## **EXHIBITS**

## Exhibit 1

	А	В	С	D	E	F	G
			Correctly		Mismailed		
			addressed	Mismailed	Document	Compare	
1	Client	Attorney	2122a Date	<b>Document Date</b>	Sent to	page	with page
2	Donnie Bishop	Meghan Gentile	9/7/2018	6/16/2020	Indiana	1	2
3	Tarek Chaudhary	Harold Hoffman	10/31/2018	10/9/2019	Indiana	5	6
4	Thomas Crump	Evan Snipes	1/15/2019	5/21/2020	Alaska	8	11
5	Robert Fairchihld	Harold Hoffman	10/31/20218	1/21/2020	Indiana	13	14
6	Robert Green	Harold Hoffman	9/17/2018	1/13/2020	Indiana	17	18
7	Carroll Ham	Evan Snipes	8/14/2018	4/10/2020	Alaska	20	22
8	Gerald Henley	Harold Hoffman	9/10/2018	12/31/2019	Indiana	23	26
9	Linda Johnnson	Harold Hoffman	11/28/2018	12/17/2019	Indiana	28	30
10	James Mason	Meghan Gentile	9/11/2018	2/20/2020	Indiana	33	34
11	Lawrence McBride	Meghan Gentile	9/7/2018	9/27/2019	Indiana	36	39
12	Jesse Patino	Evan Snipes	6/18/2019	3/30/2020	Alaska	41	42
13	Robert Rogstad	Evan Snipes	9/10/2018	1/7/2020	Alaska	44	46
14	Douglas Smyly	Meghan Gentile	9/7/2018	4/21/2021	Indiana	48	50
15	Daniel Thomas	Meghan Gentile	9/5/2018	12/30/2019	Indiana	52	55
16	John Williams	Meghan Gentile	9/11/2018	12/7/2020	Indiana	56	59
17	Larry Williams	Harold Hoffman	10/6/2018	3/18/2019	Indiana	61	62
18	David Wilson	Evan Snipes	9/10/2018	5/26/2020	Alaska	65	67

#### DEPARTMENT OF VETERANS AFFAIRS



June 16, 2020

MEGHAN K GENTILE MEGHAN K GENTILE VETERANS LEGAL ADVOCACY GROUP PO BOX 501041 INDIANAPOLIS, IN 46250 In reply, refer to: 350/LDJ File Number: DONNIE BISHOP

To Whom It May Concern:

Please disregard the letter sent to you on April 20, 2020. That letter contained erroneous information.

#### Summary of the Case

You and your client properly filed a valid direct-pay fee agreement with the Department of Veterans Affairs (VA), requesting direct payment of of the award of past-due benefits for fees.

In a Rating Decision dated January 23, 2020, benefits were awarded and all or part of the retroactive payment was withheld because of your receipt of military retired pay. Based on the information in your military retired pay files and VA records, you are entitled to a gross retroactive Concurrent Receipt of Retired and Disability Pay (CRDP) compensation payment of \$57,972.88 minus any withholdings, such as for potential payment of attorney fees. This payment covers the period October 1, 2011 through January 30, 2020. The amount of past-due benefits, which is computed from the effective date of the award through the date of the decision, is \$57,836.07. The amount withheld for fees is \$11,567.21, which is 20% of past due benefits.

#### Requirements for Direct Payment of Fees

On or after February 19, 2019, agents or attorneys may generally charge for representation provided to claimants or appellants pursuing certain reviews of decisions by agencies of original jurisdiction. These reviews may include supplemental claims, higher-level reviews, notices of disagreement (NODs), or clear and unmistakable errors. For the provisions relating to the payment of fees, see 38 U.S.C. 5904 and 38 CFR 14.636.

Before February 19, 2019 fees were only payable for representation after a notice of NOD was filed with respect to a decision.

For NODs filed on or before June 19, 2007, agents and attorneys could charge only for services provided after both of the following additional conditions have been met:

OMB Control No. 2900-0321 Respondent Burden: 5 Minutes Expiration Date: 08/31/2018

1. VA FILE NO(S) (Include profix) Department of Veterans Affairs APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative." PRIVACY ACT NOTICE: VA will not disclose information collected on this form to say source other than what has been wotherized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routing uses, (i.e., givil or criminal law enforcement, congressional communications, epidemin logical 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 states, and personal edinary ration) as identified in the VA system of records, 58VA21/22/28, Computation, Persoon, Education, and Vocational Rehabilitation and Employment Records-VA, published in the Federal Register. Your obligation to respond is voluntary. However, failure to respond provide the represend 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 probibited from redisclosing records. The responses you subtalt are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other specifies. RESPONDENT BURDEN: We used this information to recognize the individuals appointed by claimants to see on their behalf in the preparation, presculation, and presecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accopt appointment. We will also use the information to verify consent for disclosure of VA reserves to the appointment. representatives (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 make the instructions, find the information, and complete this form. VA corporate conduct or spource a collection of information valess a valid OMB countel number is displayed. You are not required to respond to a collection of information if this number is not displayed. A Valid OMB countel number can be located on the OMB Intersect Pages at separateging governable of the PRAMein. If desired, you can call 1-800-827-1800 to get information on where to condocute or elegacitions about this form. 2. NAME OF CLAMANT (Veteran, guardian, beneficiary, dependent, or next of lith) 3. Annotice of a himant (No multiplication of more risk of P. O. State and 21P S. SERVICE NUMBERS MARINE CORPS AIR FORCE COAST GUARD OTHER (Specify 7A. NAME OF INDIVIDUAL APPOINTED AS CLAMANT'S REPRESENTATIVE -11, Meghan Gentile 7B. INDIVIOUAL IS (check appropriate bax) ATTORNEY AGENT INDMOUAL PROVIDING REPRESENTATION UNDER SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below) (Specify organization below) (\*See regulared statement below. Signatures are required in Lems 7C and 7D) \*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14,630 (Stop to flem 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B) The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged on paid for the individual named in Item 7A.

STABLES OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206

AUG 2015 21-22a

SUPERSEDES VA FORM 21-22a, JUN 2009. WHICH WILL NOT BE USED.

Y Lauthorize the MA English		TION 7332, TITLE 38, U.S.C. cords that may be in my file relating to treatment for drug anemia.
✓ I authorize the VA facility having custody of my VA claim alcoholism or alcohol abuse, infection with the human into other than to VA or the Court of Appeals for Veterans Clai the earlier of the following events: (1) I revoke this authoric in Item 7A, either by explicit revocation or the appointment	nant records to disclose to the individual nar numodeficiency virus (HiV), or sickle cell a irus, is not authorized without my further wi ization by filing a written revocation with V. of another representative	ned in Item 7A all treatment records relating to drug abu memia, Redisclosure of these records by my representati fitten consent. This authorization will remain in effect un A; or (2) I revoke the appointment of the individual nam
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<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the of with the human immunodeficiency virus (HIV), or sickle cell at</li> </ol>	disclosure of records relating to treatment to	drug abuse, alcoholism or alcohol abuse infection
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1. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON		
1. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON Unless I check the box below, I do not authorize the individual remarks to t	OLAIMANT'S BEHALF TO CHANGE ( Dained in Item 7A to set on my behalf to she	CLAIMANT'S ADDRESS
I authorize the individual named in Item 7A to act on my behawith out my further written consent. This authorization will written revocation with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or with VA nr (2) I would be a second or wit	alf to change my address in 144	age my address in my VA records.
with out my further written consent. This authorization will written revocation with VA; or (2) I revoke the appoint of another representative	remain in effect until the earlier of the fol	This authorization does not extend to any other individual lowing events: (1) I revoke this authorization in Silver
written revocation with VA; or (2) I revoke the appoint of another representative.	ment of the individual named in Item	7A, either by explicit revocation or the appointme
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the eleitment and the CONE	DITIONS OF APPOINTMENT	
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on the Department of Veterans Affairs (VA) based on the service of a scope of representation provided before VA may be limited by the security that it is not seen that the service of the security of the sec	e agent or attorney as indicated below in Iter	I 15. If the individual indicate the agent or attorney,
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#### **DEPARTMENT OF VETERANS AFFAIRS**



In reply, refer to:
314/Appeals
File Number:
TAREK CHAUDHARY

#### Dear TAREK CHAUDHARY:

You have filed a Notice of Disagreement with our action. This is the first step in appealing to the Board of Veterans' Appeals (BVA). This letter and enclosures contain very important information concerning your appeal.

#### Statement of the Case

We have enclosed a Statement of the Case, a summary of the law and evidence concerning your claim. This summary will help you to make the best argument to the BVA on why you think our decision should be changed.

#### What You Need To Do

To complete your appeal, you must file a formal appeal. We have enclosed VA Form 9, Appeal to the Board of Veterans' Appeals, which you may use to complete your appeal. We will gladly explain the form if you have questions. Your appeal should address:

- the benefit you want
- the facts in the Statement of the Case with which you disagree; and
- the errors that you believe we made in applying the law.

#### When You Need To Do It

You must file your appeal with this office within 60 days from the date of this letter or within the remainder, if any, of the one-year period from the date of the letter notifying you of the action that you have appealed. If we do not hear from you within this period, we will close your case. If you need more time to file your appeal, you should request more time before the time limit for filing your appeal expires. See item 5 of the instructions in VA Form 9, Appeal to Board of Veterans' Appeals.

#### **Hearings**

0,000 0Z 24/44/-001-0/368915Z-000004Z-0001873 I=000000



If you	Here is what to do.	
	address listed on the attached Where to Send Your Written Correspondence chart, below.	

In all cases, be sure to refer to your VA file number

If you are looking for general information about benefits and eligibility, you should visit our web site at <a href="https://www.va.gov">https://www.va.gov</a> or search the Frequently Asked Questions (FAQs) at <a href="https://iris.custhelp.com/">https://iris.custhelp.com/</a>.

We sent a copy of this letter to VETERANS LEGAL ADVOCACY GROUP because you appointed them as your representative. If you have questions or need assistance, you can also contact them.

Thank you for your service,

**RO** Director

#### **Regional Office Director**

Enclosure(s): VA Form 20-0995

VA Form 20-0996 VA Form 20-0998

Where to Send Written Correspondence

VA Form 9

cc: VETERANS LEGAL ADVOCACY GROUP

PO BOX 501041 Indianapolis, IN 46250



OMB Control No. 2900-0321 Respondent Burden 5 Minutes Expiration Date: 08/31/2018

🔀 Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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, frigation 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 adventurement) as identified in the VA system of records, 58VA21/22/28. Compensation, Pension, Education, and Vocational Rehabilitation 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 disclosuble records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosung records. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer autobing programs with other agencies

VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointuing representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows as to ask	sted by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for ment. We will also use the information to verify conserve for disclosure of VA records to the appoint for this information. We estimate that claimants and individuals appointed for purposes of aformation, and complete this form. VA cannot conduct or sponsor a collection of information unless
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the individual named in Item 7A.	stepresentative and the chaimant, attest that no compensation will be charged of paid to
	-
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE	(No. and street or rural route, city or P.O., State, and ZIP code)
Veterans Legal Advocacy Group	
2776 S. Arlington Mill Drive	
Suite 804	
Arlington, VA 22206	

VA FORM AUG 2015 21-22a

UPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

AUTHORIZATION FOR REPRESEN Unless I check the box below, I do not all abuse, akcoholism or alcohol abuse, infer	uthorize VA to disclose to the individu	al named in Item 7A any records	that may be in my file relating to treatment for drug
atcoholism or alcohol abuse, infection other than to VA or the Court of Ap the earlier of the following events: (	on with the human transunodeficiency peals for Veterans Claims, is not autho	virus (HiV), or sickle cell anema prized without my further writter a written revocation with VA; o	in Item 7A all treatment records relating to drug abuse, a. Redisclosure of these records by my representative, a consent. This authorization will remain in effect until r (2) I revoke the appointment of the individual named
10. Limitation of Consent. My co with the human immunodeficiency viru			ig abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESE Unless I check the box below, I do not a	***************************************		
with out my further written consent.	This authorization will remain in eff	ect until the earlier of the follow	ns authorization does not extend to any other individual wing events: (1) I revoke this authorization by filing a A, either by explicit revocation or the appointment
	CONDITIONS (	OF APPOINTMENT	
from the Department of Veterans Affairs (V the scope of representation provided before representation under 14.630, such represent	A) based on the service of the veteran VA may be limited by the agent or atta ation is limited to a particular claim on representative, and if the individual in	named in Item 4. If the individual corney as indicated below in Item dy. I authorize VA to release any	resent, and prosecute my claims for any and all benefits at named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items or attorney, this authorization includes the following
Signed and accepted subject to the foregoing	g conditions.		
12. SIGNATURE OF CLAIMAN		13. DATE OF SIGNATURE	14. CLAMANT'S RELATIONSHIP TO VETERAN
	2	(0.54 18	(If other than the veteran)
previously existing powers of allorney)  18. SIGNATULE OF REPRESE YTATIVE	I Code, contains provisions regurding	fees that may be charged, allowe	DATE OF SIGNATURE  10/31/18  d, or paid for services of agents or artomeys in intered by the Department.
VA F9IIII 21-218, AUG 2015			

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#### **Department of Veterans Affairs**

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 eminial 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 Vocational Rehabilitation 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. 570 l(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 any region of post-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.

and the same	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP
	Code)
Thomas G. Cramp	
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS
Crump Thomas Gary	
6. BRANCH OF SERVICE	
ARMY NAVY AIR FORCE MARINE CORPS	COAST GUARD OTHER (Specifix)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE	
Evan Snipes	
7B. INDIVIDUAL IS (check appropriate box)	
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UN	
SECTION 14.630 (*See required statement below. Signatures are	(Specify organization below)
required in Items 7C and 7D)	
The appointment of the individual named in Item 7A (the representative) authorize pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the rep the individual named in Item 7A.	
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8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (N Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804	

VA FORM AUG 2015 21-22a SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

(Continued on Reverse)

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS Unless I check the box below, I do not authorize VA to disclose abuse, alcoholism or alcohol abuse, infection with the human in		
I authorize the VA facility having custody of my VA claim alcoholism or alcohol abuse, infection with the human immother than to VA or the Court of Appeals for Veterans Clai the earlier of the following events: (1) I revoke this authori in Item 7A, either by explicit revocation or the appointment	mant records to disclose to the individual named munodeficiency virus (HIV), or sickle cell anemains, is not authorized without my further writte	in Item 7A all treatment records relating to drug abuse nia. Redisclosure of these records by my representative
LIMITATION OF CONSENT. My consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle cell.	disclosure of records relating to treatment for dr anemia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT Of Unless I check the box below, I do not authorize the individual    I authorize the individual named in Item 7A to act on my bel with out my further written consent. This authorization will written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the appointment of the individual written revocation with VA; or (2) I revoke the individual written revocation with VA; or (2) I revoke the individual written revocation written revocation written revocation with VA; or (2) I revoke the individual written revocation writt	chalf to change my address in my VA records. The	ge my address in my VA records.  his authorization does not extend to any other individual
of another representative,	manett of the findividual named in tem //	A, either by explicit revocation or the appointment
I, the claimant named in Item 2, hereby appoint the individual name from the Department of Veterans Affairs (VA) based on the service the scope of representation provided before VA may be limited by trepresentation under 14.630, such representation is limited to a part 9 and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:  Signed and accepted subject to the foregoing conditions.	the agent or attorney as indicated below in Item ticular claim only. I authorize VA to release any	at named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	THE STANDARD DELATION OF TO VETERAN
Thinks July	1/15/19	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
16. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE 1/15/19
FEES: Section 5904, Title 38, United States Code, contains provision connection with a proceeding before the Department of Veterans Affi	ons regarding fees that may be charged, allowed fairs with respect to benefits under laws adminis	, or paid for services of agents or attorneys in tered by the Department.



2020-05-29 14:28

#### DEPARTMENT OF VETERANS AFFAIRS

May 21, 2020

THOMAS CRUMP

In reply, refer to: 318/JRA File Number: THOMAS CRUMP

Dear Mr. CRUMP:

#### **Summary of the Case**

You and your appointed attorney or agent properly filed a valid direct-pay fee agreement with the Department of Veterans Affairs (VA), requesting direct payment of 20% of your award of past-due benefits to the attorney/agent.

In a Rating Decision dated April 21, 2020, benefits were awarded for the following issue(s):

Service connection for right total knee replacement is granted with an evaluation of 10 percent effective September 3, 2009. An evaluation of 100 percent is assigned effective November 6,2012 based on surgical or other treatment necessitating convalescence. (38 CFR 3.401, 38 CFR4.30) An evaluation of 30 percent is assigned from January 1, 2014.

The amount of past-due benefits, which is computed from the effective date of the award through the date of the decision, is \$82,780.44. The amount withheld for fees is \$16,556.09, which is 20% of past due benefits.

#### **Requirements for Direct Payment of Fees**

On or after February 19, 2019, agents or attorneys may generally charge for representation provided to claimants or appellants pursuing certain reviews of decisions by agencies of original jurisdiction. These reviews may include supplemental claims, higher-level reviews, notices of disagreement (NODs), or clear and unmistakable errors. For the provisions relating to the payment of fees, see 38 U.S.C. 5904 and 38 CFR 14.636.

Before February 19, 2019, fees were only payable for representation after an NOD was filed with respect to a decision.

For NODs filed on or before June 19, 2007, agents and attorneys could charge only for services provided after both of the following additional conditions have been met:

4

File Number; CRUMP, THOMAS

CC:

EVAN T SNIPES

PO BOX 143558

ANCHORAGE, AK 99514

January 21, 2020 ROBERT FLYNT FAIRCHILD

#### We made a decision on your notice of disagreement received on November 16, 2018.

;

Dear Robert Fairchild:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

#### Your Benefit Information:

- · Evaluation of migraine headaches, which is currently 10 percent disabling, is restored back to 50 percent disabling effective January 1, 2019.
- Evaluation of residuals of traumatic brain injury (TBI), which is currently 10 percent disabling, is restored back to 40 percent disabling effective January 1, 2019.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
10%	Apr 29, 2006
60%	Feb 11, 2008
90%	Mar 26, 2012
80%	Nov 1, 2017
80%	Jan 1, 2019

#### How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined



#### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision

#### Contact information:

Web: www.vets.gov Phone: 1-800-827-1000

TDD: 711

To send questions online: visit https://iris.custhelp.com/

#### Social Media:

Twitter: @VAVetBenefits Facebook: www.facebook.com/ **VeteransBenefits** 

#### Your representative:

You appointed HAROLD H HOFFMAN-LOGSDON III as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press 1.



Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, Decision Review Request: Supplemental Claim
Higher-Level Review	VA Form 20-0996, Decision Review Request: Higher-Level Review
Appeal to the Board of Veterans' Appeals	VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)

**Please note:** You <u>may not</u> request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Rights To Seek Further Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting <a href="https://www.va.gov/vaforms/">www.va.gov/vaforms/</a> or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit <u>www.va.gov/decision-reviews</u> to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting <a href="https://www.va.gov">www.va.gov</a>.

Thank you for your service,

#### **Regional Office Director**

cc:

HAROLD H HOFFMAN-LOGSDON III Veterans Legal Advocacy Group PO Box 501041 Indianapolis IN 46250



OMB Control No. 2900-0321 Respondent Burden: 5 Minutes Expiration Date: 08/31/2018

#### Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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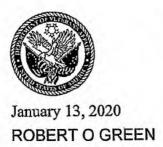
Federal Register. Your obligation to respond is voluntary. Hidentification of disclosable records. Except for information in	or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the lowever, failure to respond provide the requested information could impede the recognition of your representative and/or protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are tited is subject to verification through computer matching programs with other agencies.
RESPONDENT BURDEN: We need this information to reco VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those in representative (38 U.S.C. 5701(b) and 7332) Title 38, United S representation will each need an average of 5 minutes to review valid OMB control number is displayed. You are not required Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If des	ognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for addividuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of with the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB sired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.
Robert F. Fairchi	
ARMY NAVY AIR FORCE	MARINE CORPS COAST GUARD OTHER (Specify
SECTION 14.630	SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
(Skip to Item 8, if the box for "Inc The appointment of the individual named in Item 7A (i	ALS PROVIDING REPRESENTATION UNDER SECTION 14.630 dividual Providing Representation Under Section 14.630" was not checked in Item 7B) the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim ignatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206	IT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)
VA FORM	SUPERSEDES VA FORM 21-22a JUIN 2009 (Continued on Reverse)

AUG 2015 21-22a

WHICH WILL NOT BE USED.

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECUITION TO BE Unless I check the box below, I do not authorize VA to disclose to the indiabuse, alcoholism or alcohol abuse, infection with the human immunodefit	lividual named in Item 7A any records	that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claimant record alcoholism or alcohol abuse, infection with the human immunodeficity other than to VA or the Court of Appeals for Veterans Claims, is not the earlier of the following events: (1) I revoke this authorization by the in Item 7A, either by explicit revocation or the appointment of another	ency virus (HIV), or sickle cell anem authorized without my further writter filing a written revocation with VA; or	ia. Redisclosure of these records by my representative, a consent. This authorization will remain in effect until
10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure with the human immunodeficiency virus (HIV), or sickle cell anemia is	of records relating to treatment for dri limited as follows:	ag abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIM  Unless I check the box below, I do not authorize the individual named in  I authorize the individual named in Item 7A to act on my behalf to cha with out my further written consent. This authorization will remain written revocation with VA; or (2) I revoke the appointment or	Item 7A to act on my behalf to chang ange my address in my VA records. The in effect until the earlier of the follow	e my address in my VA records.  nis authorization does not extend to any other individual wing events: (1) I revoke this authorization by filing a
of another representative.	of the individual named in Item 72	A, either by explicit revocation or the appointmen
I, the claimant named in Item 2, hereby appoint the individual named in Item from the Department of Veterans Affairs (VA) based on the service of the vethe scope of representation provided before VA may be limited by the agent of representation under 14.630, such representation is limited to a particular claimage of and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:  Signed and accepted subject to the foregoing conditions.	eteran named in Item 4. If the individual or attorney as indicated below in Item im only. I authorize VA to release any	al named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNE previously existing powers of attorney)	EYS ONLY (Unless limited by an age	ent or attorney, this power of attorney revokes all
16. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE
John Collins	919	10/31/18
FEES: Section 5004, Title 38, United States Code, contains provisions regar connection with a proceeding before the Department of Veterans Affairs with	ding fees that may be charged, allowe respect to benefits under laws admini	d, or paid for services of agents or attorneys in stered by the Department.

#### **DEPARTMENT OF VETERANS AFFAIRS**



In reply, refer to: 322/APP File Number: ROBERT GREEN

#### Dear ROBERT GREEN:

Enclosed is a "Supplemental Statement of the Case" (SSOC). It is not a decision on any new issues, but is intended to inform you of any material changes in, or additions to, the information contained in the "Statement of the Case" (SOC) that we previously sent to you. The following information will help you decide how to respond. We encourage you to discuss this with your representative, if you have one.

Your appeal was sent back to us by the Board of Veterans' Appeals (the Board) for further development, which has been completed. Before returning your appeal to the Board, we are giving you a period of time to respond with additional comments or evidence. Please note that a response at this time is optional and is not required to continue your appeal.

- If you wish to respond, you have 30 days from the date of this letter to respond. There is no special form to use. You can simply write to us and tell us in your own words what you disagree with in this SSOC and why.
- If you do not wish to respond, and you do not want us to wait for the 30 days to expire, you can write to us and let us know that. If you do not respond, the Board will consider what you have already submitted in deciding your appeal.

We hope that the above information is helpful.

#### If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.



Tf you	Here is what to do.	
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.custhelp.com/">https://iris.custhelp.com/</a> .	
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.	

In all cases, be sure to refer to your VA file number

If you are looking for general information about benefits and eligibility, you should visit our web site at <a href="https://www.va.gov">https://www.va.gov</a> or search the Frequently Asked Questions (FAQs) at <a href="https://iris.custhelp.com/">https://iris.custhelp.com/</a>.

We sent a copy of this letter to HAROLD H HOFFMAN-LOGSDON III because you appointed them as your representative. If you have questions or need assistance, you can also contact them.

Thank you for your service,

#### RO DIRECTOR

#### **Regional Office Director**

Enclosure(s): VA Form 20-0998

Where to Send Written Correspondence

VA Modernized Decision Review System SOC/SSOC Opt-In Fact Sheet

HAROLD H HOFFMAN-LOGSDON III

Veterans Legal Advocacy Group PO Box 501041

Indianapolis, IN 46250

On August 23, 2017, the President signed into law the Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act), creating a modernized review system for claims and appeals. The modernized



OMB Control No. 2900-0321 Respondent Burden: 5 Minutes Expiration Date: 08/31/2018

Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 Vocational Rehabilitation 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	this information. We estimate that claimants and individuals appointed for purposes of nation, and complete this form. VA cannot conduct or sponsor a collection of information unless a mattion if this number is not displayed. A Valid OMB control number can be located on the OMB
	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN GREEN ROBERT OLEN	5. SERVICE NUMBERS
	COAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE  Harold H. Hoffman	231,
7B. INDIVIDUAL IS (check appropriate box)	
X ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UN SECTION 14.630 (*See required statement below. Signatures are required in Items 7C and 7D)	SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
	SENTATION UNDER SECTION 14.630 entation Under Section 14.630" was not checked in Item 7B)
The appointment of the individual named in Item 7A (the representative) authorized pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the repute individual named in Item 7A.	es the individual to represent the claimant named in Item 2 for a particular claim resentative and the claimant, attest that no compensation will be charged or paid for
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No.	o, and street or rural route, city or P.O., State, and ZIP code)
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804	
Arlington, VA 22206	

AUG 2015 21-22a

SUPERSEDES VA FORM 21-22a, JUN 2009.

(Continued on Reverse)

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO Unless I check the box below, I do not authorize VA to disclose to t abuse, alcoholism or alcohol abuse, infection with the human immunity.	the individual named in Item 7A any record	s that may be in my file relating to treatment for days
I authorize the VA facility having custody of my VA claimant ralcoholism or alcohol abuse, infection with the human immuno other than to VA or the Court of Appeals for Veterans Claims, the earlier of the following events: (1) I revoke this authorization in Item 7A, either by explicit revocation or the appointment of an	is not authorized without my further written on by filing a written revocation with VA:	ia. Redisclosure of these records by my representative
10. LIMITATION OF CONSENT. My consent in Item 9 for the disclusion with the human immunodeficiency virus (HIV), or sickle cell anem	osure of records relating to treatment for drainia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON C	LAIMANT'S BEHALF TO CHANGE CL	AIMANT'S ADDRESS
Unless I check the box below, I do not authorize the individual name  I authorize the individual named in Item 7A to act on my behalf to with out my further written consent. This authorization will rer written revocation with VA; or (2) I revoke the appointment of another representative.	to change my address in my VA records. The	his authorization does not extend to any other individual
CONDI	TIONS OF APPOINTMENT	
from the Department of Veterans Affairs (VA) based on the service of the scope of representation provided before VA may be limited by the a epresentation under 14.630, such representation is limited to a particula of and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:	gent or attorney as indicated below in Item ar claim only. I authorize VA to release any	15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
2. SIGNATURE OF CLAIMANT	12 DATE OF COMATURE	Les comments are relevant
Robit O Dreen	9-10-2018	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
5. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTO previously existing powers of attorney)	DRNEYS ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
/ / / /		
S. SIGNATURE OF REPRESENTATIVE	and	17. DATE OF SIGNATURE 9/17/18
EES: Section 5904, Title 38, United States Code, contains provisions runnection with a proceeding before the Department of Veterans Affairs	regarding fees that may be charged, allowed with respect to benefits under laws adminis	l, or paid for services of agents or attorneys in tered by the Department.

#### Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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, 58 VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN  5. SERVICE NUMBERS  6. BRANCH OF SERVICE  6. BRANCH OF SERVICE
ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE Evan Snipes
7B. INDIVIDUAL IS (check appropriate box)
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)  (Specify organization below)
"INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630  (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)
The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.

8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive

Suite 804

Arlington, VA 22206

(Continued on Reverse)

AUTHORIZATION FOR REPRESENTATIVE'S ACCESS     Unless I check the box below, I do not authorize VA to discloss abuse, alcoholism or alcohol abuse, infection with the human in	S TO RECORDS PROTECTED BY SECTIOn to the individual named in Item 7A any record record record for the section of the section o	N 7332, TITLE 38, U.S.C. s that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claim alcoholism or alcohol abuse, infection with the human immother than to VA or the Court of Appeals for Veterans Claithe earlier of the following events: (1) I revoke this authori in Item 7A, either by explicit revocation or the appointment	mant records to disclose to the individual named munodeficiency virus (HIV), or sickle cell anem sims, is not authorized without my further writte	in Item 7A all treatment records relating to drug abusia. Redisclosure of these records by my representative
10. LIMITATION OF CONSENT. My consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle cell	disclosure of records relating to treatment for dr	ug abuse, alcoholism or alcohol abuse, infection
	alema is mineta as ionows.	
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT Of Unless I check the box below I do not authorize the individual	ON CLAIMANT'S BEHALF TO CHANGE CL	AIMANT'S ADDRESS
Unless I check the box below, I do not authorize the individual  I authorize the individual named in Item 7A to act on my bel with out my further written consent. This authorization will written revocation with VA; or (2) I revoke the appoint of another representative.	half to change my address in my VA records. The	e my address in my VA records.  his authorization does not extend to any other individue
CON	NDITIONS OF APPOINTMENT	
I, the claimant named in Item 2, hereby appoint the individual name from the Department of Veterans Affairs (VA) based on the service the scope of representation provided before VA may be limited by t representation under 14.630, such representation is limited to a part 9 and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:  Signed and accepted subject to the foregoing conditions.	the agent or attorney as indicated below in Item ticular claim only. I authorize VA to release any	in named in Item 7A is an accredited agent or attorney,  15. If the individual indicated in Item 7A is providing
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
carroll D. Ham	31 July 18	
<ol> <li>LIMITATIONS ON REPRESENTATION - AGENTS OR A previously existing powers of attorney)</li> </ol>	TTORNEYS ONLY (Unless limited by an ager	nt or attorney, this power of attorney revokes all
	*	
6. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE
Side		08/14/2018
EES: Section 5904, Title 38, United States Code, contains provision onnection with a proceeding before the Department of Veterans Affi	ons regarding fees that may be charged, allowed, fairs with respect to benefits under laws administ	
onnection with a proceeding before the Department of Veterans Affi A Form 21-22a, AUG 2015	ons regarding tees that may be charged, allowed, fairs with respect to benefits under laws administ	or paid for services of agents or attorneys in tered by the Department.

VA Form 21-22a, AUG 2015

# 1.560 oz 509941-001-0/3672010 0000530 0008205 (=000000

#### DEPARTMENT OF VETERANS AFFAIRS



April 10, 2020

EVAN T SNIPES PO BOX 143558 ANCHORAGE, AK 99514

In reply, refer to: 335/APPEALS File Number: CARROLL HAM

To Whom It May Concern:

#### **Summary of the Case**

You and your client properly filed a valid direct-pay fee agreement with the Department of Veterans Affairs (VA), requesting direct payment of 20% of the award of past-due benefits for fees.

In a Rating Decision dated March 27, 2020, benefits were awarded for the following issue(s): Service connection for diabetes mellitus type II associated with herbicide exposure is granted with a 20 percent evaluation effective August 12, 2004. The amount of past-due benefits, which is computed from the effective date of the award through the date of the decision, is \$32,791.05. The amount withheld for fees is \$6,558.21, which is 20% of past due benefits.

#### Requirements for Direct Payment of Fees

On or after February 19, 2019, agents or attorneys may generally charge for representation provided to claimants or appellants pursuing certain reviews of decisions by agencies of original jurisdiction. These reviews may include supplemental claims, higher-level reviews, notices of disagreement (NODs), or clear and unmistakable errors. For the provisions relating to the payment of fees, see 38 U.S.C. 5904 and 38 CFR 14.636.

Before February 19, 2019 fees were only payable for representation after a notice of NOD was filed with respect to a decision.

For NODs filed on or before June 19, 2007, agents and attorneys could charge only for services provided after both of the following additional conditions have been met:

- The Board of Veterans' Appeals (BVA) promulgated a final decision, and
- The attorney or agent was retained not later than one year following the date of that BVA
  decision. This condition will be met with respect to all successor attorneys or agents acting
  in the continuous prosecution of the same matter if the predecessor was hired within the

OMB Control No. 2900-0321 Respondent Burden: 5 Minutes Expiration Date: 08/31/2018

#### 🔀 Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22,

Appointment of veteralis Service Org	ganization As Claimant's Representative."	
United States, litigation in which the United States is a party or has a dministration) as identified in the VA system of records, 58VA21/2 Federal Register. Your obligation to respond is voluntary. However identification of disclosable records. Except for information protecte considered confidential (38 U.S.C. 5701). Information submitted is a	coted on this form to any source other than what has been authorized under the Provenforcement, congressional communications, epidemiological or research studian interest, the administration of VA programs and delivery of VA benefits, veri 22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Error, failure to respond provide the requested information could impede the recogniced by 38 U.S.C. 7332, your representative is not prohibited from redisclosing recompleted to verification through computer matching programs with other agencies	ies, the collection of money owed to the fication of identity and status, and personnel inployment Records-VA, published in the tion of your representative and/or cords. The responses you submit are
VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individurepresentative (38 U.S.C. 5701(b) and 7332) Title 38, United States Crepresentation will each need an average of 5 minutes to review the invalid OMB control number is displayed. You are not required to resp	the individuals appointed by claimants to act on their behalf in the preparation, as to accept appointment. We will also use the information to verify consent of Code, allows us to ask for this information. We estimate that claimants and indivinstructions, find the information, and complete this form. VA cannot conduct or yound to a collection of information if this number is not displayed. A Valid OMB you can call 1-800-827-1000 to get information on where to send comments or su	or disclosure of VA records to the appointed iduals appointed for purposes of sponsor a collection of information unless a control number can be located on the OMB
2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dep GERALD LIE HE)	pendent, or next of kin) 3. ADDRESS OF CLAIMANT (No. and street of	or rural route. citv or P.O., State and ZIP
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAL  6. BRANCH OF SERVICE	5. SERVICE NUMBERS	
ARMY NAVY AIR FORCE MAR	RINE CORPS COAST GUARD OTHER (Specify	Marie de la company de la comp
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S RE		
Harold H. Hoffman	23 y	
7B. INDIVIDUAL IS (check appropriate box)		
X ATTORNEY AGENT INDIVIDUAL PROVIDING R SECTION 14.630 (*See required statement b required in Items 7C and 7		SENTATIVE
	PROVIDING REPRESENTATION UNDER SECTION 14.630 ual Providing Representation Under Section 14.630" was not ch	ecked in Item 7B)
The appointment of the individual named in Item 7A (the repursuant to the provisions of 38 CFR 14.630. By our signatute individual named in Item 7A.	epresentative) authorizes the individual to represent the claimant namedures below, we, the representative and the claimant, attest that no compared to the claimant of the claimant is the claimant in the claimant is the claimant is the claimant in the claimant in the claimant is the claimant in the cl	d in Item 2 for a particular claim pensation will be charged or paid for
· · · · · · · · · · · · · · · · · · ·	and the second s	
		-
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANTS R Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206	REPRESENTATIVE (No. and street or rural route, city or P.O., State, a	and ZIP code)
/A FORM 21-222 SUI	PERSEDES VA FORM 21-22a, JUN 2009.	(Continued on Reverse)

AUG 2015 21-22a

WHICH WILL NOT BE USED.

AUTHORIZATION FOR REPRESENTATIVE'S ACCESS     Unless I check the box below, I do not authorize VA to disclose abuse, alcoholism or alcohol abuse, infection with the human in	to the individual named in Item 7A any record	s that may be in my file relating to treatment 5 1
I authorize the VA facility having custody of my VA claim alcoholism or alcohol abuse, infection with the human immother than to VA or the Court of Appeals for Veterans Claithe earlier of the following events: (1) I revoke this authorisin Item 7A, either by explicit revocation or the appointment	nunodeficiency virus (HIV), or sickle cell anemms, is not authorized without my further writte ration by filing a written revocation with VA:	nia. Redisclosure of these records by my representative
LIMITATION OF CONSENT. My consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle cell in the human immunodeficiency virus (HIV).	disclosure of records relating to treatment for dranemia is limited as follows;	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT Of Unless I check the box below, I do not authorize the individual	N CLAIMANT'S BEHALF TO CHANGE CL	AIMANT'S ADDRESS
I authorize the individual named in Item 7A to act on my bel with out my further written consent. This authorization wil written revocation with VA; or (2) I revoke the appoint of another representative.	nalf to change my address in my VA records. The remain in effect until the earlier of the follo	his authorization does not extend to any other individual
CON	IDITIONS OF APPOINTMENT	
I, the claimant named in Item 2, hereby appoint the individual name from the Department of Veterans Affairs (VA) based on the service the scope of representation provided before VA may be limited by the representation under 14.630, such representation is limited to a part 9 and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:  Signed and accepted subject to the foregoing conditions.	of the veteran named in Item 4. If the individual the agent or attorney as indicated below in Item icular claim only. I authorize VA to release any the individual in Item 7A is an accredited agent in the individual in Item 7A is an accredited agent.	al named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN
Hera Henley	9-4-18	(If other than the veteran)
15. LIMITATIONS ON REPRESENTATION - AGENTS OR A previously existing powers of attorney)	TTORNEYS ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
60		
16. SIGNATURE OF REPRESENTATIVE	man	17. DATE OF SIGNATURE 9/10/18
FEES: Section 5904, Title 38 United States Code, contains provisi	ors regarding fees that may be charged allowe	
connection with a proceeding before the Department of Veterans Aft	fairs with respect to benefits under laws admini	stered by the Department

VA Form 21-22a, AUG 2016

December 31, 2019 GERALD LEE HENLEY

#### We made a decision on your VA benefits.

Dear Gerald Henley:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

#### Your Benefit Information:

- Entitlement to individual unemployability is denied.
- Evaluation of neurogenic bladder, which is currently 20 percent disabling, is increased to 40 percent effective September 10, 2019.
- Evaluation of radiculopathy, left lower extremity, which is currently 10 percent disabling, is continued.
- Evaluation of degenerative disc disease, status post diskectomy and fixation, with intervertebral disc syndrome (IVDS) (claimed as low back condition), which is currently 40 percent disabling, is continued.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
60%	Jul 29, 2008
60%	Aug 13, 2018
70%	Sep 10, 2019

#### **How VA Combines Percentages**

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages:



#### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision

#### Contact information:

Web: <u>www.vets.gov</u> Phone: 1-800-827-1000

TDD: 711

To send questions online: visit https://iris.custhelp.com/

#### Social Media:

Twitter: @VAVetBenefits Facebook: www.facebook.com/ VeteransBenefits

#### Your representative:

You appointed HAROLD H HOFFMAN-LOGSDON III as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.



Review Option	Required Application Form
	Review
	VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)

Please note: You may not request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, Your Rights To Seek Further Review Of Our Decision, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting <a href="https://www.va.gov/vaforms/">www.va.gov/vaforms/</a> or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit <u>www.va.gov/decision-reviews</u> to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting <a href="https://www.va.gov">www.va.gov</a>.

Thank you for your service,

#### **Regional Office Director**

cc:

HAROLD H HOFFMAN-LOGSDON III Veterans Legal Advocacy Group PO Box 501041 Indianapolis IN 46250



December 17, 2019 LINDA R JOHNSON

### We made a decision on your notice of disagreement received on February 24, 2016.

#### Dear Linda Johnson:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

The purpose of this rating decision is to provide you with additional laws and regulations that are applicable to our decision on your claim, but were not included in our previous decision of April 12, 2019.

#### Your Benefit Information:

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$1,089.74	Dec 1, 2019	Cost of Living Adjustment

We are currently paying you as a Veteran with one dependent. Let us know right away if there is any change in the status of your dependents.

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See Explanation of Payment for more details about your payment.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.



#### We have included with this letter;

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written
- Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision Narrative
- (04/12/2019)
- 6. Rating Decision Narrative (08/15/2019)

#### ·Contact information:

Web: <a href="https://www.veis.gov">www.veis.gov</a>
Phone: 1-800-827-1000
TDD: 71.1
To send questions online: visit
<a href="https://iris.custhelp.com/">https://iris.custhelp.com/</a>

#### Social Media:

Twitter: @VAVetBenefits Facebook: www.facebook.com/ VeteransBenefits

#### Your representative;

You appointed:HAROLD H HOFFMAN-LOGSDON III as your accredited representative, They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.



File Number: JOHNSON, LINDA R

ce:

HAROLD II HOFFMAN-LOGSDON III Veterans Legal Advocacy Group PO Box 501041 Indianapolis IN 46250

Presorted First-Class Mali Postage & Fees Pald Veterans Affairs (AAC) 30304



1-800-273-8255 PRESS 1

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

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Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

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

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 Vocational Rehabilitation 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 <a href="https://www.reginfo.gov/public/do/PRAMain.">www.reginfo.gov/public/do/PRAMain.</a> [f desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-	827-1000 to get information on where to send comments or suggestions about this form.
	of kin) 3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP
Linda R. Johnson	
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS
Johnson Linda Renee	
6 BRANCH OF SERVICE	A STATE OF THE PARTY OF THE PAR
ARMY NAVY AIR FORCE MARINE CORPS	COAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE	E
Harold H Hoffman	_31,
7B. INDIVIDUAL IS (check appropriate box)	
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATI	
SECTION 14.630  (*See required statement below. Signature.	es are (Specify organization below)
required in Items 7C and 7D)	
The appointment of the individual named in Item 7A (the representative) au pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the individual named in Item 7A.	athorizes the individual to represent the claimant named in Item 2 for a particular claim the representative and the claimant, attest that no compensation will be charged or paid for
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATI	IVE (No. and street or rural route, city or P.O., State, and ZIP code)
Veterans Legal Advocacy Group	
2776 S. Arlington Mill Drive	
2014 0 001	
Suite 804	
Arlington, VA 22206	

VA FORM AUG 2015 21-22a SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

(Continued on Reverse)

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCE Unless I check the box below, I do not authorize VA to disc abuse, alcoholism or alcohol abuse, infection with the huma	lose to the individual named in Item 7A any records	that may be in my file saleting to the
I authorize the VA facility having custody of my VA chalcoholism or alcohol abuse, infection with the human other than to VA or the Court of Appeals for Veterans (the earlier of the following events: (1) I revoke this auth in Item 7A, either by explicit revocation or the appointm	aimant records to disclose to the individual named immunodeficiency virus (HIV), or sickle cell anem Claims, is not authorized without my further written prization by filing a written revocation with VA.	in Item 7A all treatment records relating to drug abuse, ia. Redisclosure of these records by my representative,
10. LIMITATION OF CONSENT. My consent in Item 9 for t with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV).	he disclosure of records relating to treatment for dru ell anemia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT Unless I check the box below, I do not authorize the individ	ON CLAIMANT'S BEHALF TO CHANGE CL	AIMANT'S ADDRESS e my address in my VA records.
X I authorize the individual named in Item 7A to act on my with out my further written consent. This authorization written revocation with VA; or (2) I revoke the ap of another representative.	behalf to change my address in my VA records. The	is authorization does not extend to any other individual
C	ONDITIONS OF APPOINTMENT	
I, the claimant named in Item 2, hereby appoint the individual na from the Department of Veterans Affairs (VA) based on the serve the scope of representation provided before VA may be limited to representation under 14.630, such representation is limited to a p 9 and 10) to that individual appointed as my representative, and individually named administrative employees of my representation. Signed and accepted subject to the foregoing conditions.	rice or the veteran named in Item 4. If the individual by the agent or attorney as indicated below in Item particular claim only. I authorize VA to release any of the individual in Item 7A is an according agent of	I named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
Type My	11-618	, , , , , , , , , , , , , , , , , , , ,
6. SIGNATURE OF REPRESENTATIVE  6. SIGNATURE OF REPRESENTATIVE	ATTORNEYS ONLY (Unless limited by an agen	or attorney, this power of attorney revokes all  17. DATE OF SIGNATURE  11/28/18
EES: Section 59(4, Title 38, United States Code, contains provionnection with a proceeding before the Department of Veterans A	is bns reparding fees that may be charged, allowed,	or paid for services of agents or attorneys in
Form 21-22a AUG 2015	signals with respect to benefits under laws administ	ered by the Department.

#### **DEPARTMENT OF VETERANS AFFAIRS**



February 20, 2020 JAMES OSCAR MASON

In reply, refer to: 349/LB File Number: JAMES MASON

Dear Mr. JAMES MASON:

We are working on your claim.

#### Important Information

Please place the enclosed Appeals Management Office cover sheet on top of any information
 or-documents-you-send in response-to this letter. Failure to place the enclosed cover sheet on
 top of documents you send in response to this letter to support your claim may delay review
 of the material you submit.

#### What Do We Still Need From You?

We need additional evidence from you. Please put your VA file number on the first page of every document you send us.

• Tennessee Valley HCS advised us that they attempted to schedule you for an examination. However, we have been informed them that you were hospitalized and would not be attending an examination. Please provide us with a timeframe when you will be able to attend C&P examination for your appeal within 30 days. If we do not receive the evidence within 30 days from the date of this letter, we will rate your appeal with the evidences we have. If this is incorrect information, please notify us and we will reschedule your examination.

#### **How Should You Submit What We Need?**

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit <a href="www.eBenefits.va.gov">www.eBenefits.va.gov</a> to register. Please also refer to the 'What is eBenefits?' section of this letter for more information.

You can also send what we need to the appropriate address listed on the attached Where to Send Your Written Correspondence chart.



submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

We sent a copy of this letter to MEGHAN K GENTILE, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

We look forward to resolving your claim in a fair and timely manner.

Thank you for your service,

#### **Regional Office Director**

Enclosure(s): Where to Send Written Correspondence

Appeals Management Center Coversheet

cc: MEGHAN K GENTILE

POA Attorney

MEGHAN K GENTILE

VETERANS LEGAL ADVOCACY GROUP

P:O: BOX 501041

INDIANAPOLIS, IN 46250



# Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 Vocational Rehabilitation 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.
2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)  3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP  JAMES MASON
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN 5. SERVICE NUMBERS
Mason James
6. BRANCH OF SERVICE  ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE
Meghan Gentile
7B. INDIVIDUAL IS (check appropriate box)
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in liems 7C and 7D)  [Service Organization Representative (Specify organization below)
*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630 (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)
The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)
Veterans Legal Advocacy Group

2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206

VA FORM AUG 2015 21-22a

SUPERSEDES VA FORM 21-22a, JUN 2009. WHICH WILL NOT BE USED.

<ol> <li>AUTHORIZATION FOR REPRESENTATIVE'S ACCES         Unless I check the box below, I do not authorize VA to disclabuse, alcoholism or alcohol abuse, infection with the human     </li> </ol>	ose to the individual named in Item 7A any record	s that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA cla alcoholism or alcohol abuse, infection with the human in other than to VA or the Court of Appeals for Veterans C the earlier of the following events: (1) I revoke this authorin Item 7A, either by explicit revocation or the appointment	mmunodeficiency virus (HIV), or sickle cell anemalaims, is not authorized without my further writted orization by filing a written revocation with VA; or	ia. Redisclosure of these records by my representative
10. LIMITATION OF CONSENT. My consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the with the human immunodeficiency virus (HIV), or sickle consent in Item 9 for the with the w	he disclosure of records relating to treatment for dr ell anemia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT Unless I check the box below, I do not authorize the individe	ON CLAIMANT'S BEHALF TO CHANGE CI	AIMANT'S ADDRESS e my address in my VA records.
I authorize the individual named in Item 7A to act on my with out my further written consent. This authorization written revocation with VA; or (2) I revoke the approf another representative.	will remain in effect until the earlier of the follo	wing events: (1) I revoke this authorization by filing
	ONDITIONS OF APPOINTMENT	
from the Department of Veterans Affairs (VA) based on the serve the scope of representation provided before VA may be limited to representation under 14.630, such representation is limited to a p 9 and 10) to that individual appointed as my representative, and individually named administrative employees of my representation. Signed and accepted subject to the foregoing conditions.	by the agent or attorney as indicated below in Item particular claim only. I authorize VA to release any if the individual in Item 7A is an accredited agent	15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN
James Mason	9-5-18	(If other than the veteran)
15. LIMITATIONS ON REPRESENTATION - AGENTS OF previously existing powers of attorney)	R ATTORNEYS ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
16. SIGNATURE OF REPRESENTATIVE	/~	17. DATE OF SIGNATURE
Meghan K.	futil)	9/11/18
FEES: Section 5904, Title 38, United States Code, contains provennection with a proceeding before the Department of Veterans	visions regarding fees that may be charged, allowe Affairs with respect to benefits under laws admini	d, or paid for services of agents or attorneys in stered by the Department.

M D

# Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)  3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP  AWYOUG MCBride  1. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN  5. SERVICE NUMBERS  6. SERVICE NUMBERS  7. SERVICE NUM
6 BRANCH OF SERVICE  ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE  Meghan Gentile
7B. INDIVIDUAL IS (check appropriate box)
X ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)  SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
(Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)  The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)
A ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code) Teterans Legal Advocacy Group 1776 S. Arlington Mill Drive
eterans Legal Advocacy Group
veterans Legal Advocacy Group 1776 S. Arlington Mill Drive Suite 804

VA FORM AUG 2015 21-22a SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PR	ROTECTED BY SECTION 7332, TITLE 38, U.S.C.
Unless I check the box below, I do not authorize VA to disclose to the individual nar abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency viru	inted in Item /A any records that may be in my file relating to treatment for drug rus (HIV), or sickle cell anemia.
alcoholism or alcohol abuse, intection with the human immunodeficiency virus other than to VA or the Court of Appeals for Veterans Claims, is not authorized	ose to the individual named in Item 7A all treatment records relating to drug abuse (HIV), or sickle cell anemia. Redisclosure of these records by my representative d without my further written consent. This authorization will remain in effect until ritten revocation with VA; or (2) I revoke the appointment of the individual named attative.
10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as f	s relating to treatment for drug abuse, alcoholism or alcohol abuse, infection follows:
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BE	EHALF TO CHANGE CLAIMANT'S ADDRESS
Unless I check the box below, I do not authorize the individual named in Item 7A to	to act on my behalf to change my address in my VA records.
I authorize the individual named in Item 7A to act on my behalf to change my adwith out my further written consent. This authorization will remain in effect un written revocation with VA; or (2) I revoke the appointment of the individual of another representative.	ddress in my VA records. This authorization does not extend to any other individual intil the earlier of the following events: (1) I revoke this authorization by filing ividual named in Item 7A, either by explicit revocation or the appointment
CONDITIONS OF A	ADDOINTMENT
from the Department of Veterans Affairs (VA) based on the service of the veteran name the scope of representation provided before VA may be limited by the agent or attorney representation under 14.630, such representation is limited to a particular claim only. I a 9 and 10) to that individual appointed as my representative, and if the individual in Item individually named administrative employees of my representative:  Signed and accepted subject to the foregoing conditions.	authorize VA to release any and all of my records (other than as provided in Items
12-SIGNATURE OF CLAIMANT	3. DATE OF SIGNATURE 14. CLAIMANT'S RELATIONSHIP TO VETERAN
	9-7-18
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY previously existing powers of attorney)	Y (Unless limited by an agent or attorney, this power of attorney revokes all
6. SIGNATURE OF REPRESENTATIVE	17. DATE OF SIGNATURE
Meghan K. Futh	9/7/18
FEES: Section 5904, Title 38, United States Code, contains provisions regarding fees the connection with a proceeding before the Department of Veterans Affairs with respect to be	hat may be charged, allowed, or paid for services of agents or attorneys in benefits under laws administered by the Department.

#### DEPARTMENT OF VETERANS AFFAIRS



In reply, refer to:
318/DM
File Number:
LAWRENCE MCBRIDE

Dear Mr. LAWRENCE MCBRIDE:

We are working on your claim.

## What Do We Still Need From You?

We need additional evidence from you. Please put your VA file number on the first page of every document you send us.

What Must The Evidence Show To Establish Entitlement To The Benefit You Want?

To establish entitlement to compensation under 38 USC 1151, the evidence must show:

- There is additional disability or death not the result of the Veteran's willful misconduct
- The additional disability resulted from a disease or injury or an aggravation of an existing disease or injury suffered as a result of training, hospital care, medical, surgical treatment or examination
- The cause of such disability or death was carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on the part of the Department in furnishing the hospital care, medical or surgical treatment, or examination OR an event not reasonably foreseeable OR the disability or death was proximately caused by the provision of training and rehabilitation service by the Secretary as part of an approved rehabilitation program under chapter 31 (Vocational Rehabilitation and Education).

Entitlement to compensation may be established under 38 U.S.C. 1151 when it is determined that there is additional disability or death resulting from a disease or injury, or an aggravation of an existing disease or injury, suffered as a result of VA training, hospitalization, medical or surgical treatment, or examination. Compensation is not payable for the necessary consequences of medical or surgical treatment or examination.



cc:

MEGHAN K GENTILE

POA Attorney MEGHAN K GENTILE

VETERANS LEGAL ADVOCACY GROUP

P.O. BOX 501041

INDIANAPOLIS, IN 46250





# **BOARD OF VETERANS' APPEALS**

# FOR THE SECRETARY OF VETERANS AFFAIRS WASHINGTON, DC 20038

Date: March 30, 2020

SS

JESSE J. PATINO, JR

# Dear Appellant:

The Board of Veterans' Appeals (Board) has made a decision in your appeal, and a copy is enclosed.

If your decision contains a	What happens next
Grant	The Department of Veterans Affairs (VA) will be contacting you regarding the next steps, which may include issuing payment. Please refer to VA Form 4597, which is attached to this decision, for additional options.
Remand	Additional development is needed. VA will be contacting you regarding the next steps.
Denial or Dismissal	Please refer to VA Form 4597, which is attached to this decision, for your options.

If you have any questions, please contact your representative, if you have one, or check the status of your appeal at http://www.vets.gov.

Sincerely yours,

K. Osborne

Deputy Vice Chairman

Enclosures (1)

CC: EVAN T SNIPES, Attorney

EVAN T SNIPES, Attorney P.O. Box 143558 Anchorage, AK 99514

# Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

enter address shown	ns Service on page 3	. VA for	ms ar	e avai	lable at	VV VV . V	a.go w	vatori	ns.					-	-						
					SECT	ION I:	VETE	RAN'	S IN	FORM	IATIO	N			-				4		
NOTE: You can either con	mplete the f	orm onlin	e or by	hand.	If comple	ted by h	and, prin	t the ir	forma	ation rec	ueste	d in in	k, nea	tly, and	d legib	ly to	expe	dite pro	ocessi	ng of t	he for
1. VETERAN'S NAME (F	irst, Middle	Initial, I	Last)					_	_												
JESSE							PA	T	I	N	0	1	TR								
VETERAN'S SOCIAL S	ECURITY N	NUMBER	(SSN)		3. VA	FILE NU	JMBER (	If appli	cable,	)			4. \	ETER	AN'S			BIRTH	1		
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#### SECTION IV: AUTHORIZATION INFORMATION

#### 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 file 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, infectio
with the human immunodeficien	cy 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 with out 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.	
Lesse Palinoft.	22B. DATE OF SIGNATURE (MM DD YYYY) 5-22-2019
3√LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS	ONLY (Unless limited by an agent or attorney, this power of attorney revoke

s all previously existing powers of attorney)

24B. DATE OF SIGNATURE (MM/DD/YYYY) 24A. SIGNATURE OF REPRESENTATIVE 6/18/19

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 Vocational Rehabilitation 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.

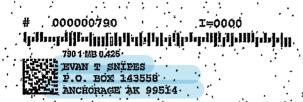
RESPONDENT BURDEN: We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

# 252020 - VA Evidence Intake Center, Janesville WI

Department Of Veterans: Affairs Evidence Intake Center P.O. Box 4444 Janesville, WI, 53547-4444









# DEPARTMENT OF VETERANS AFFAIRS

January 7, 2020

ROBERT ROGSTAD

In reply, refet to:
319/CLW
File Number,
ROBERT ROGSTAD:

# Dear Mr. ROBERT ROGSTAD:

We are working on your claim:

## important information.

• Wee have received your appeal for prostate cancer based upon claimed herbicide exposure. Yourappealmaybbe affected by Public Law 116-23 Blue Winter Navy Viotnam Veteralis Act Off 2019. Currently, VA has temporarily suspended deciding these claims and appeals until the new law is effective in January 2020. We will begin processing all issues affected by the Blue Water Navy Vietnam Veteralis Act of 2019 following implementation of the new law.

# If You Have Questions or Need Assistance

If you have any questions or need assistance With this claim, you may contact us by telliphome, e-mail, or letter,

ffyou	Here is what to do =
Telephone	Call us at 1-800-827/4000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the internet	Send electronic inquiries through the Internet at <a href="https://iris.custhelp.com/">https://iris.custhelp.com/</a> .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter." Please mail or fax all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.



	Expiration Date: 08/31/2018
Department of Veterans Affairs	1. VA FILE NO(S) (Include prefix)
	AS CLAIMANT'S REPRESENTATIVE
Note - If you would prefer to have a service organization "Appointment of Veterans Service Organization As Cla	a assist you with your claim, you may use VA Form 21-22, imant's Representative."
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any sou Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressiona United States, litigation in which the United States is a party or has an interest, the administration administration) as identified in the VA system of records, 58VA21/22/28. Compensation, Pensis Federal Register. Your obligation to respond is voluntary. However, failure to respond provide identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through	I communications, epidemiological or research studies, the collection of money owed to the on of VA programs and delivery of VA benefits, verification of identity and status, and personnel on. Education, and Vocational Rehabilitation and Employment Records-VA, published in the the requested information could impede the recognition of your representative and/or representative is not prohibited from redisclosing records. The responses you submit are
RESPONDENT BURDEN: We need this information to recognize the individuals appointed by VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. Verpresentative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for the representation will each need an average of 5 minutes to review the instructions, find the information valid OMB control number is displayed. You are not required to respond to a collection of information and the properties of the prope	We will also use the information to verify consent for disclosure of VA records to the appointed is information. We estimate that claimants and individuals appointed for purposes of ition, and complete this form. VA cannot conduct or sponsor a collection of information unless a nation if this number is not displayed. A Valid OMB control number can be located on the OMB
2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZII Code)
KOGSTAD RoberT LeRoy	5. SERVICE NUMBERS
6. BRANCH OF SERVICE  ARMY  NAVY  AIR FORCE  MARINE CORPS  C	OAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE	
	25 ,
7B. INDIVIDUAL IS (check appropriate box)	
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UND SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)	SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
*INDIVIDUALS PROVIDING REPRES (Skip to Item 8, if the box for "Individual Providing Represen	ENTATION UNDER SECTION 14.630 ntation Under Section 14.630" was not checked in Item 7B)
The appointment of the individual named in Item 7A (the representative) authorizes pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative individual named in Item 7A.	the individual to represent the claimant named in Item 2 for a particular claim sentative and the claimant, attest that no compensation will be charged or paid for
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8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. 1	and street or rural route, city or P.O., State, and ZIP code)

VA FORM AUG 2015 21-22a

Arlington, VA 22206

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804

SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

I authorize the VA facility having custody of my VA claimant reco	eficiency virus (HIV), or sickle cell aner	that may be in my file relating to treatment for drug nia.
alcoholism or alcohol abuse, infection with the human immunodefi other than to VA or the Court of Appeals for Veterans Claims, is no the earlier of the following events: (1) I revoke this authorization by in Item 7A, either by explicit revocation or the appointment of anoth	ot authorized without my further written of filing a written revocation with VA:	consent This authorization will sensing to con-
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Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to che with out my further written consent. This authorization will remain written revocation with VA; or (2) I revoke the appointment of another representative.	hange my address in my VA records. The	is authorization does not extend to any other individual
COUNTIE	ONS OF APPOINTMENT	
e scope of representation provided before VA may be limited by the agent presentation under 14.630, such representation is limited to a particular cla and 10) to that individual appointed as my representative, and if the indivi- dividually named administrative employees of my representative:	aim only. I authorize VA to release any	and all of my records (other than as provided in Items
gned and accepted subject to the foregoing conditions.		
gned and accepted subject to the foregoing conditions.	13. DATE OF SIGNATURE	14 CLAIMANT'S RELATIONSHIP TO VETERAN
	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
SIGNATURE OF CLAIMANT	9-4-2018	
S. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORN	9-4-2018	(If other than the veteran)
S. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORN	9-4-2018	(If other than the veteran)
S. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORN	9-4-2018	(If other than the veteran)
S. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORN previously existing powers of attorney)	9-4-2018	(If other than the veteran)  If or attorney, this power of attorney revokes all

#### DEPARTMENT OF VETERANS AFFAIRS

April 21, 2021

MEGHAN K GENTILE MEGHAN K GENTILE, VETERANS LEGAL ADVOCACY GROUP, PO BOX 501041 INDIANAPOLIS, IN 46250 In reply, refer to: 323/MEG/APPEALS File Number: DOUGLAS SMYLY

To Whom It May Concern:

# Summary of the Case

You and your client properly filed a valid direct-pay fee agreement with the Department of Veterans Affairs (VA), requesting direct payment of 20% of the award of past-due benefits for fees.

In a Rating Decision dated April 7, 2021, benefits were awarded for the following issue(s):

Evaluation of fibromyalgia (claim as anxiety, headaches, neurological problems, fatigue, pain throughout the body and balance issues), which is currently 20 percent disabling, is increase to 40 percent effective October 12, 2006, date of claim.

The amount of past-due benefits, which is computed from the effective date of the award through the date of the decision, is \$4,248.00. VA failed to withhold fees in the amount of \$849.60, which is 20% of past due benefits. The entire amount of past-due benefits was mistakenly sent to you.

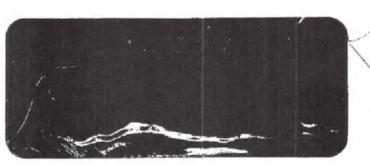
# Requirements for Direct Payment of Fees

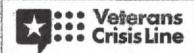
On or after February 19, 2019, agents or attorneys may generally charge for representation provided to claimants or appellants pursuing certain reviews of decisions by agencies of original jurisdiction. These reviews may include supplemental claims, higher-level reviews, notices of disagreement (NODs), or clear and unmistakable errors. For the provisions relating to the payment of fees, see 38 U.S.C. 5904 and 38 CFR 14.636.

Before February 19, 2019 fees were only payable for representation after a notice of NOD was filed with respect to a decision.



Presorted First-Class Mail Postage & Fees Paid Veterans Affairs (AAC) 30304





You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

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Department of Veterans Affairs

Minim P. Sark

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 is a party or has an interest, the administration of VA programs and delivery of VA benefits, vortification of identity and strate, and personnel administration) as identified in the VA system of records, 48VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation 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 disclosuble 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 metabling 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 appointed to weill also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5901(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 conclude or sponsor a collection of information unless a valid OMB control number is displayed. Vou are not required to respond to a collection of information in this number is not displayed. A Valid OMB control number can be focused on the OMB Internet Page at many signate, appropriately. It desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin) 3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O. State and ZIP

Tilliam Collogia	au de la companya de
Smyly Douslas B. Sr.	5. SERVICE MILLIOEDE
6. BRANCH OF SERVICE AIR FORCE MARINE CORPS	COAST GUARD OTHER (Specify)
7A, NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE  Meghan Gentile	(about
7B. INDIVIDUAL IS (check appropriate box)	
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION U SECTION 14.83D (*See required statement below. Signatures are required in Items 7C and 7D)	(Specify organization below)
*INDIVIDUALS PROVIDING REPR (Skip to Hem 8, If the box for *Individual Providing Repre	ESENTATION UNDER SECTION 14.630 sentation Under Section 14.630" was not checked in Item 78)
The appointment of the individual named in Item 7A (the representative) authoric pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the rethe individual named in Item 7A.	zes the individual to represent the claimant named in Item 2 for a particular claim epresentative and the claimant, attest that no compensation will be charged or paid for
<u> </u>	
	-

B, ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804

Arlington, VA 22206

VA FORM 21-22a

SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

<ol> <li>AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS Unless I check the box below, I do not authorize VA to disclose to the individual abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency</li> </ol>	named in Item 7A any records th	at may be in my file relating to treatment for drug
! authorize the VA facility having custody of my VA claimant records to dis alcoholism or alcohol abuse, infection with the human immunodeficiency viother than to VA or the Court of Appeals for Veterans Claims, is not author the earlier of the following events: (1) I revoke this authorization by filing a in Item 7A, either by explicit revocation or the appointment of another representation.	rus (HIV), or sickle cell anemia. ized without my further written e written revocation with VA; or ( sentative.	Recassosure of these records by my representative, consent. This authorization will remain in effect until 2) I revoke the appointment of the individual named
10, LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of reco with the human immunodeficiency virus (HIV), or sickle cell anemia is limited	rds relating to treatment for drug as follows:	abuse, alcoholism of alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT	S BEHALF TO CHANGE CLA	NIMANT'S ADDRESS
Unless I check the box below, I do not authorize the individual named in Item	A to act on my behalf to change	my address in my VA records.
I authorize the individual named in Item 7A to act on my hehalf to change me with out my further written consent. This authorization will remain in efficient written revocation with VA; or (2) I revoke the appointment of the of another representative.	or moral the earlier of the Tollow	INM EVENUE. (1) I terrince dus demotionitos es esseres
	F APPOINTMENT	
I, the claimant named in Item 2, hereby appoint the individual named in Item 7A at from the Department of Veterans Affairs (VA) based on the service of the veteran the scope of representation provided before VA may be limited by the agent or atterpresentation under 14.630, such representation is limited to a particular claim on 9 and 10) to that individual appointed as my representative, and if the individual in individually named administrative employees of my representative:	mamed in Rem 4. 0, the markings oney as indicated below in Item 1 by Lauthorize VA to release any t	15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
Signed and accepted subject to the foregoing conditions.		
12. SIGNATURE OF CLAIMANT	13. DATE OF SIG™ATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
Miriam & Snyly	9/7/18	Widow
15, LIMITATIONS ON REPRESENTATION - AGENTS OR ATTERNEYS previously existing powers of αποτικέγ)	ONLY (Unless limited by on age	nt or attorney, this power of attorney revokes all
previously existing powers of manifely		
		•
16. SIGNATURE OF REPRESENTATIVE	.X	17. DATE OF SIGNATURE
Meghan & Funt	<i>U</i>	9/7/18
FEES: Section 5904, Title 38, United States Code, contains provisions regarding connection with a proceeding before the Department of Veterans Affairs with rest	fees that may be charged, allowed sect to benefits under laws admin	ed, or paid for services of agents or attorneys in istered by the Department.

# Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to may some other than what has been authorized under the Privacy Act of 1974 or Tide 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 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. Compressione, Education, Education, and Vocational Reliabilization and Employment Records-VA, published in the identification of disclosable records. Except for information protected by 38 U.S.C, 7352, your representative is not produced the recognition of disclosable records. Except for information protected by 38 U.S.C, 7352, your representative is not prohibited from redisclosing records. The responses you admit 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(h) and 7332). Tritle 38, Umited 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 miless 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 focused on the OMB Internet Page at account of the control number of the form.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of	7-1000 to get information on where to send comments or suggestions about this form.  (km) 2 ADDRESS OF CLAMARY (A)	Carl I
DANIEL W. THOMAS	Code	ui ZIT
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	E COMMON INTERPRETARION	
THOMAS - DANIEL WALTER	5. SERVICE NUMBERS	
6. BRANCH OF SERVICE		_
ARMY NAVY AIR FORCE MARINE CORPS	COAST QUARD OTHER (Specify	_)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE		-
Meghan Gentile	A**,	
78. INDIVIDUAL IS (check appropriate hox)		_
ATTORNEY AGENT MIDIVIDUAL PROVIDING REPRESENTATION SECTION 14,630  ("See required statement below. Signatures a required in Items 7C and 7D)	(Specific derespination halos)	
*INDIVIDUAL S PROVIDING RED	RESENTATION UNDER SECTION 14,630	
(Skip to Item 8, if the box for "Individual Providing Rep	RESERVATION DRIDER SECTION 14,830	
	resemblion Under Section 14.830" was not checked in Hom 79)	
The appointment of the individual named in Item 7A (the representative) authorized pursuant to the provisions of 38 CFR 14.630. By our signatures below, we the	or the fadinish at a second of the second of	for
The appointment of the individual named in Item 7A (the percentative) puther		for
The appointment of the individual named in Item 7A (the representative) authorized pursuant to the provisions of 38 CFR 14.630. By our signatures below, we the	or the fadinish at a second of the second of	for
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The appointment of the individual named in Item 7A. (the representative) authorized to the provisions of 38 CFR 14.630. By our signatures below, we, the the individual named in Item 7A.	rizes the individual to represent the claimant named in Item 2 for a particular claim representative and the claimant, attest that no compensation will be charged or paid to	for
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9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO DECO		
<ol> <li>AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECO Unless I check the box below, I do not authorize VA to disclose to the indi- abuse, alcoholism or alcohol abuse, infection with the human immunodelic</li> </ol>	tiency virus (HIV), or sickle cell a	irds that may be in my file relating to treatment for di memia.
X I authorize the VA facility having custody of my VA claimant records alcoholism or alcohol abuse, infection with the human immunodeficies other than to VA or the Court of Appeals for Veterana Claims, is not a the earlier of the following events: (1) I revoke this authorization by fi in Item 7A, either by explicit revocation or the appointment of another	uthorized without my further wri	could. PCC019C10SUIG Of these mentile but may recover
10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of with the human immunodeficiency virus (HIV), or sickle cell anemia is his	frecords relating to treatment for	drug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMAL Unless I check the box below. I do not authorize the individual accord in the		
and the state of t	an /A to act on my behalf to chan	ge my address in my VA meands
I authorize the individual named in Item 7A to act on my behalf to chang with out my further written consent. This authorization will remain in written revocation with VA; or (2) I revoke the appointment of another representative.	t my address in my VA records. T iffect until the earlier of the folk he individual named in Item ?	This authorization does not extend to any other indivi- owing events; (1) I revoke this authorization by fili 'A, either by explicit revocation or the appoints
CONDITIONS	OF APPOINTMENT	
, the claiment named in Item 2, hereby appoint the individual named in Item 7A from the Department of Veterans Affairs (VA) based on the service of the vetera he scope of representation provided before VA may be limited by the agent or a spresentation under 14.630, such representation is limited to a particular claim of and 10) to that individual appointed as my representative, and if the individual idividually named administrative employees of my representative:	ttorney as indicated below in Item	at named in item 7.4 is an accredited agent or attorned.  15. If the individual indicated in Item 7.4 is provided.
igned and accepted subject to the foregoing conditions.		
. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN
Daniel W. Thomas	09-03-18	(If other than the veteron)
LIMITATIONS ON REPRESENTATION - ACCUSE OR ATTORNEY		
. UMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS previously existing powers of attorney)	ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
IGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE
Meghan L. Futh		9/5/18
S: Section 5904, Title 38, United States Code, contains provisions regarding for action with a proceeding before the Department of Veterans Affairs with respec	es that may be charged, allowed,	or paid for services of agents or attorneys in
orm 21-22a, AUG 2015	t to benefits under laws administe	ned by the Department.

December 30, 2019 DANIEL THOMAS

# The Board of Veterans' Appeals decided your appeal on December 17, 2019.

Dear Daniel Thomas:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

## Your Benefit Information:

- Entitlement to an earlier effective date for the grant of eligibility to Dependents' Educational Assistance under 38 U.S.C. chapter 35 is granted, with a new effective date of March 30, 1989.
- Entitlement to an earlier effective date for service connection for major depression, bipolar disorder with traumatic brain injury is granted effective March 30, 1989.

See Rating Decision to find out why we made this decision.

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason	
\$3,358.64	Jan 1, 2014	Cost of Living Adjustment	
\$3,415.74	Dec 1, 2014	Cost of Living Adjustment	
\$3,068.90	Aug 19, 2015	Special Monthly , Compensation Adjustment	
\$3,078.11	Dec 1, 2016	Cost of Living Adjustment	
\$3,139.67	Dec 1, 2017	Cost of Living Adjustment	



#### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision

#### Contact information:

Web: <u>www.vets.gov</u> Phone: 1-800-827-1000

TDD: 711

To send questions online: visit https://iris.custhelp.com/

#### Social Media:

Twitter: @VAVetBenefits Facebook: www.facebook.com/ VeteransBenefits

#### Your representative:

You appointed MEGHAN K GENTILE as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-\$255 and press 1.



File Number: THOMAS, DANIEL

by VA.

The enclosed VA Form 20-0998, Your Rights To Seek Further Review Of Our Decision, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting <a href="https://www.va.gov/vaforms/">www.va.gov/vaforms/</a> or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit <u>www.va.gov/decision-reviews</u> to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting <a href="https://www.va.gov">www.va.gov</a>.

Thank you for your service,

# **Regional Office Director**

cc:

MEGHAN K GENTILE Veterans Legal Advocacy Group P.O. Box 501041 Indianapolis IN 46250

Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 Vocational Rehabilitation 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 in this number is not displayed. A Valid OMB control number can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain.">www.reginfo.gov/public/do/PRAMain.</a> If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

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2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin) 3. ADDRESS OF CLAIMANT (No. and about an unital value also an D.O. State and 71)  4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN  5. SERVICE NUMBERS
Williams John Jerry
ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE  Meghan Gentile
7B. INDIVIDUAL IS (check appropriate box)
X ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)  (*See required statement below. Signatures are required in Items 7C and 7D)
(Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)  The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804
Arlington, VA 22206

VA FORM AUG 2015 21-22a SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

9. AUTHORIZATION FOR REPRESE Unless I check the box below, I do not abuse, alcoholism or alcohol abuse, in	authorize VA to disclose to the ind	lividual named in Item 7A any record	that may be in my file relating to treatment for drug
other than to VA or the Court of A the earlier of the following events:	tion with the human immunodeficient appeals for Veterans Claims, is not	ency virus (HIV), or sickle cell anem authorized without my further writte filing a written revocation with VA: of	in Item 7A all treatment records relating to drug abuse ia. Redisclosure of these records by my representative in consent. This authorization will remain in effect unti- or (2) I revoke the appointment of the individual named
10. LIMITATION OF CONSENT. My of with the human immunodeficiency vi	consent in Item 9 for the disclosure irus (HIV), or sickle cell anemia is l	of records relating to treatment for dr limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
with out my further written conser	t authorize the individual named in Item 7A to act on my behalf to chant. This authorization will remain i	Item 7A to act on my behalf to chang inge my address in my VA records. The in effect until the earlier of the follow	AIMANT'S ADDRESS e my address in my VA records. his authorization does not extend to any other individual wing events: (1) I revoke this authorization by filing A, either by explicit revocation or the appointment
	CONDITION	NS OF APPOINTMENT	
from the Department of Veterans Affairs ( the scope of representation provided befor representation under 14.630, such represer 9 and 10) to that individual appointed as m individually named administrative employ	(VA) based on the service of the vet e VA may be limited by the agent of natation is limited to a particular claim by representative, and if the individual ees of my representative:	teran named in Item 4. If the individual or attorney as indicated below in Item only. I authorize VA to release any	resent, and prosecute my claims for any and all benefits all named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items or attorney, this authorization includes the following
Signed and accepted subject to the foregoi	ng conditions.		
12. SIGNATURE OF CLAIMANT	), lette	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
Then In	Villiams	09-07-2018	
15. LIMITATIONS ON REPRESENTA previously existing powers of attorney	TION - AGENTS OR ATTORNE	EYS ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
6. SIGNATURE OF REPRESENTATIVE	glan K. S.	/ Ø	17. DATE OF SIGNATURE
- //		utik	9/11/18
TEES: Section 5904, Title 38, United States	es Code, contains provisions egard	ling fees that may be charged, allowed	I, or paid for services of agents or attorneys in

VA Form 21-22a, AUG 2015

December 7, 2020 JOHN JERRY WILLIAMS

# We made a decision on your VA benefits.

Dear John Williams:

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

## Your Benefit Information:

- Entitlement to special home adaptation is not established.
- Entitlement to specially adapted housing is not established.

See Rating Decision to find out why we made this decision.

Your monthly entitlement amount is shown below:

Monthly Entitlemen Amount	Payment Start Date	Reason 1
\$4,026.88	Dec 1, 2020	Cost of Living Adjustment

We are currently paying you as a single Veteran with no dependents.

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See Explanation of Payment for more details about your payment.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.



#### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written-Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision
- 6. Fraud Prevention Attachment

#### Contact information:

Web: www.vets.gov Phone: 1-800-827-1000 TDD: 711 To send questions online: visit

https://iris.custhelp.com/

#### Social Media:

Twitter: @VAVetBenefits Facebook: www.facebook.com/ VeteransBenefits

#### Your representative:

You appointed MEGHAN K GENTILE as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.



File Number: WILLIAMS, JOHN J

cc:

MEGHAN K GENTILE Veterans Legal Advocacy Group P.O. Box 501041 Indianapolis IN 46250



#### **DEPARTMENT OF VETERANS AFFAIRS**





In reply, refer to: 321/JJ File Number: LARRY WILLIAMS

# IMPORTANT -- reply needed within 30 days

Dear Mr. LARRY WILLIAMS:

We are working on your claim.

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, 38 U.S.C. §5103 Notice. The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

## What Do We Still Need From You?

We need additional evidence from you. Please put your VA file number on the first page of every document you send us.

- Send us any treatment records related to your claimed condition(s). This includes reports or statements from doctors, hospitals, laboratories, medical facilities, mental health clinics, xrays, physical therapy records, surgical reports, etc. These should include the dates of treatment, findings, and diagnoses. If you want us to try to obtain any doctor, hospital or medical reports on your behalf, please complete and return the enclosed VA Form 21-4142, Authorization to Disclose Information, and VA Form 21-4142a, General Release for Medical Provider Information, so that we can request treatment records from your private medical sources.
- If you have received treatment at a Department of Veterans Affairs (VA) facility or treatment authorized by VA, please tell us the dates and places of treatment. We will then obtain the necessary records if you give us enough information to locate them.
- You may also send us your own statement, or statements from people who have witnessed how your claimed disabilities affect you. All statements submitted on your behalf should conclude with the following certification: "I hereby certify that the information I have given is true to the best of my knowledge and belief."



File Number: WILLIAMS, LARRY

POA Attorney
HAROLD H HOFFMAN-LOGSDON III
VETERANS LEGAL ADVOCACY GROUP
PO BOX 501041
INDIANAPOLIS, IN 46250



# Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

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AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)  *INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630  (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)  The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for		3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIF Code)
6. BRANCH OF SERVICE ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify  7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE Harold H. Hoffman  7B. INDIVIDUAL IS (check appropriate box)    ATTORNEY   AGENT   INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (Specify organization below)    SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)    SERVICE ORGANIZATION REPRESENTATION UNDER SECTION 14.630 (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)    The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for	NILLIAMS, LARRY	
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ARMY ANY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify  7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE  Harold H. Hoffman  7B. INDIVIDUAL IS (check appropriate box)  X ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)  *INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630  (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)  The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for	WILLIAMS, LARRY	
TA. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE  Harold H. Hoffman  7B. INDIVIDUAL IS (check appropriate box)    ATTORNEY   AGENT   INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (Specify organization below)    Security organization below) (Specify organization below)    **INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630 (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)    The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for	6. BRANCH OF SERVICE	THE RESERVE OF THE PARTY OF THE
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the individual named in It 24	pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the repre	the individual to represent the claimant named in Item 2 for a particular claim esentative and the claimant, attest that no compensation will be charged or paid for
the mulvidual named in item /A.	the individual named in Item 7A.	AND THE RESERVE OF THE PROPERTY ASSESSMENT A

8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804

Arlington, VA 22206

VA FORM AUG 2015 21-22a SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS Unless I check the box below, I do not authorize VA to disclose to the individual abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency	named in Item 7A any records	that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claimant records to dis alcoholism or alcohol abuse, infection with the human immunodeficiency viother than to VA or the Court of Appeals for Veterans Claims, is not author the earlier of the following events: (1) I revoke this authorization by filing a in Item 7A, either by explicit revocation or the appointment of another representations.	irus (HIV), or sickle cell anemis ized without my further written written revocation with VA; or	<ul> <li>Redisclosure of these records by my representative, consent. This authorization will remain in effect until</li> </ul>
10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of reco with the human immunodeficiency virus (HIV), or sickle cell anemia is limited	ords relating to treatment for dru as follows:	g abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S Unless I check the box below, I do not authorize the individual named in Item 7	A to act on my behalf to change	e my address in my VA records.
I authorize the individual named in Item 7A to act on my behalf to change my with out my further written consent. This authorization will remain in effect written revocation with VA; or (2) I revoke the appointment of the of another representative.	ct until the earlier of the follow	ring events: (1) I revoke this authorization by filing a
CONDITIONS O	F APPOINTMENT	
I, the claimant named in Item 2, hereby appoint the individual named in Item 7A as from the Department of Veterans Affairs (VA) based on the service of the veteran in the scope of representation provided before VA may be limited by the agent or attor representation under 14.630, such representation is limited to a particular claim only 9 and 10) to that individual appointed as my representative, and if the individual in I individually named administrative employees of my representative:	amed in Item 4. If the individua mey as indicated below in Item 1. I authorize VA to release any	I named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
Signed and accepted subject to the foregoing conditions.		
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
Taillions	09/21/2018	(i) oner man me veterany
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS Of previously existing powers of attorney)	NLY (Unless limited by an ager	nt or attorney, this power of attorney revokes all
16, SIGNATURE OF REPRESENTATIVE	À	17. DATE OF SIGNATURE 10/6/18
FEES: Section 5904, Title 38, United States C. de, vontains provisions regarding feconnection with a proceeding before the Department of Ve crans Affairs with respect	es that may be charged, allowed t to benefits under laws adminis	I, or paid for services of agents or attorneys in tered by the Department.
A Form 11-22a AUG 2015		



# **BOARD OF VETERANS' APPEALS**

LCERVICAL SPINE

FOR THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON, DC 20038

Date: May 26, 2020

DAVID E. WILSON

L RCV'O 1 JUN 2020

CAP EXAM

Dear Appellant:

The Board of Veterans' Appeals (Board) has made a decision in your appeal, and a copy is enclosed.

If your decision contains a	What happens next
Grant	The Department of Veterans Affairs (VA) will be contacting you regarding the next steps, which may include issuing payment. Please refer to VA Form 4597, which is attached to this decision, for additional options.
Remand	Additional development is needed. VA will be contacting you regarding the next steps.
Denial or Dismissal	Please refer to VA Form 4597, which is attached to this decision, for your options.

If you have any questions, please contact your representative, if you have one, or check the status of your appeal at http://www.vets.gov.

Sincerely yours,

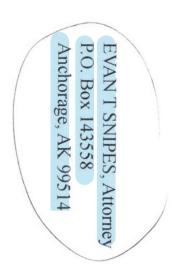
K. Osborne

Deputy Vice Chairman

Enclosures (1)

CC: EVAN T SNIPES, Attorney





# BOARD OF VETERANS' APPEALS

FOR THE SECRETARY OF VETERANS AFFAIRS

IN THE APPEAL OF

DAVID E. WILSON

Represented by

Evan T. Snipes, Attorney

Docket No. 19-17 609

DATE: May 26, 2020

#### REMANDED

Entitlement to service connection for a cervical spine disorder, to include as secondary to the Veteran's service-connected lumbar spine, bilateral knee, and bilateral ankle disabilities is remanded.

#### REASONS FOR REMAND

The Veteran served on active duty from September 1968 to June 1971 and November 1973 to September 1978.

This issue comes before the Board of Veterans' Appeals (Board) on appeal from a February 2003 rating decision by the Department of Veterans Affairs (VA) Regional Office (RO) in Nashville, Tennessee.

The Board, in pertinent part, remanded the appeal in September 2004, August 2009, and February 2012.

In July 2016, the Board, in pertinent part, denied the Veteran's claim for service connection for a cervical spine disorder. The Veteran appealed the Board's July 2016 decision to the U.S. Court of Appeals for Veterans Claims (Court).

In a November 2017 Memorandum decision, the Court vacated and remanded the Board's decision with respect to the claim for a cervical spine disorder. The Board

Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

# APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

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 Vocational Rehabilitation 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 p

representation will each need an average of 5 minutes to review the instructions, find the information valid OMB control number is displayed. You are not required to respond to a collection of informatic internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-827-1000 to g	n if this number is not displayed. A Valid OMB control number can be located on the OMB	
2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin) 2. DAV(D EDWARD)		
	ERVICE NUMBERS	
WILSON, DAVID EDWARD		
6. BRANCH OF SERVICE		
ARMY NAVY AIR FORCE MARINE CORPS COAS	T GUARD OTHER (Specify)	
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE  Evan Snipes		
7B. INDIVIDUAL IS (check appropriate box)		
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  (*See required statement below. Signatures are required in Items 7C and 7D)	SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)	
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	The second secon	
S. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and	street or rural route, city or P.O., State, and ZIP code)	
Veterans Legal Advocacy Group		
Suite 804		
arlington, VA 22206		

VA FORM AUG 2015 21-22a SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.

AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO Unless I check the box below, I do not authorize VA to disclose to the abuse, alcoholism or alcohol abuse, infection with the human immunity.	ne individual named in Item 7A any record	s that may be in my file relating to treatment for days
I authorize the VA facility having custody of my VA claimant realcoholism or alcohol abuse, infection with the human immunoo other than to VA or the Court of Appeals for Veterans Claims, if the earlier of the following events: (1) I revoke this authorization in Item 7A, either by explicit revocation or the appointment of an	deficiency virus (HIV), or sickle cell anems is not authorized without my further written by filing a written revocation with VA:	nia. Redisclosure of these records by my representative
10. LIMITATION OF CONSENT. My consent in Item 9 for the discle with the human immunodeficiency virus (HIV), or sickle cell anem	osure of records relating to treatment for dr ia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CL Unless I check the box below, I do not authorize the individual name	AIMANT'S BEHALF TO CHANGE CL ed in Item 7A to act on my behalf to change	AIMANT'S ADDRESS e my address in my VA records.
I authorize the individual named in Item 7A to act on my behalf to with out my further written consent. This authorization will rem written revocation with VA; or (2) I revoke the appointme of another representative.	nain in effect until the earlier of the follo	wing events: (1) I revoke this authorization by filing
CONDIT	TIONS OF APPOINTMENT	
I, the claimant named in Item 2, hereby appoint the individual named in from the Department of Veterans Affairs (VA) based on the service of the scope of representation provided before VA may be limited by the agrepresentation under 14.630, such representation is limited to a particula 9 and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:	ne veteran named in Item 4. If the individua gent or attorney as indicated below in Item or claim only. I authorize VA to release any	al named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
Signed and accepted subject to the foregoing conditions.		
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
Lavil E. Wilson	9/10/18	
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTO previously existing powers of attorney)	PRNEYS ONLY (Unless limited by an age	Int or attorney, this power of attorney revokes all
,		
16, SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE
5-1-Az		9/10/18
FEES: Section 5904, Title 38, United States Code, contains provisions reconnection with a proceeding before the Department of Veterans Affairs		d, or paid for services of agents or attorneys in stered by the Department.

# Exhibit 2

<b>\Omega</b> Department of Vete	rans Affairs APPEA	AL TO BOARD OF VI	ETERANS' APPEALS
IMPORTANT: Read the attache representative in filling out this f		ut this form. VA also encourage	s you to get assistance from your
1. NAME OF VETERAN (Last Name, First No	ame, Middle Initial)	2. CLAIM FILE NO. (Include prefix)	3. INSURANCE FILE NO., OR LOAN NO.
I A			
4. I AM THE:  VETERAN VETER	RAN'S WIDOWER  VETERAN	'S CHILD VETERAN'S PARI	ENT
	n's Attorney		•
5. TELEPHONI	E NUMBERS	6. MY ADDRESS IS: (Number & Street or Post Office Box, Cit	to State & 71P Code)
A. HOME (Include Area Code)	B. WORK (Include Area Code)	PO Box 501041	S, Barre & 211 Code)
877-838-5242		Indianapolis, IN 4625	50
7. IF I AM NOT THE VETERAN, MY NAME (Last Name, First Name, Middle Initial)	IS:		
Hoffman-Logsdon, Haro	ld H. III		
8. OPTIONAL BVA HEARING		,	
Appeals hearing. DO NOT USE THE Check one (and only one) of the follows.  A. I DO NOT WANT A BVA HEARING BY I WANT A BVA HEARING BY I WANT A BVA HEARING IN D. I WANT A BVA HEARING AT "Due to travel requirements for available at the Washington. DO I THESE ARE THE ISSUES I WANT TO A I WANT TO APPEAL ALL OF THAT MY LOCAL VA OFFICI	IIS FORM TO REQUEST A HEARING owing boxes:  ARING.  ARING.  ALIVE VIDEOCONFERENCE.  WASHINGTON, DC.  TA LOCAL VA OFFICE.*  BVA personnel, selecting Option D may rest.  To Baltimore, MD, Regional Offices.)  APPEAL TO THE BVA: (Be sure to read to the ISSUES LISTED ON THE STATE E SENT TO ME.  ENT OF THE CASE AND ANY SUPPLE	the information about this block in paragraph of MENT OF THE CASE AND ANY SUPPLE	g than the other options. (This option is also not 6 of the attached instructions.) EMENTAL STATEMENTS OF THE CASE RECEIVED. I AM ONLY APPEALING THESE
Mr. Tanada had sleep a	ipnea While In	service.	
We have not been able to attorney, of any exams the	nat have taken place an		A has not notified me, his a Statement of the Case
Continued on next sheet			
44 A(A) 1 A P   MAR A M MARAN A I (XAX) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		sheets of paper, if you need more space.)	PRESENTATIVE, IF ANY 114, DATE
11. SIGNATURE OF PERSCI MAKING TI	HIS APPEAL 12. DATE (MM-DD-YYYY)	13. SIGNATURE OF APPOINTED REF (Not required if signed by appetitute) instructions.)	PRESENTATIVE, IF ANY 14. DATE (MM:DD:YYYY)

### **CONTINUATION SHEET FOR ITEM 10**

was issued several months ago. Without notification to his representative, the Board should accept this VA Form 9 as timely. All exam results should be sent to me and the Board should give me a sixty day warning to submit evidence and argument before it makes a decision. It is especially important to the veteran's due process rights that VA send copies of correspondence to the veteran to me, especially decisions with appeal deadlines. I have notified VA that the veteran lives out of country and is very difficult to contact.

(Attach additional sheets, if necessary)





Faxed to: 844-531-7818 and 202-495-6803

August 8, 2017

<u>PETITION FOR EXTRAORDINARY RELIEF</u>
NEEDED TO REPAIR VA DUE PROCESS ERRORS

Re: T A

### **Dear Sir or Madam:**

The veteran, A , has contacted VA and been told that he does not have an appeal to the BVA pending. I personally filed the VA Form 9 on January 26, 2016, appealing the decision promulgated in the October 7, 2015, Statement of the Case (SOC). The Form 9 discussed VA's failure to send me a copy of the SOC and thus the VA Form 9 should have been considered timely despite being filed after the 60-day period. This was especially detrimental to the veteran becacause, as the VA was notified, he lived in Afghanistan.

I have contacted VA on several occasions to figure out why there has been no further action on Mr. 'sleep apnea appeal. VA has never once bothered to return a call or send any correspondence regarding the veteran's sleep apnea claim including still having never sent me, the veteran's attorney, a copy of the 2015 SOC.

The VARO has completely violated the veteran's Constitutional 5<sup>th</sup> Amendment rights to due process as well as his right to an attorney found in 38 C.F.R. § 20.600. The time period to appeal the SOC never ran because VA never sent it to me, his attorney, as required by 38 C.F.R. §§ 19.29 and 19.30, the SOC or the veteran's appellate rights.

If oes not have his appeal certified to the BVA by October 1, 2017, I will file a **PETITION FOR EXTRAORDINARY RELIEF** at the Court of Appeals for Veterans Claims. I feel we have exhausted all our remedies and it is clear that VA is unwilling to work with the veteran in resolving this issue. At minimum, the RO MUST issue an SOC regarding this challenge to the timeliness of the veteran's substantive appeal as set forth in 38 C.F.R. § 19.34. The challenge to the timeliness is now more than eighteen months old and the RO continues to ignore the veteran.

I request that VA finally send me a copy of the 2015 sleep apnea SOC and all development, including exams, performed regarding the veteran's sleep apnea claim.





Faxed to: 844-531-7818 and 202-495-6803

September 12, 2017

<u>PETITION FOR EXTRAORDINARY RELIEF</u>
NEEDED TO REPAIR VA DUE PROCESS ERRORS

Re: T\_\_\_\_A

# SECOND LETTER - PLEASE RESPOND

### Dear Sir or Madam:

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Faxed to: 844-531-7818 and 202-495-6803

October 16, 2017

<u>PETITION FOR EXTRAORDINARY RELIEF</u>
<u>NEEDED TO REPAIR VA DUE P</u>ROCESS ERRORS



# FINAL WARNING - PLEASE RESPOND

# **Dear Sir or Madam:**

The veteran, , has contacted VA and been told that he does not have an appeal to the BVA pending. I personally filed the VA Form 9 on January 26, 2016, appealing the decision promulgated in the October 7, 2015, Statement of the Case (SOC). The Form 9 discussed VA's failure to send me a copy of the SOC and thus the VA Form 9 should have been considered timely despite being filed after the 60-day period. This was especially detrimental to the veteran because, as the VA was notified, he lived in Afghanistan.

I have contacted VA on several occasions to figure out why there has been no further action on sleep apnea appeal. VA has never once bothered to return a call or send any correspondence regarding the veteran's sleep apnea claim including still having never sent me, the veteran's attorney, a copy of the 2015 SOC.

The VARO has completely violated the veteran's Constitutional 5<sup>th</sup> Amendment rights to due process as well as his right to an attorney found in 38 C.F.R. § 20.600. The time period to appeal the SOC never ran because VA never sent it to me, his attorney, as required by 38 C.F.R. §§ 19.29 and 19.30, the SOC or the veteran's appellate rights.

I will file a **PETITION FOR EXTRAORDINARY RELIEF** at the Court of Appeals for Veterans Claims **ONE WEEK FROM TODAY**. I feel we have exhausted all our remedies and it is clear that VA is unwilling to work with the veteran in resolving this issue. At minimum, the RO MUST issue an SOC regarding this challenge to the timeliness of the veteran's substantive appeal as set forth in 38 C.F.R. § 19.34. The challenge to the timeliness is now more than eighteen months old and the RO continues to ignore the veteran.

# IN THE UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

Petitioner,	)	
V.	)	Docket No. 19
	)	
ROBERT L. WILKIE,	)	
Secretary of Veterans Affairs,	)	
Respondent.	)	

# PETITIONER'S MOTION TO DISMISS PETITION FOR EXTRAORDINARY RELIEF

Pursuant to U.S. Vet. App. R. 42, M moves to dismiss this petition in its entirety. Since the petition was filed, the AOJ completed the adjudication Mr. was asking the Court to order the VA to adjudicate. Therefore, this petition is now moot and should be dismissed.

The Secretary is not opposed to this motion.

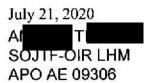
WHEREFORE, Mr. moves the Court to dismiss his petition.

May 1, 2019.

Submitted,

/s/ Harold H. Hoffman III

2776 S. Arlington Mill Dr. Suite 804 Arlington, VA 202-677-0303 haroldhoffman@vetlag.org



The Board of Veterans' Appeals remanded your appeal on May 11, 2020. We made a decision on your entitlement to VA benefits.



This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

THIS DECISION IS A FULL GRANT OF THE BENEFIT SOUGHT ON APPEAL FOR SLEEP APNEA BASED ON ENTITLEMENT TO SERVICE CONNECTION AND CONCLUDES YOUR APPEAL.

Based on the current rating decision we were able to add Joshua from his date of birth.

### Your Benefit Information:

 Service connection for sleep apnea is granted with an evaluation of 50 percent effective August 7, 2012.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
10%	Jan 1, 2004
50%	Jun 15, 2009
80%	Aug 7, 2012

# How VA Combines Percentages

If you have more than one condition, VA will combine percentages to



### We have included with this letter:

- 1. Explanation of Payment
- Additional Benefits
- 3. Where to Send Written
- Correspondence
- VA Form 20-0998
- Rating Decision
- 6. Fraud Prevention Attachment

### Contact Information:

Web: <u>www.vets.gov</u> Phone: 1-800-827-1000

TDD: 711

To send questions online: visit https://iris.custhelp.com/

### Social Media:

Twitter: @VAVetBenefits Facebook: <u>www.facebook.com/</u> <u>VeteransBenefits</u>

### Your representative:

You appointed HAROLD H HOFFMAN-LOGSDON III as your accredited representative. They have also received a copy of this letter.

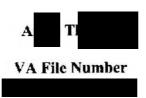
They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.





# DEPARTMENT OF VETERANS AFFAIRS Veterans Benefits Administration Regional Office



# Represented By: HAROLD H HOFFMAN-LOGSDON III Rating Decision 06/26/2020

### INTRODUCTION

The records reflect that you are a veteran of the Gulf War Era and Peacetime. You served in the Army from February 16, 1983 to December 31, 2003. The Board of Veterans Appeals remanded the case to our office on May 11, 2020. Based on a review of the evidence listed below, we have made the following decision on your claim.

### **DECISION**

Service connection for sleep apnea is granted with an evaluation of 50 percent effective August 7, 2012.

### **EVIDENCE**

- VA Form 27-0820 Report of General Information, (Claim for Obstructive Sleep Apnea), dated August 7, 2012
- Board of Veterans Appeals Remand, dated May 11, 2020
- VA Letter to the Veteran, dated June 19, 2020
- Requested Medical Opinion from Veterans Evaluation Services received, dated June 25, 2020







March 25, 2021



Dear Sir or Madam:

You have sent correspondence to the above-captioned claimant in their claim for disability benefits to the wrong address. The address for Harold Hoffman (Harold Hoffman-Logsdon), Evan Snipes, Meghan Gentile, and Britney Sutton is:

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206.

The VA was updated on the new address several times, yet the VA continues to send mail to our old addresses in Alaska and Indiana. And sometimes the VA is leaving off our suite number, and so we don't get the documents. Please ensure that the VA sends copies of all communications to the above-captioned veteran to the above address in Virginia.

Respectfully,

Harold H. Hoffman VetLAG Counsel Meghan Gentile VetLAG Counsel Evan Snipes VetLAG Counsel





March 15, 2021



Dear Sir or Madam:

You have sent correspondence to the above-captioned claimant in their claim for disability benefits to the wrong address. The address for Harold Hoffman (Harold Hoffman-Logsdon), Evan Snipes, Meghan Gentile, and Britney Sutton is:

Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206.

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Harold H. Hoffman VetLAG Counsel Meghan Gentile VetLAG Counsel Evan Snipes VetLAG Counsel





March 15, 2021



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Harold H. Hoffman VetLAG Counsel Meghan Gentile VetLAG Counsel Evan Snipes VetLAG Counsel





March 15, 2021



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Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206.

The VA was updated on the new address several times, yet the VA continues to send mail to our old addresses in Alaska and Indiana. And sometimes the VA is leaving off our suite number, and so we don't get the documents. Please ensure that the VA sends copies of all communications to the above-captioned veteran to the above address in Virginia.

Respectfully,

Harold H. Hoffman VetLAG Counsel Meghan Gentile VetLAG Counsel Evan Snipes VetLAG Counsel

# Exhibit 3

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







### **DEPARTMENT OF VETERANS AFFAIRS**



January 7, 2021



In reply, refer to: 326/LAH



Dear

The enclosed correspondence was returned to the VA Regional Office by the US Postal Service as undeliverable on December 28, 2020. The above address has since been discovered. Should this letter reach you, please call us at the number listed below to ensure we have your correct contact information.

### What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Service members, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA.
- · Request to add or change your dependents
- · Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- · Track the status of your claim or appeal
- · Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit <a href="www.eBenefits.va.gov">www.eBenefits.va.gov</a> for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

# If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, email, or letter.

If you	Here is what to do.	
Telephone	Call us at 1-800-827-1000. If you use a	
	Telecommunications Device for the Deaf (TDD), the	
	Federal number is 711.	
Use the Internet	Send electronic inquiries through the Internet at	
	https://iris.custhelp.va.gov.	
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached <i>Where to Send Written Correspondence</i> .	

In all cases, be sure to refer to your VA file number,

If you are looking for general information about benefits and eligibility, you should visit our website at http://www.va.gov or search the Frequently Asked Questions (FAQs) at https://iris.custhelp.va.gov.

We sent a copy of this letter to your representative, MEGHAN K GENTILE, whom you can also contact if you have questions or need assistance.

Sincerely yours,

# **Regional Office Director**

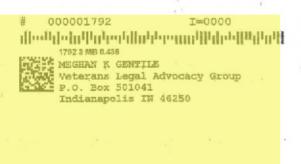
Enclosures: Where to Send Written Correspondence

VA Notification Letter dated December 7, 2020

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







December 7, 2020



# We made a decision on your VA benefits.

Dear

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

### Your Benefit Information:

- Entitlement to special home adaptation is not established.
- Entitlement to specially adapted housing is not established.

See Rating Decision to find out why we made this decision.

Your monthly entitlement amount is shown below:

Monthly Entitlemen Amount	Payment Start Date	Reason :
\$4,026.88	Dec 1, 2020	Cost of Living Adjustment

We are currently paying you as a single Veteran with no dependents.

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See Explanation of Payment for more details about your payment.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.



### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 3. Where to Send Written Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision
- 6. Fraud Prevention Attachment

### Contact information:

Web: www.vets.gov Phone: 1-800-827-1000 TDD: 711 To send questions online: visit https://iris.custhelp.com/

### Social Media:

Twitter: @VAVetBenefits
Facebook: www.facebook.com/
VeteransBenefits

### Your representative:

You appointed MEGHAN K GENTILE as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press 1.



If this account is no longer open,

### please notify us immediately.

# What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form	
Supplemental Claim	VA Form 20-0995, Decision Review Request: Supplemental Claim	
Higher-Level Review	VA Form 20-0996, Decision Review Request: Higher-L. Review	
Appeal to the Board of Veterans' Appeals	VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)	

Please note: You <u>may not</u> request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, Your Rights To Seek Further Review Of Our Decision, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting <a href="www.va.gov/vaforms/">www.va.gov/vaforms/</a> or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit <u>www.va.gov/decision-reviews</u> to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting <a href="https://www.va.gov">www.va.gov</a>.

Thank you for your service,

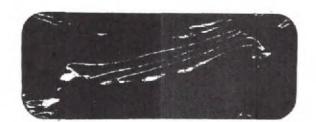
# Regional Office Director





MEGHAN K GENTILE Veterans Legal Advocacy Group P.O. Box 501041 Indianapolis IN 46250





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You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

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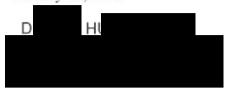
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### DEPARTMENT OF VETERANS AFFAIRS



January 28, 2021



In reply, refer 329/DW File Number:

Dear Mr.

The enclosed correspondence was returned to the VA Regional Office by the US Postal Service as undeliverable on November 20, 2020. The above address has since been discovered. Should this letter reach you, please call us at the number listed below to ensure we have your correct contact information.

### What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Service members, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA.
- · Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- · Track the status of your claim or appeal
- · Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit <a href="www.eBenefits.va.gov">www.eBenefits.va.gov</a> for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

# If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, email, or letter.

# BOARD OF VETERANS' APPEALS FOR THE SECRETARY OF VETERANS AFFAIRS



IN THE APPEAL OF

DIE . H

Represented by

Meghan K. Gentile, Attorney

Docket
Advanced on the Docket

DATE: October 23, 2020

### ORDER

Entitlement to a total disability rating for compensation purposes based on individual unemployability due to service-connected disabilities (TDIU) is denied.

### FINDING OF FACT

The Veteran's service-connected disabilities do not preclude him from securing and following substantially gainful employment.

### CONCLUSION OF LAW

The criteria for a TDIU have not been met. 38 U.S.C. §§ 1155, 5103, 5103A, 5107; 38 C.F.R. §§ 3.159, 3.340, 3.341, 4.3, 4.15, 4.16, 4.18, 4.19, 4.25.

# REASONS AND BASES FOR FINDING AND CONCLUSION

The Veteran served on active duty in the United States Marine Corps from November 1963 to October 1965. This claim comes before the Board of Veterans' Appeals (Board) on appeal from a rating decision issued in November 2017 by a Department of Veterans Affairs (VA) regional office.





January 27, 2021

VIA USPS:

Director
Office of Management, Planning, and Analysis (014)
Board of Veterans' Appeals
PO Box 27063
Washington, DC 20038

VIA Fax: 844-531-7818 844-678-8979

Re: S , K

### MOTION FOR RECONSIDERATION

### Dear Chairman:

I am attorney and accredited VA representative. *Please see* March 4, 2019 VA Form 21-22a and Fee Agreement.

This is a motion for reconsideration of the Board's December 30, 2020 decision denying entitlement to a compensable rating for a right wrist ganglion cyst with residual scar.

The reasons we urge the Board to allow reconsideration are as follows:

- 1) The Board did not send me a copy of its decision. I am only in receipt of a partial copy of the Board decision directly from my client. Although my name is mentioned on the Board decision cover letter, VA has not sent me a copy of this decision. Under Rule 904, the Board's failure to furnish me with a copy of the Board's decision represents a denial of due process under subsection (a)(1) (Denial of due process and right to representation). We therefore rebut the presumption of regularity.
- 2) The Board did not send me a copy of the February 2020 medical opinion. I specifically requested "any examination instructions, any examination reports, VA treatment records, or other development or new evidence that is obtained" subsequent to the 2018 CAVC remand in my March 2019 letter. Not only did VA's failure to furnish me with a copy of the exam deny her statutory right to representation under 38 U.S.C. §§ 5901-5904, it also violated Ms. rights under Rule 903, which required VA to send me a copy of the February 2020 exam.
- 3) The February 2020 opinion is inadequate. Based on the Board's description of the February 2020 opinion, the examiner made an unfounded, circular credibility finding by presupposing that Ms. didn't have wrist pain since 1993 in order to find that her reported wrist symptomology was not credible. The examiner also impermissibly relied on nonservice-connected conditions to speculate that they "may all contribute to her current symptoms." *See Mittleider v. West.* The examiner also stated a "nexus" cannot be established—but the Board already found nexus. This is not a service connection issue. Nexus does not belong in a rating evaluation. This shows that the examiner was not competent to provide an opinion as to ratings evaluations or provided improper instructions.
- 4) Challenge to examiner's qualifications and competency. We challenge the examiner's qualifications and competence to provide a medical opinion. We therefore rebut the presumption of competence. See above.
- 5) Failure to comply with the Court's memorandum decision and violation of *Buchanan v. Nicholson*. The Court instructed that the Board could not make an unsupported credibility finding in violation of *Buchanan v. Nicholson* by seeking contemporaneous objective evidence to support Ms otherwise competent, credible reports of pain. In 2017, the Court found it impermissibly relied on lack of contemporaneous medical evidence to find against Ms. credibility. The Board repeated that error in December 2020. There is no actual medical evidence against Ms testimony. There is only speculation and impermissible requirements of contemporaneous medical evidence.

- 6) Reasons or bases. The Board provided an inadequate statement of reasons or bases for its determination that the examiner was competent, that the exam was adequate, that acks credibility to report her own wrist symptoms, that she required "special training or acquired . . . medical expertise" to competently report her pain (*See Jandreau v. Nicholson*, *Buchanan v. Nicholson*), and the Board's determination that Ms. limited range of motion is "not applicable" to her service-connected condition.
- 7) Benefit of the doubt. There is no medical evidence contradicting reports of pain since 1993. There is only an inadequate medical opinion speculating that her "recollection of her symptoms since 1993 may be inaccurate." This does not rise to the level of a sufficient medical opinion and it violates the benefit-of-the-doubt doctrine. "May" is not more than 50% likely. And it is the only evidence the Board relied upon to support its negative credibility finding.

This motion for reconsideration should be allowed because VA violated Ms. due process and right to representation, relied on an inadequate medical opinion, made an impermissible credibility finding, and violated the benefit-of-the-doubt doctrine. Accordingly, under Rule 1001(c)(2), the Board Chairman should allow this motion, provide me with the Board decision and development I requested in my March 2019 letter—including the February 2020 medical opinion and instructions—and provide notice so that I may review and respond before assigning a Reconsideration panel.

Thank you for the work you do for veterans and their families. If you have any questions, please contact me at 202-677-0600 or meggentile@vetlag.org.

Best,

Meghan Gentile

Attorney

Veterans Legal Advocacy Group

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



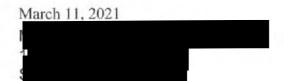


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EVAN T SNIPES EVAN T SNIPES 2776 S. Arlington Mill Drive Suite 804 Arlington VA 22206



The Board of Veterans' Appeals remanded your appeal on February 24, 2021. We made a decision on your entitlement to VA benefits.



This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

# Your Benefit Information:

- Service connection for nuclear sclerosis, photophobia, and corneal scarring is granted with an evaluation of 0 percent effective December 10, 2008.
- Service connection for dry eye syndrome is granted with an evaluation of 20 percent effective December 10, 2008.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date	
20%	Dec 10, 2008	
30%	Dec 13, 2017	

# **How VA Combines Percentages**

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: <a href="http://www.benefits.va.gov/compensation/rates-index.asp#howcalc.">http://www.benefits.va.gov/compensation/rates-index.asp#howcalc.</a>

### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- Where to Send Your Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision
- 6. Fraud Prevention Attachment

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Twitter: @VAVetBenefits Facebook: <u>www.facebook.com/</u> VeteransBenefits

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They can help you with any questions you have about your claim.

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### DEPARTMENT OF VETERANS AFFAIRS Board of Veterans' Appeals Washington DC 20038

03/01/2021



Mr. Evan Snipes VetLag 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206

Dear Evan Snipes:

This is in response to your Privacy Act request dated 05/18/2020 which was received in this office on 03/01/2021. Your request was for a copy of the claims file. We are providing you with the following records: a copy of the claims file on CD/DVD. These comprise all VA electronic records contained within our system that pertain to your client.

As explained in our acknowledgement letter or email, these records are being provided to you on a compact disc (CD) or digital video disc (DVD) for use on your personal computer. Electronic records of 25 pages or more are uploaded on to a CD/DVD. The CD/DVD can be viewed on all computers through the use of Adobe Reader software, which is available online for free.

Under 38 C.F.R. § 1.526, an appellant is entitled to one free copy of his or her claims file. Please be aware that any future request for copies of material that an appellant or his /her attorney has already received may involve payment of a duplication fee. I hope that the information provided will be useful to you.

If you consider this response to be a denial of any part of your request, you may appeal by writing to the Chief Counsel, Information Law Group (024), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420 or email your request to <a href="mailto:OGCFOIAAppeals@va.gov">OGCFOIAAppeals@va.gov</a>. Your appeal must be received within 90 calendar days of the date of this letter. 5 U.S.C.A. § (a) 6 (A) (i) (III) (aa). An appeal must include your VA file number and state clearly why you disagree with the determination of this office.

Sincerely,

Kary Charlebois

Kany Do Charlebow

FOIA/Privacy Act Officer

### DEPARTMENT OF VETERANS AFFAIRS



February 18, 2021

In reply, refer to: 310/SV File Numbe R M

Dear Mr. M

We are working on your claim.

# Important Information

 We asked the VA medical facility nearest you to schedule you for an examination in connection with your claim. They will notify you of the date, time, and place of the examination. If you can't keep the appointment or want to be re-scheduled, contact the medical facility on the appointment notice as soon as possible.

When a claimant, without good cause, fails to report for an examination or reexamination, the claim shall be rated based on the evidence of record, or even denied. Examples of good cause include, but are not limited to, illness or hospitalization, death of a family member, etc.

# What Is eBenefits?

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- · Submit claims for benefits and/or upload documents directly to VA
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- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
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- · Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate



POA Attorney EVAN T SNIPES 2776 S. ARLINGTON MILL DRIVE SUITE 804 ARLINGTON, VA 22206



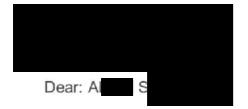
EVAN T SNIPES, Attorney
Evan T Snipes
2776 S. Arlington Mill Drive
Suite 804
Arlington, VA 22206



## DEPARTMENT OF VETERANS AFFAIRS Board of Veterans' Appeals Washington, DC

Date: February 21, 2021

In Reply Refer To: 014CREB



The Board of Veterans' Appeals received your Board Appeal request (VA Form 10182). Based on the Board appeal option you selected on the form, your appeal has been placed on the Direct Review docket.

# What happens next?

Please keep in mind that while selecting the Direct Review option often results in the Board issuing a decision more quickly, you cannot submit any evidence to the Board under this review option. On average, appeals on the Direct Review docket are decided within 365 days of being docketed.

# What if I want to change my Board appeal request by switching AMA dockets?

You may request to change from one Board AMA docket to another by submitting a new VA Form 10182 with the new docket choice and a list of issues you want considered under the new docket. You can only switch from one AMA docket to another if you have not had a hearing or submitted evidence following the Board's receipt of your original VA Form 10182.

Typically, requests to change AMA dockets must be filed at the Board within 60 days of the date the Board received the VA Form 10182 that you have already submitted, or within one year of the VA decision being appealed, whichever date is later. However, you may submit a good cause extension request. To request an extension of time to submit a VA Form 10182 docket switch request, please note the reasons why you believe there is good cause on or with your VA Form 10182 docket switch request.

# What if I would like my case advanced on the Board's docket?

If you are suffering from a serious illness, or you are under severe financial hardship, or have other sufficient cause, you can request to have your appeal "Advanced on the Docket," or moved to the front of the line. If you are age 75 or older, your appeal will automatically be prioritized, and you do not have to submit anything further.

### DEPARTMENT OF VETERANS AFFAIRS



February 5, 2021

EVAN T SNIPES 2776 S ARLINGTON MILL DRIVE SUITE 804 ARLINGTON, VA 22206 In reply, refer to:
335/PJK
File Numbe
D

To Whom It May Concern:

# Summary of the Case

You and your client properly filed a valid direct-pay fee agreement with the Department of Veterans Affairs (VA), requesting direct payment of 20% of the award of past-due benefits for fees.

In a Rating Decision dated February 2, 2021, benefits were awarded for the following issue(s): entitlement to an earlier effective date for service connection for post traumatic stress disorder (PTSD) with secondary depression and anxiety is granted effective November 15, 2019. The amount of past-due benefits, which is computed from the effective date of the award through the date of the decision, is \$9,827.73. The amount withheld for fees is \$1,965.55, which is 20% of past due benefits.

# Requirements for Direct Payment of Fees

On or after February 19, 2019, agents or attorneys may generally charge for representation provided to claimants or appellants pursuing certain reviews of decisions by agencies of original jurisdiction. These reviews may include supplemental claims, higher-level reviews, notices of disagreement (NODs), or clear and unmistakable errors. For the provisions relating to the payment of fees, see 38 U.S.C. 5904 and 38 CFR 14.636.

Before February 19, 2019 fees were only payable for representation after a notice of NOD was filed with respect to a decision.

For NODs filed on or before June 19, 2007, agents and attorneys could charge only for services provided after both of the following additional conditions have been met:

- · The Board of Veterans' Appeals (BVA) promulgated a final decision, and
- The attorney or agent was retained not later than one year following the date of that BVA
  decision. This condition will be met with respect to all successor attorneys or agents acting
  in the continuous prosecution of the same matter if the predecessor was hired within the

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





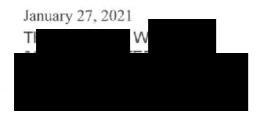
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400 3 MB U.-.. EVAN T SNIPES 2776 S. Arlington Mill Drive Suite 804 Arlington VA 22206



The Board of Veterans' Appeals remanded your appeal on December 1, 2020. We made a decision on your entitlement to VA benefits.

Dear

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

A recent review of your file shows that you have not authorized VA to disclose any records protected under 38 U.S.C. 7332 (records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV) or sickle cell anemia) to your representative. You previously completed a power of attorney (POA) appointment form that did not include authorization to access these records. Because of this, we are unable to disclose any protected records that may exist to your representative or provide your representative with access to VA electronic systems that could result in inadvertent disclosure of any protected records.

Please complete and submit the attached, current version of VA Form 21-22a Appointment of Veterans Service Organization as Claimant's Representative, if you wish for your POA to have access.

The form must include your signature and your representative's signature and full date of the signatures.

### Your Benefit Information:

 Entitlement to an earlier effective date of service connection for left knee strain and degenerative joint disease is not shown due to a clear and unmistakable error. The 10 percent evaluation is continued from December 8, 2009.



### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- Where to Send Your Correspondence
- 4. VA Form 20-0998
- 5. Rating Decision
- 6. VA Form 21-22a
- 7. Fraud Prevention Attachment

### Contact information:

Web: www.vets.gov Phone: 1-800-827-1000 TDD: 711 To send questions online: visit https://iris.custhelp.com/

Social Media:

Twitter: @VAVetBenefits Facebook: <u>www.facebook.com/</u> <u>VeteransBenefits</u>

### Your representative:

You appointed EVAN T SNIPES as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.



# Exhibit 4

## United States Department of Veterans Affairs Office of General Counsel and Veterans Benefits Administration



### Please check off if you are an accredited attorney or claims agent.

Attorney: DOA Code:			
Claims Agent: ☐ POA Code:			
First Name:	Middle Name:	Last Name: _	
Mailing Address:			
City:	State:	Zip Code:	
Business Phone Number:			
Cell Phone Number:			
Fax Number:			
Email Address 1:			
Email Address 2:			
********	***** For office use onl	y ************	******
Office of General Counsel		Veterans Benefits Admir	

# Exhibit 5



Emailed to ogcaccreditationmailbox@va.gov

April 2, 2018

Department of Veterans Affairs Office of the General Counsel (022D) Washington, DC 20420

RE: Attorney Accreditation

Harold H. Hoffman, III ACC # 12821 POA CODE IG5

Dear Sir or Madam:

I am a member of the New York State Bar. I remain in good standing with the New York Bar. My New York State Bar # is 4696522. I have also been admitted to practice and remain in good standing at the Court of Appeals for Veterans Claims and the Court of Appeals for the Federal Circuit.

I completed ABA's "Training for Attorneys - Pro Bono Legal Assistance to Veterans." It is credited as 3.0 hours of CLE. I completed it on April 2, 2018.

Please also note that I have a new address: 2776 S Arlington Mill Dr., Suite 804 // Arlington VA 22206. My phone number is 202-677-0303. My email address is haroldhoffman@vetlag.org

If you have any questions, please feel free to call or e-mail. Thank you.

Respectfully,

Harold H. Hoffman, III



Emailed to ogcaccreditationmailbox@va.gov

April 6, 2018

Department of Veterans Affairs Office of the General Counsel (022D) Washington, DC 20420

RE: Attorney Accreditation

Meghan Gentile, Esq.

ACC # 35948 POA CODE CRI

Dear Sir or Madam:

I am a member in good standing of the District of Columbia Bar. My DC Bar # is 1012421. I have also been admitted to practice and am in good standing at the Court of Appeals for Veterans Claims and the Court of Appeals for the Federal Circuit.

I completed ABA's "Training for Attorneys - Pro Bono Legal Assistance to Veterans." It is credited as 3.0 hours of CLE. I completed it on March 30, 2018. I also completed Preparation of VA Disability Compensation Claims CLE, which is also credited as 3.0 hours. I completed it on March 30, 2018.

Please also note that I have a new address: 2776 S Arlington Mill Dr., Suite 804 // Arlington VA 22206. My phone number is 202-677-0600. My email address is meggentile@vetlag.org

If you have any questions, please feel free to call or e-mail. Thank you.

Respectfully,

Meghan Gentile



### Emailed to ogcaccreditationmailbox@va.gov

April 2, 2018

Department of Veterans Affairs Office of the General Counsel (022D) Washington, DC 20420

RE: Attorney Accreditation

Evan T. Snipes

ACC # 23349 POA CODE 756

#### Dear Sir or Madam:

I am a member of the Tennessee State Bar. I remain in good standing with the Tennessee Bar. My Tennessee State Bar # is 028110. I have also been admitted to practice and remain in good standing at the Court of Appeals for Veterans Claims and the Court of Appeals for the Federal Circuit.

I completed the Practicing Law Institute's "Advocating for Veterans: The Basics on VA Benefits, Discharge Upgrades and Veteran Cultural Competency 2017." It is credited as 3.28 hours of CLE. I completed it on March 26, 2018.

Please also note that I have a new address: 2776 S Arlington Mill Dr., Suite 804 // Arlington VA 22206. My phone number is 202-677-0363. My email address is evansnipes@vetlag.org

If you have any questions, please feel free to call or e-mail. Thank you.

Respectfully,

Evan T. Snipes

# Exhibit 6





June 5, 2018

Re:



#### "REPRESENTATIVE CHANGE OF ADDRESS"

Dear Sir or Madam:

My name is Meghan Gentile. I represent the above captioned veteran in his/her claim for disability benefits. My address recently changed. My new address is:

> Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206.

Please ensure that copies of all communications to the above captioned veteran are sent to my new address.

I appreciate your cooperation as well as the work you perform on behalf of veterans. If you have any questions, please feel free to call me at 202-677-0600 or e-mail me at meggentile@vetlag.org. Thank you.

Respectfully Submitted,





June 5, 2018

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Respectfully Submitted,





Arlington, VA 22206

Faxed to: 844-531-7818, 202-495-6803, 202-495-5511

June 5, 2018

Re:



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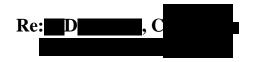
Respectfully Submitted,

# Exhibit 7



Faxed to 844-531-7818

May 27, 2020



#### "WITHDRAWAL OF POA/END REPRESENTATION"

I represented Carrier Daniel his claims before the VA. As of this time, I no longer represent Mr. Daniel. Please let your records reflect that I am no longer his attorney and that my POA should be revoked.

This withdrawal of counsel is expressly due to the VA's mishandling of documents and our mailing address. We have submitted countless requests to change our address within all of VA's systems. The VA has continued to send mail to our previous addresses in Alaska and Indiana, not Virginia. We have made every attempt to correct this, but we still receive documents months after they were originally sent, or not at all.

Mr. Description fired us because the VA informed him that we—as his attorneys—were holding up his claim by requesting vital documents the VA never sent us. Documents like C&P exam reports. He in turn fired us. We have now lost Mr. Description as a client specifically because of the VA's errors and then reporting to our client that we are holding his claim up. Thank you so much.

This revocation of POA does not mean that Mr. Decoupled does not owe us a fee. Our fee agreement on file remains active. Twenty percent of all retroactive payments and fees should be awarded to us for our work performed before this ending of relationship. All fees should be sent by direct deposit to our PNC account on file.

Respectfully Submitted,

Harold H. Hoffman, III

VetLAG Counsel

# Exhibit 8

#### <<<<RO and Fee Coordinator name redacted>>>>

Forwarded message From: , VBA <@va.gov> Date: Thu, Sep 10, 2020 at 2:46 PM Subject: RE: [EXTERNAL] Missing Agency Fees for R T To: parkerlow@vetlag.org <parkerlow@vetlag.org></parkerlow@vetlag.org>
You're welcome.
From: Parker Low <parkerlow@vetlag.org> Sent: Thursday, September 10, 2020 2:31 PM To: , , VBA &lt; @va.gov&gt; Subject: Re: [EXTERNAL] Missing Agency Fees for R T</parkerlow@vetlag.org>
It is correct there, but this still keeps happening. Thank you.
On Thu, Sep 10, 2020 at 2:27 PM , , VBA < <u>@va.gov</u> > wrote: We are required to verify the attorney's address on the OGC site each time we mail correspondence, so please make sure your address is correct on the OGC site.
Thank you,
From: Parker Low <parkerlow@vetlag.org> Sent: Thursday, September 10, 2020 2:18 PM To: , , VBA &lt; @va.gov&gt; Subject: Re: [EXTERNAL] Missing Agency Fees for R T</parkerlow@vetlag.org>
Thank you for the update! Is there a way to permanently update Mr. Snipes's address with the VA? I have spent hours and hours faxing in letters to update our address—125 letters at last count—since the beginning of the year, and yet this still happens. We haven't used the address in Alaska in more than five years (there was an intervening Indiana address), and we've had our Virginia address for 2.5 years.
Thank you!!! Parker
On Thu, Sep 10, 2020 at 9:14 AM , , VBA < @va.gov > wrote: Good morning,

The attorney fee letter that was mailed to Mr. Snipes on June 18, 2020 was returned to the VA on June 29, 2020; because at that time the OGC address listed his address as Anchorage AK. This

letter was mailed out again on July 13, 2020 to the address on the OGC site shown as Arlington VA.

The payment will be processed on September 14, 2020.

Respectfully,

VARO