If you do not appear for your scheduled hearing, you may submit evidence within 90 days following the date of the scheduled hearing. If you later choose to withdraw your hearing request, you may submit evidence within 90 days of the Board's receipt of your hearing withdrawal request.

If you have already submitted a VA Form 10182, and wish to change your Board Review Option, please fill out this form completely, indicating your new choice in Part II.

**Part III - SPECIFIC ISSUE(S) BEING APPEALED TO THE BOARD** List the issue(s) you would like the Board to review in Part III, Block 11A, and the date of your decision notice in Part III, Block 11B. Please refer to your decision notice for a list of adjudicated issues. If you want to appeal more issues, you may attach additional pages as needed. Please check the box in Part III, Block 11C to indicate additional sheets are attached. Please include the Veteran's last name and the file number on any additional sheets.

Upon receipt of a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) in the legacy appeals system, you may elect to continue your appeal either in the legacy appeals system or in the modernized review system. For more information, please review the instructions provided on the "VA Form 20-0998: Your Rights to Seek Further Review of Our Decision," which was attached to your decision notice letter.

**Extension Requests** Check the box in Part III, Block 11, if you are including a request for an extension of time to file the VA Form 10182 due to good cause and attach additional sheets indicating why you believe there is good cause for the extension. Please include the Veteran's last name and the file number on any additional sheets.

**Part IV - CERTIFICATION AND SIGNATURE** Please sign and date the VA Form 10182, certifying that the statements on the form are true to the best of your knowledge and belief. An appointed representative may sign on the behalf of the appellant.

**WHAT IF I WANT TO ADD ADDITIONAL INFORMATION?** If you want to provide any additional information to VA, including why you believe that VA previously decided one or more issues incorrectly, you may check the box in Part III, Block 11C and attach additional sheets to the form. Please include the Veteran's last name and the file number on any additional sheets. For each issue, please make sure to identify the date of VA's decision. The Board will consider argument submitted with any VA Form 10182.

**PRIVACY ACT STATEMENT:** Our authority for asking for the information you give to us when you fill out this form is 38 U.S.C. 7105(d)(3), a Federal statute that sets out the requirement for you to submit a formal appeal to complete your appeal on a VA benefits determination. You use this form to present your appeal to the Board of Veterans' Appeals (Board). It is used by VA in processing your appeal and it is used by the Board in deciding your appeal. Providing this information to VA is voluntary, but if you fail to furnish this information VA will close your appeal and you may lose your right to appeal the benefit determinations you told us you disagreed with. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701), as implemented by 38 C.F.R. 1.526(a) and 1.576(b), require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. However, the law permits VA to disclose the information you include on this form to people outside of VA in some circumstances. Information about that is given in notices about VA's "systems of records" that are periodically published in the *Federal Register* as required by the Privacy Act of 1974. Examples of situations in which the information included in this form might be released to individuals outside of VA include release to the United States Court of Appeals for Veterans Claims, if you later appeal the Board's decision in your case to that court; disclosure to a medical expert outside of VA, should VA exercise its statutory authority under 38 U.S.C. 5109 or 7109, to ask for an expert medical opinion to help decide your case; disclosure to law enforcement personnel and security guards in order to alert them to the presence of a dangerous person; disclosure to law enforcement agencies should the information indicate that there has been a violation of law; disclosure to a congressional office in order to answer an inquiry from the congressional office made at your request; and disclosure to Federal government personnel who have the duty of inspecting VA's records to make sure that they are being properly maintained. See the *Federal Register* notices described above for further details.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and the respondent is not required to respond to, this collection of information unless it displays a valid Office of Management and Budget (OMB) Control Number. The information requested is approved under OMB Control Number (2900-0674). Public reporting burden for this collection of information is estimated to average 30 minutes per response, 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 or any other aspects of this collection, including suggestions for reducing this burden to: VA Clearance Officer (008), 810 Vermont Ave., NW, Washington, DC 20420. **DO NOT** send requests for benefits to this address.