 Department of Veterans Affairs

VA DATE STAMP  
(U.S. COURT OF APPEALS)  
FOR VETERANS CLAIMS

### STATEMENT IN SUPPORT OF CLAIM

**INSTRUCTIONS:** Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section 1 as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

DEC 15 2021  
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**SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION**

**NOTE:** You will either complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)

VICTOR AVILES AVILES

2. VETERAN'S SOCIAL SECURITY NUMBER

[REDACTED]

3. VA FILE NUMBER (If applicable)

[REDACTED]

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Month: 04 - Day: 18 - Year: 1948

5. VETERAN'S SERVICE NUMBER (If applicable)

[REDACTED]

6. TELEPHONE NUMBER (Include Area Code)

(787) 375-1544

7. E-MAIL ADDRESS (Optional)

8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street: Box 4BB

Apt./Unit Number: [REDACTED] City: Albany

State/Province: PR Country: [REDACTED] ZIP Code/Postal Code: 00705

**SECTION II: REMARKS**


The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.

Department of Veterans Affairs  
Evidence Intake Center  
P.O. Box 4444  
Janesville WI 53547-4444

Cent - 19 - 5969

Please reply to Court Orders

Since 2019.

  
U.S. COURT OF APPEALS  
For Veterans Claims  
625 Indiana Ave. NW-Suite 900  
Washington DC 20004-2950

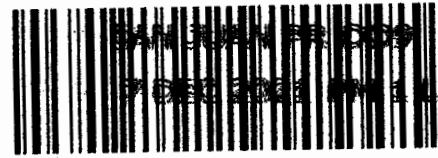
12-7-2021



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Victor Aviles  
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Aibonito, PR 00705



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For Veterans Claims  
615 Indiana Ave. NW-Suite 900  
Washington DC 20004-2950

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