

---

**IN THE UNITED STATES COURT OF APPEALS  
FOR VETERANS CLAIMS**

---

No. 23-2587

---

GERALD A. LECHLITER,

*Petitioner,*

v.

DENIS MCDONOUGH,  
Secretary of Veterans Affairs,

*Respondent.*

---

**TABLE OF CONTENTS TO AS FILED PDF OF PETITIONER'S  
AMENDED SOLZE NOTICE**

---

<b><u>EXHIBIT #</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>PAGINATION</u></b>
Exhibit A	Confirmation page of Claim Submission for 2/3/2024	Found at PDF pages 2-3
Exhibit B	Petitioner's Appointment of Individual as Claimant's Representative	Found at PDF pages 4-6

# EXHIBIT A

[Home \(https://www.va.gov/\)](https://www.va.gov/) > [Disability Benefits \(https://www.va.gov/disability\)](https://www.va.gov/disability/) >

[File for disability compensation \(https://www.va.gov/disability/file-disability-claim-form-21-526ez\)](https://www.va.gov/disability/file-disability-claim-form-21-526ez)



## Disability Compensation Claim

✓ **Your claim has successfully been submitted.**

**We'll send you an email to confirm that we received your claim.**

### **Disability Compensation Claim (Form 21-526EZ)**

For GERALD A LECHLITER

#### **Date submitted**

February 3, 2024

#### **Conditions claimed**

- Atrial Fibrillation (A-Fib)

#### **Claim ID number**

105011545

### **How long will it take VA to make a decision on my claim?**

We process applications in the order we receive them. The amount of time it takes us to review your claim depends on:

- The type of claim you filed
- How many injuries or conditions you claimed and how complex they are
- How long it takes us to collect the evidence needed to decide your claim We may contact you if we have questions or need more information

### **How can I check the status of my claim?**

# EXHIBIT B



Department of Veterans Affairs

**VA DATE STAMP**  
 (DO NOT WRITE IN THIS SPACE)

**APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE**

**IMPORTANT** Please read the Privacy Act and Respondent Burden on Page 2 before completing the form.

**NOTE:** If you prefer to have a veterans service organization assist you with your claim instead of an individual please complete VA Form 21-22 Appointment of Veterans Service Organization as Claimant's Representative. See Page 3 on how to submit completed form. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms)

**NOTE:** You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)  
 G E R A L D A L E C H L I T E R

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) [REDACTED] 3. VA FILE NUMBER (if applicable) [REDACTED] 4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)  
 01 - 15 - 1943

5. VETERAN'S SERVICE NUMBER (if applicable) [REDACTED] 6. BRANCH OF SERVICE  
 ARMY  AIR FORCE  MARINE CORPS  OTHER (specify)  
 NAVY  SPACE FORCE  COAST GUARD

7. VETERAN'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP code)  
 No. & Street: 44 HARBORVIEW RD  
 Apt./Unit Number: [REDACTED] City: LEWES  
 State/Province: DE Country: US ZIP Code/Postal Code: 19558 - 1244

8. VETERAN'S TELEPHONE NUMBER (include Area code) [REDACTED] 9. VETERAN'S EMAIL ADDRESS (Optional) [REDACTED]

10. CLAIMANT'S NAME (First, Middle Initial, Last)  
 [REDACTED]

11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP code)  
 No. & Street: [REDACTED]  
 Apt./Unit Number: [REDACTED] City: [REDACTED]  
 State/Province: [REDACTED] Country: [REDACTED] ZIP Code/Postal Code: [REDACTED]

12. CLAIMANT'S TELEPHONE NUMBER (include Area code) [REDACTED] 13. CLAIMANT'S EMAIL ADDRESS (Optional) [REDACTED] 14. RELATIONSHIP TO VETERAN [REDACTED]

**NOTE:** By appointing the attorney or agent below, I give permission for other attorneys, agents and support staff within the same law firm/organization to have access to my file, to include information under Section 732, Title 38, U.S.C. on behalf of my representative.  
 \*Section 732, Title 38, U.S.C. pertains to records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV) or sickle cell anemia.

15A. NAME OF INDIVIDUAL APPOINTED AS REPRESENTATIVE  
 G E R A L D A L E C H L I T E R

15B. INDIVIDUAL IS (check appropriate box)  
 ATTORNEY  AGENT  INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 \*See required statement below. Signatures are required on items 15A and 17A.  SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

**\*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630**  
 (Skip to Item 18 if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 15B.)

The appointment of the individual named in Item 15A (the representative) authorizes that person to represent the individual named in Item 1 or 10 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the veteran claimant, attest that no compensation will be charged by or paid to the individual named in Item 15A.

16A. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 15A  
 Gerald A Lechliter

16B. DATE OF SIGNATURE (MM/DD/YYYY)  
 10/12/2023

17A. SIGNATURE OF INDIVIDUAL NAMED IN ITEM 1 OR 10 [REDACTED]

17B. DATE OF SIGNATURE (MM/DD/YYYY) [REDACTED]

18. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (Number and street or rural route, city or P.O., State and ZIP code)  
 44 Harborview Rd, Lewes, DE 19558-1244

VETERAN'S SOCIAL SECURITY NO. **149-30-5596**

**19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. -**

Unless I check the box below, I do not authorize VA to disclose to the individual named in Item 15A any records that may be in my life relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the individual named in Item 15A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA, or (2) I revoke the appointment of the individual named in Item 15A, either by explicit revocation or the appointment of another representative.

**20. LIMITATION OF CONSENT.** My consent in Item 19 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

**21. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS -**

Unless I check the box below, I do not authorize the individual named in Item 15A to act on my behalf to change my address in my VA records.

I authorize the individual named in Item 15A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 15A, either by explicit revocation or the appointment of another representative.

**CONDITIONS OF APPOINTMENT**

I, the person named in Item 1 or 10, hereby appoint the individual named in Item 15A as my representative to prepare, present, and prosecute my claims for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. If the individual named in Item 15A is an accredited agent or attorney, the scope of representation provided before VA may be limited by the agent or attorney as indicated below in Item 23. If the individual indicated in Item 15A is providing representation under 14.630, such representation is limited to a particular claim only. I authorize VA to release any and all of my records (other than as provided in Items 19 and 20) to that individual appointed as my representative, and if the individual in Item 15A is an accredited agent or attorney, this authorization includes the following individually named administrative employees of my representative:

Signed and accepted subject to the foregoing conditions.

22A SIGNATURE OF CLAIMANT (Do Not Print)

*Israel C. Leithe*

22B DATE OF SIGNATURE (MM/DD/YYYY)

10/12/2023

**23. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney.)

24A SIGNATURE OF REPRESENTATIVE

*Israel C. Leithe*

24B DATE OF SIGNATURE (MM/DD/YYYY)

10/12/2023

**FEES:** Section 5904, Title 38, United States Code, contains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

**PRIVACY ACT NOTICE:** 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. However, failure to respond provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332). Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. A valid OMB control number can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.