OMB Control No. 2900-0886 Respondent Burden: 15 minutes

Expiration Date: 4/30/2024
VA DATE STAMP

Department of Veterans Affairs	DO NOT WRITE IN THIS SPACE
DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM	
INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.	
PART I - CLAIMANT'S IDENTIFYING INFORMATION	
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, a	nd legibly to expedite processing the form.
1. VETERAN'S NAME (First, Middle Initial, Last)	
2. VETERAN'S SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. VETERA	N'S DATE OF BIRTH (MM/DD/YYYY)
Month	Day Year
1 2 3 - 4 5 - 6 7 8 9 9 9 8 7 6 5 4 3 2 1 1 1 2	- 3 1 - 1 9 6 9
5. VETERAN'S SERVICE NUMBER (If applicable) 6. INSURANCE POLICY NUMBER (If applicable)	
8 7 6 5 4 3 2 1 0 9 8 7 6 5 4 3 2 1 1 2 3	4 5 6 7 8 9
7. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran)	
d	WWWWWWWWWWWWW
8. CLAIMANT TYPE:	
	(Specify) WWWWWWWWWWWWWWWWWW
9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)	
No. & Street	мийммиймийм мйммийммийм
Apt./Unit Number City WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	ММММММММММММММММ
State/Province Country W W ZIP Code/Postal Code WWWWWWWWWWWW -	
10. TELEPHONE NUMBER (Include Area Code)	
- International Phone Number (If applicable) + WWW – WWWWWWWW	WWWWWWW
11. E-MAIL ADDRESS (Optional)	
See attached page for appellant email 12. BENEFIT TYPE: PLEASE CHECK ONLY ONE (If you would like to file for multiple benefit types, you must complete a separate request	t form for each honefit type)
	TERANS HEALTH ADMINISTRATION TIONAL CEMETERY ADMINISTRATION
	THORAE CEIVILTERY ADMINIOTRATION
PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM 13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR SUPPLEM	IENTAL CLAIM Plages refer to your
decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of pafile number on each additional sheet.)	
If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, I modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in 1	
associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue	
13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	2000-01-08
	SOC/SSOC Date: 04-30-2020
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	1900-01-06
	SOC/SSOC Date: 02-24-2021
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	1989-03-07
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	SOC/SSOC Date: 04-30-2020
<i>МИМИМИМИМИМИМИМИМИМИМИМИМИМИМИМИМИМИМИ</i>	1930-10-20
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	SOC/SSOC Date: 05-30-2016
<i>wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww</i>	2007-01-19
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	SOC/SSOC Date: 01-02-2012
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	1999-12-29
<i>ММММММММММММММММММММММММММММММММММММ</i>	SOC/SSOC Date: 08-13-2019

PART III - NEW AND RELEVANT EVIDENCE

14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain **non-federal records**, please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.

15. DO YOU WANT VA TO GET FEDERAL RECORDS?

LIST BELOW ANY **VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES** THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.

15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS
www.www.www.www.ww.ww.ww.ww.ww.ww.ww.ww	2020-04-10 2020-01-02 to 2020-02-01 2020-02-20 to 2020-02-22 2019-02-02 to 2020-02-03
МИМИМИТЕЛЬ В В В В В В В В В В В В В В В В В В В	2020-02-20 to 2020-02-22 2020-02-02 to 2020-02-07
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	2020-04-10

PART IV - 5103 NOTICE ACKNOWLEDGMENT

(This section applies to Compensation, Pension, DIC, and Accrued benefit claims only)

NOTE: If we issued your decision within the past year, you can skip this section.

- 16. Find out what evidence you'll need to provide by visiting one these pages on VA.gov:
 - Evidence to support a claim for Veteran's Disability and related Compensation benefits:
 <u>www.va.gov/disability/how-to-file-claim/evidence-needed</u>
 - Evidence to support a claim for VA pension, DIC, or accrued benefits: www.va.gov/resources/evidence-to-support-va-pension-dic-or-accrued-benefits-claims/

CERTIFY THAT I have reviewed the notice of evidence that relates to my claim.

X	YES

NO (If you check "NO," VA will send the 5103 notice to you via mail.)

PART V - CERTIFICATION AND SIGNATURE

NOTE: This section is MANDATORY and completion is required to process your claim, any omission may delay claim processing time.

VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature *will not* be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual As Claimant's Representative*, indicating the appropriate POA is of record with VA.

17A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE (Sign in ink)

17B. DATE SIGNED

See attached page for signature of veteran claimant or rep

02/03/2021

17C. NAME OF VA AUTHORIZED REPRESENTATIVE (Please Print)

ALTERNATE SIGNER CERTIFICATION AND SIGNATURE

18. I CERTIFY THAT by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

18A. SIGNATURE OF ALTERNATE SIGNER (Sign in ink)

18B. DATE SIGNED

18C. NAME OF ALTERNATE SIGNER (Please Print)

PENALTY: 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.

VA FORM 20-0995, SEP 2022 Page 4

Veteran, claimant, or representative Email:

Additional Issues

A. Specific Issue(s)	B. Date of Decision	C. SOC/SSOC Date
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	1920-04-02	11-19-2019
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	2018-08-17	03-20-2021
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	2013-09-11	08-24-2020

Additional Evidence Names and Locations

A. Name and Location	B. Date(s) of Records
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	2020-07-19, 2018-03-06 to 2019-02-12

A. Name and Location	B. Date(s) of Records
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	2018-03-06, 2018-01-15
Veteran indicated they will send evidence documents to VA.	

Signature of veteran, claimant, or representative: