

EXHIBITS

Exhibit 1

	A	B	C	D	E	F	G
1	Client	Attorney	Correctly addressed 2122a Date	Mismailed Document Date	Mismailed Document Sent to	Compare 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



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 www.reginfo.gov/public/do/PRACHain. If desired, you can call 1-800-827-1800 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 Code)
DONNIE RAY BISHOP	
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS
BISHOP, DONNIE RAY	
6. BRANCH OF SERVICE	
<input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify _____)	

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Meghan Gentile

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE
 (*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. 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 7A 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 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT

Donnie Ray Bishop

13. DATE OF SIGNATURE

6 Sep 2018

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)**15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE**

Maghan K. Smith

17. DATE OF SIGNATURE

9/7/18

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.

VA Form 21-22a, AUG 2015



DEPARTMENT OF VETERANS AFFAIRS

October 9, 2019

TAREK CHAUDHARY

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



File Number:
CHAUDHARY, TAREK

If you	Here is what to do.
	address listed on the attached <i>Where to Send Your Written Correspondence</i> 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 <https://www.va.gov> or search the Frequently Asked Questions (FAQs) at <https://iris.custhelp.com/>.

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





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 www.reginfo.gov/publicdo/PRAMain. 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)

TAREK ABBAS CHAUDHARY

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

CHAUDHARY/TAREK, ABBAS

5. SERVICE NUMBERS

6. BRANCH OF SERVICE

☒ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Harold H Hoffman

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE

(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

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CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

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 ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

10/31/18

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.

VA Form 21-22a, AUG 2015



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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Thomas G. Crump

3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

Crump, Thomas Gary

5. SERVICE NUMBERS

6. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☒ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Evar. Snipes

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE
(*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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

11. 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 7A to act on my behalf to change my address in my VA records.

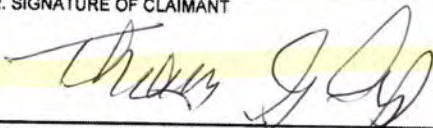
- ☒ I authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual with out my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT



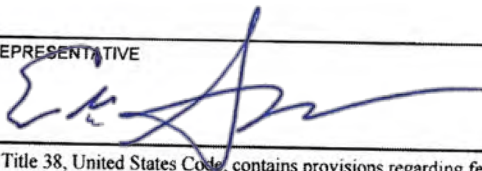
13. DATE OF SIGNATURE

1/15/19

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)

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

16. SIGNATURE OF REPRESENTATIVE



17. DATE OF SIGNATURE

1/15/19

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.

**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 CFR 4.30) 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.



File Number:
FAIRCHILD, ROBERT F

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

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 www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews 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 www.va.gov.

Thank you for your service,

Regional Office Director

cc: 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

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 these 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Robert F. Fairchild Jr.

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

Fairchild Robert Flynt

5. SERVICE NUMBERS

6. BRANCH OF SERVICE

☐ ARMY

☐ NAVY

☐ AIR FORCE

☒ MARINE CORPS

☐ COAST GUARD

☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Harold H Hoffman

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY

☐ AGENT

☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630

☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

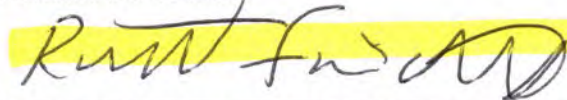
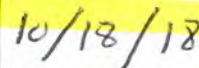
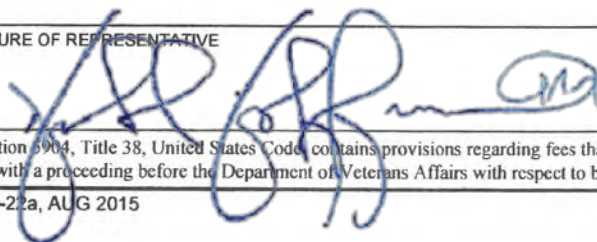
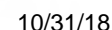
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

- ☒ I authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

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 ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

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.

VA Form 21-22a, AUG 2015



DEPARTMENT OF VETERANS AFFAIRS

January 13, 2020

ROBERT O GREEN

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.



File Number:
GREEN, ROBERT

If you	Here is what to do.
Use the Internet	Send electronic inquiries through the Internet at https://iris.custhelp.com/ .
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 <i>Where to Send Your Written Correspondence</i> 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 <https://www.va.gov> or search the Frequently Asked Questions (FAQs) at <https://iris.custhelp.com/>.

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

cc: 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





Department of Veterans Affairs

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

APPOINTMENT OF INDIVIDUAL 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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Robert O. Green

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

6. BRANCH OF SERVICE

☒ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Harold H. Hoffman

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE

(*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)

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

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Unless I check the box below, I do not authorize VA to disclose to the individual named in Item 7A 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 7A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Rediscovery 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 7A, either by explicit revocation or the appointment of another representative.

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Signed and accepted subject to the foregoing conditions.

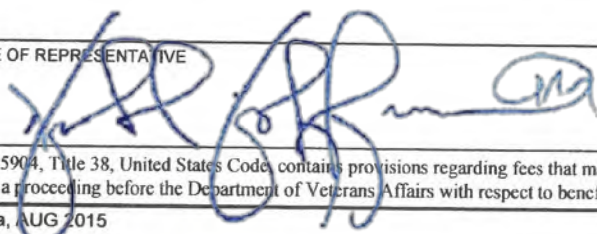
12. SIGNATURE OF CLAIMANT

Robert O Green

13. DATE OF SIGNATURE

9-10-2018

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)**15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE**



17. DATE OF SIGNATURE

9/17/18

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.



Department of Veterans Affairs

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

APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

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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)

Carroll D. Ham

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

HAM, CARROLL DOUGLAS

5. SERVICE NUMBERS

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 ☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

11. 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 7A 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 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT

Carroll D. Ham

13. DATE OF SIGNATURE

31 July 18

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)

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

16. SIGNATURE OF REPRESENTATIVE

[Signature]

17. DATE OF SIGNATURE

08/14/2018

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.



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



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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

GERALD LEE HENLEY

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

HENLEY GERALD LEE

5. SERVICE NUMBERS

6. BRANCH OF SERVICE

☒ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Harold H. Hoffman

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

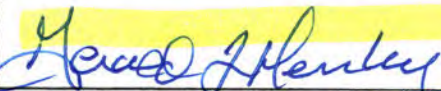
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

- ☒ I authorize the individual named in Item 7A to act on my behalf to change my 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 7A, either by explicit revocation or the appointment of another representative.

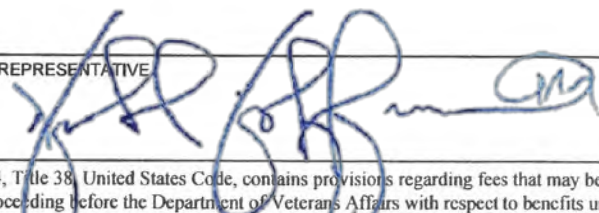
CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT**13. DATE OF SIGNATURE****14. CLAIMANT'S RELATIONSHIP TO VETERAN**
(If other than the veteran)

9-4-18

15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

9/10/18

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.

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: 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
	<i>Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

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 www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews 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 www.va.gov.

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: www.va.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.



File Number:
JOHNSON, LINDA R

cc:

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



The first part of the paper describes the development of the instrument and the results of a pilot study. The second part reports on the results of the main study, which was conducted in two phases. The first phase was a cross-sectional study of 1000 young adults, and the second phase was a longitudinal study of 100 young adults over a period of 12 months. The results of the cross-sectional study showed that the instrument was a reliable and valid measure of self-esteem. The results of the longitudinal study showed that self-esteem was a stable construct over time, and that it was associated with a number of important outcomes, including mental health, academic achievement, and social relationships.



1-800-273-8255 PRESS 1

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NOT DELIVERABLE AS ADDRESSED
RETURN TO SENDER
UNABLE TO FORWARD

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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."

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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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Linda R. Johnson

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

Johnson Linda Renee

5. SERVICE NUMBERS

6. BRANCH OF SERVICE

☒ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Harold H Hoffman

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

11. 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 7A to act on my behalf to change my address in my VA records.

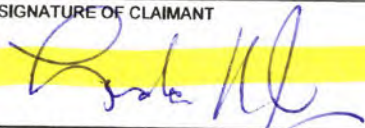
- ☒ I authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual with out my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT



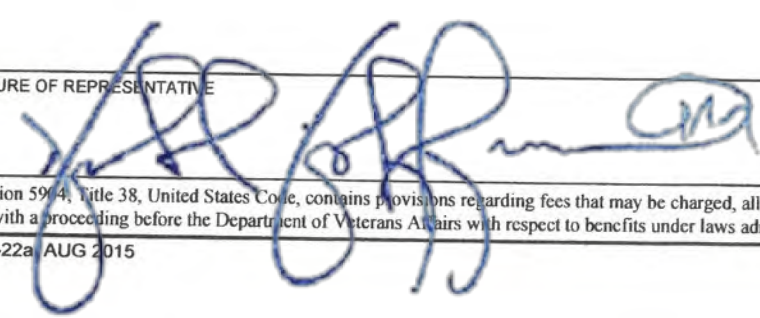
13. DATE OF SIGNATURE

11-6-18

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)

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

16. SIGNATURE OF REPRESENTATIVE



17. DATE OF SIGNATURE

11/28/18

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.

VA Form 21-22a AUG 2015



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 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 www.eBenefits.va.gov 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.



File Number:
MASON, JAMES O

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

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2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

James Mason

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

Mason James

5. SERVICE NUMBERS

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)

☒

ATTORNEY

☐

AGENT

☐

INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630

☐

SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

(*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)

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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

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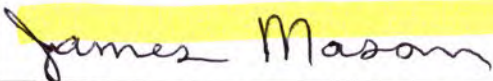
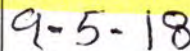
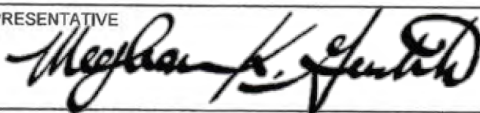
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

- ☒ I authorize the individual named in Item 7A 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

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 ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

9/11/18

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.



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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Lawrence McBride

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

McBride Lawrence

5. SERVICE NUMBER

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)

☒ 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)

*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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. 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 7A 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 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

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 ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

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.



DEPARTMENT OF VETERANS AFFAIRS

September 27, 2019

LAWRENCE MCBRIDE

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.



File Number:
MCBRIDE, LAWRENCE

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.

<i>If your decision contains a</i>	<i>What happens next</i>
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,

A handwritten signature in black ink, appearing to read "K. Osborne".

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

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

NOTE: If you prefer to have a veterans service organization assist you with your claim instead of an individual please complete VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*. When completed you can mail **or** fax this form to the appropriate intake center address shown on page 3. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

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

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

J E S S E P A T I N O J R

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

3. VA FILE NUMBER (If applicable)

4. VETERAN'S DATE OF BIRTH

Month Day Year

5. VETERAN'S SERVICE NUMBER (If applicable)

6. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☒ MARINE CORPS ☐ COAST GUARD
☐ OTHER (Specify)

7. VETERAN'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

8. VETERAN'S TELEPHONE NUMBER (Include Area Code)

9. VETERAN'S EMAIL ADDRESS (Optional)

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

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

11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)

13. CLAIMANT'S EMAIL ADDRESS (Optional)

14. RELATIONSHIP TO VETERAN

SECTION III: SERVICE ORGANIZATION INFORMATION

15A. NAME OF INDIVIDUAL APPOINTED AS REPRESENTATIVE

Evan Snipes

15B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (*See required statement below. Signatures are required in Items 16A and 17A) ☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

18. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (Number and street or rural route, city or P.O., State, and ZIP code)

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

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, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

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

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

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

CONDITIONS OF APPOINTMENT

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

Signed and accepted subject to the foregoing conditions.

22A. SIGNATURE OF CLAIMANT (Do Not Print)

Jesse Patino Jr.

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

5-22-2019

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

24A. SIGNATURE OF REPRESENTATIVE

[Signature]

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

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.

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



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EVAN T SNIPES

P.O. BOX 143558

ANCHORAGE AK 99514

1:160 sz 504054-002-0/3521704 0000262 0002725 I=000000

Doc: {C429DE2D-69B0-4CA8-A6F8-620B15B390D5} Dist: 91E86957-6A2D-45AE-B3B3-AD2FE09A7CF4



DEPARTMENT OF VETERANS AFFAIRS

January 7, 2020

ROBERT ROGSTAD

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

Dear Mr. ROBERT ROGSTAD:

We are working on your claim.

Important Information

- We have received your appeal for prostate cancer based upon claimed herbicide exposure. Your appeal may be affected by Public Law 116-283, Blue Water Navy Vietnam Veterans Act of 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 Veterans 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 telephone, e-mail, or letter.

If you	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 https://iris.custhelp.com/ .
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 <i>Where to Send Your Written Correspondence</i> chart, below.





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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Robert L. ROGSTAD

3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

ROGSTAD Robert LeRoy

5. SERVICE NUMBERS

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

☐ SERVICE ORGANIZATION REPRESENTATIVE

(Specify organization below)

(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

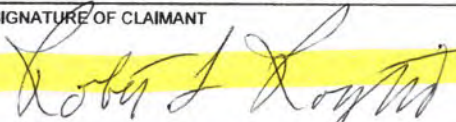
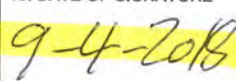
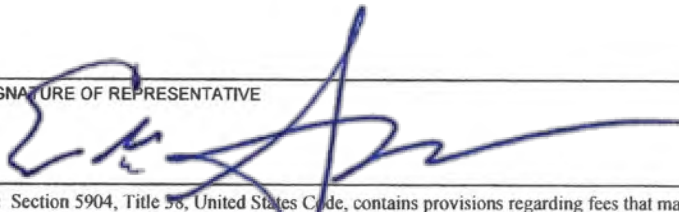
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

- ☒ I authorize the individual named in Item 7A to act on my behalf to change my 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

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 ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

9/10/18

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.



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



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

NTXTE 467 EF 1778 0005/03/21

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF
53547>4444

BC: 53547444444 *0785-01754-03-25

VA0075E

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, 38VA21/22/28, 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.omb.gov/publicdoctrines/FOIA. 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)
Miriam E Smyly

3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN
Smyly, Douglas B. Jr.

5. SERVICE NUMBER

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)

☒ ATTORNEY

☐ AGENT

☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630

☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

(*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 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 2016 **21-22a**

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

(Continued on Reverse)

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. 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 7A 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 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT

Miriam E. Smyly

13. DATE OF SIGNATURE

9/7/18

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)

Widow

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

16. SIGNATURE OF REPRESENTATIVE

Meghan K. Gentry

17. DATE OF SIGNATURE

9/7/18

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.



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(h) 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

DANIEL W. THOMAS

3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State, and ZIP Code)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

THOMAS - DANIEL - WALTER

5. SERVICE NUMBERS

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)

☒ ATTORNEY ☐ AGENT ☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ☐ SERVICE ORGANIZATION REPRESENTATIVE

(*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 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

9. 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 7A my 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

11. 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 7A 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 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 7A, either by explicit revocation or the appointment of another representative.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT

David W. Thomas

13. DATE OF SIGNATURE

09-03-18

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)

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

16. SIGNATURE OF REPRESENTATIVE

Meaghan K. Smith

17. DATE OF SIGNATURE

9/5/18

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.

VA Form 21-22a, AUG 2015

December 30, 2019
DANIEL THOMAS



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 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.

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



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 www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews 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 www.va.gov.

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

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2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

Williams John Jerry

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

Williams John Jerry

5. SERVICE NUMBERS

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)

☒

ATTORNEY

☐

AGENT

☐

INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630

☐

SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

(*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)

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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

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CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

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 ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

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.



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 Entitlement 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

[VeteransBenefits](https://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

4-880 02 968225-002-013813121 0000167 0003793 11-0000000





DEPARTMENT OF VETERANS AFFAIRS



March 18, 2019

LARRY WILLIAMS

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, x-rays, 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

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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

WILLIAMS, LARRY

3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

WILLIAMS, LARRY

5. SERVICE NUMBERS

6. BRANCH OF SERVICE

☐ ARMY

☒ NAVY

☐ AIR FORCE

☐ MARINE CORPS

☐ COAST GUARD

☐ OTHER (Specify _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE

Harold H. Hoffman

7B. INDIVIDUAL IS (check appropriate box)

☒ ATTORNEY

☐ AGENT

☐ INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630

☐ SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

(*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 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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

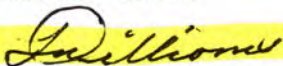
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

- ☒ I authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A, either by explicit revocation or the appointment of another representative.

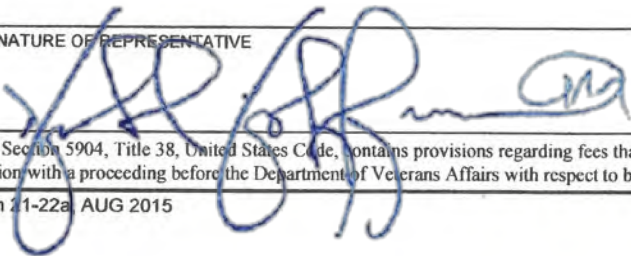
CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT**13. DATE OF SIGNATURE**

09/21/2018

14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)**15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

10/6/18

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.



BOARD OF VETERANS' APPEALS

FOR THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON, DC 20038

CERVICAL
SPINE

Date: May 26, 2020

REV'D
1 JUN 2020

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CAP
EXAM

DAVID E. WILSON

Dear Appellant:

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

<i>If your decision contains a</i>	<i>What happens next</i>
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.

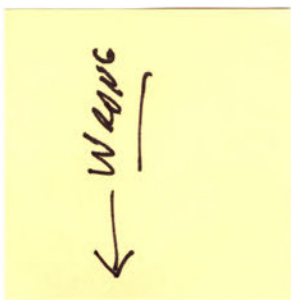
If you have any questions, please contact your representative, if you have one, or check the status of your appeal at <http://www.vets.gov>.

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 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.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)

WILSON, DAVID EDWARD

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

WILSON, DAVID EDWARD

5. SERVICE NUMBERS

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 ☐ SERVICE ORGANIZATION REPRESENTATIVE
(*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

9. 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 7A 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 7A 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 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:**11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS**

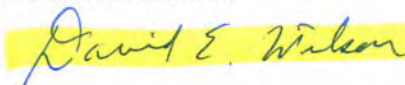
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

- ☒ I authorize the individual named in Item 7A to act on my behalf to change my 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 7A, either by explicit revocation or the appointment of another representative.

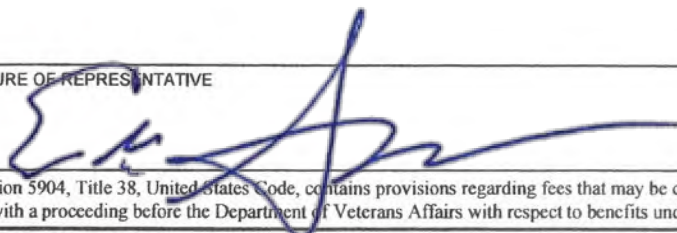
CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A 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 4. If the individual named in Item 7A 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 15. If the individual indicated in Item 7A 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 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A 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.

12. SIGNATURE OF CLAIMANT**13. DATE OF SIGNATURE**

9/10/18

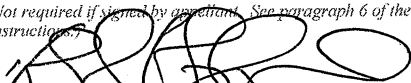
14. CLAIMANT'S RELATIONSHIP TO VETERAN
(If other than the veteran)**15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY** (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)**16. SIGNATURE OF REPRESENTATIVE****17. DATE OF SIGNATURE**

9/10/18

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.

Exhibit 2

APPEAL TO BOARD OF VETERANS' APPEALS

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) T [REDACTED] A [REDACTED]		2. CLAIM FILE NO. (Include prefix) [REDACTED]	3. INSURANCE FILE NO., OR LOAN NO.
4. I AM THE: <input type="checkbox"/> VETERAN <input type="checkbox"/> VETERAN'S WIDOWER <input type="checkbox"/> VETERAN'S CHILD <input type="checkbox"/> VETERAN'S PARENT <input checked="" type="checkbox"/> OTHER (Specify) Veteran's Attorney			
5. TELEPHONE NUMBERS A. HOME (Include Area Code) 877-838-5242 B. WORK (Include Area Code)		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code) PO Box 501041 Indianapolis, IN 46250	
7. IF I AM NOT THE VETERAN, MY NAME IS: (Last Name, First Name, Middle Initial) Hoffman-Logsdon, Harold H. III			
8. OPTIONAL BVA HEARING IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL. Check one (and only one) of the following boxes: A. <input checked="" type="checkbox"/> I DO NOT WANT A BVA HEARING. B. <input type="checkbox"/> I WANT A BVA HEARING BY LIVE VIDEOCONFERENCE. C. <input type="checkbox"/> I WANT A BVA HEARING IN WASHINGTON, DC. D. <input type="checkbox"/> I WANT A BVA HEARING AT A LOCAL VA OFFICE.* <small>*Due to travel requirements for BVA personnel, selecting Option D may result in a lengthier waiting period for the hearing than the other options. (This option is also not available at the Washington, DC, or Baltimore, MD, Regional Offices.)</small>			
9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.) A. <input checked="" type="checkbox"/> I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME. B. <input type="checkbox"/> I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES: (List below.)			
10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.) Mr. [REDACTED] had sleep apnea while in service. We have not been able to present evidence on behalf of Mr. [REDACTED] VA has not notified me, his attorney, of any exams that have taken place and I only now discovered a Statement of the Case			
Continued on next sheet			
(Continue on the back, or attach sheets of paper, if you need more space.)			
11. SIGNATURE OF PERSON MAKING THIS APPEAL	12. DATE (MM/DD/YYYY)	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.)	14. DATE (MM/DD/YYYY)
			1/26/2016

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.



VETERANS

LEGAL ADVOCACY GROUP

P.O. Box 501041

Indianapolis, IN 46250

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

August 8, 2017

**PETITION FOR EXTRAORDINARY RELIEF
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 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 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 5th 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.



VETERANS

LEGAL ADVOCACY GROUP

P.O. Box 501041

Indianapolis, IN 46250

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

September 12, 2017

PETITION FOR EXTRAORDINARY RELIEF
NEEDED TO REPAIR VA DUE PROCESS ERRORS

Re: T [REDACTED] A [REDACTED]
[REDACTED]

SECOND LETTER – PLEASE RESPOND

Dear Sir or Madam:

The veteran, [REDACTED], 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 Mr. [REDACTED] 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 5th 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 [REDACTED] does 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.



VETERANS

LEGAL ADVOCACY GROUP

P.O. Box 501041

Indianapolis, IN 46250

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

October 16, 2017

PETITION FOR EXTRAORDINARY RELIEF
NEEDED TO REPAIR VA DUE PROCESS ERRORS

Re:

T

A

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 5th 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.

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org

Website: www.vetlag.org

Practice limited to representation in front of the Social Security Administration, Department of Veterans Affairs, the Court of Appeals for Veterans Claims, and United States courts.

$$\begin{array}{c}) \\) \\) \\) \\) \\) \\) \end{array}$$

Docket No. 19

11

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

July 21, 2020

Al [REDACTED] T [REDACTED]
SOJTF-OIR LHM
APO AE 09306

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

Dear [REDACTED]

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:

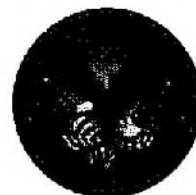
- Service connection for sleep apnea is granted with an evaluation of 50 percent effective August 7, 2012.

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
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 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**

A [REDACTED]

T [REDACTED]

VA File Number
[REDACTED]

**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





VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

Faxed to: 844-531-7818, 844-678-8979

March 25, 2021

Re: W [REDACTED], J [REDACTED]
[REDACTED]

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

Britney Sutton
VetLAG Counsel



VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste. 804 ■ Arlington, VA 22206

Faxed to: 844-531-7818, 844-678-8979

March 15, 2021

Re: O [REDACTED], L [REDACTED]
[REDACTED]

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

Britney Sutton
VetLAG Counsel



VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste. 804 ■ Arlington, VA 22206

Faxed to: 844-531-7818, 844-678-8979

March 15, 2021

Re: W [REDACTED] J [REDACTED]
[REDACTED]

Dear Sir or Madam:

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Respectfully,

Harold H. Hoffman
VetLAG Counsel

Meghan Gentile
VetLAG Counsel

Evan Snipes
VetLAG Counsel

Britney Sutton
VetLAG Counsel



VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste. 804 ■ Arlington, VA 22206

Faxed to: 844-531-7818, 844-678-8979

March 15, 2021

Re: H [REDACTED] D [REDACTED]
[REDACTED]

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

Britney Sutton
VetLAG Counsel

Exhibit 3

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



000000167 I=0000
167 3 MB 0.447
MEGHAN GENTILE
2776 S ARLINGTON MILL DR
ARLINGTON VA 22206



DEPARTMENT OF VETERANS AFFAIRS

January 7, 2021

[REDACTED]

In reply, refer to:
326/LAH

[REDACTED]

Dear [REDACTED]

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 www.eBenefits.va.gov 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, 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.
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



000001792 I=0000
1792 3 MB 0.438
MEGHAN K GENTILE
Veterans Legal Advocacy Group
P.O. Box 501041
Indianapolis IN 46250

2186 02 860142-002-00873121 0000167 0003789 I=000000

December 7, 2020



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

We made a decision on your VA benefits.

Dear [REDACTED]

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

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.

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.



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, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

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 www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews 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 www.va.gov.

Thank you for your service,

Regional Office Director



cc:

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



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



**Veterans
Crisis Line**

1-800-273-8255 PRESS 1

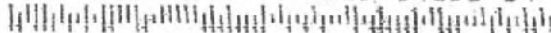
You can also send a text message
to 838255 to receive confidential
support 24 hours a day,
7 days a week, 365 days a year.
For more information, visit
www.veteranscrisisline.net

NIXIE 462 FE 1270 8812/24/20

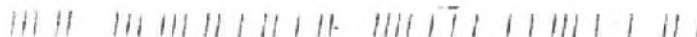
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

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VAG075E





DEPARTMENT OF VETERANS AFFAIRS

January 28, 2021

D [REDACTED] H [REDACTED]
[REDACTED]

In reply, refer [REDACTED]
329/DW
File Number: [REDACTED]
[REDACTED]

Dear Mr. [REDACTED]

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 www.eBenefits.va.gov 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, e-mail, or letter.



BOARD OF VETERANS' APPEALS
FOR THE SECRETARY OF VETERANS AFFAIRS

IN THE APPEAL OF

D. [REDACTED] H. [REDACTED]

Represented by

Meghan K. Gentile, Attorney

Docket [REDACTED]

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.



VETERANS

LEGAL ADVOCACY GROUP

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

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 _____ lacks 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,

A handwritten signature in black ink, appearing to read 'Meghan Gentile', written over a horizontal line.

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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152 3 MB 0.447



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



March 11, 2021

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

Dear [REDACTED]

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:

<http://www.benefits.va.gov/compensation/rates-index.asp#howcalc>.

We have included with this letter:

1. Explanation of Payment
2. Additional Benefits
3. Where to Send Your 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

[VeteransBenefits](http://www.facebook.com/VeteransBenefits)

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.





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

03/01/2021

In Reply [REDACTED]
[REDACTED] L, P [REDACTED]

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 OGCFOIAAppeals@va.gov. 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,

A handwritten signature in cursive script, reading "Kary Charlebois".

Kary Charlebois
FOIA/Privacy Act Officer



DEPARTMENT OF VETERANS AFFAIRS

February 18, 2021

In reply, refer to:

310/SV

File Number

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?

eBenefits provides electronic self-service resources to Servicemembers, 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 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 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 SNIPE, 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

Dear: Al [REDACTED] S [REDACTED]

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 Number

D [REDACTED] W [REDACTED]

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

2.560 oz 534204-C02-0/3788870 0000400 0009075 I=0000000

January 27, 2021

T [REDACTED] W [REDACTED]
[REDACTED]

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

Dear [REDACTED]

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
3. 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: www.facebook.com/VeteransBenefits

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: ☐ POA 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 only *****

Office of General Counsel ☐

Veterans Benefits Administration ☐

Exhibit 5



VETERANS

LEGAL ADVOCACY GROUP

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

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



VETERANS

LEGAL ADVOCACY GROUP

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

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



VETERANS

LEGAL ADVOCACY GROUP

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

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



VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: B [REDACTED] R [REDACTED]
[REDACTED]

"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,

Meghan Gentile
VetLAG Counsel



VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: B [REDACTED] D [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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Respectfully Submitted,

Meghan Gentile
VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: B [REDACTED] R [REDACTED]
[REDACTED]

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VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: B [REDACTED] L [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: B [REDACTED] J [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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Respectfully Submitted,

Meghan Gentile
VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: C [REDACTED] D [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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Respectfully Submitted,

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VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: O [REDACTED] L [REDACTED]
[REDACTED]

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VetLAG Counsel



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Arlington, VA 22206

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

June 5, 2018

Re: D [REDACTED] B [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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June 5, 2018

Re: F [REDACTED] D [REDACTED]
[REDACTED]

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June 5, 2018

Re: M [REDACTED] J [REDACTED]
[REDACTED]

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VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: M [REDACTED] L [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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June 5, 2018

Re: M [REDACTED] H [REDACTED]
[REDACTED]

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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: M [REDACTED] W [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: R [REDACTED] S [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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2776 S. Arlington Mill Dr., Ste. 804

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

June 5, 2018

Re: S [REDACTED] P [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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Meghan Gentile
VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re:

S [REDACTED] G [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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Meghan Gentile
VetLAG Counsel



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2776 S. Arlington Mill Dr., Ste. 804

Arlington, VA 22206

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

June 5, 2018

Re: S [REDACTED] M [REDACTED]
[REDACTED]

"REPRESENTATIVE CHANGE OF ADDRESS"

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June 5, 2018

Re: W [REDACTED] R [REDACTED]
[REDACTED]

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Meghan Gentile
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Arlington, VA 22206

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June 5, 2018

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[REDACTED]

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June 5, 2018

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[REDACTED]

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Meghan Gentile
VetLAG Counsel

Exhibit 7



VETERANS

LEGAL ADVOCACY GROUP

2776 S. Arlington Mill Dr., Ste 804 ■ Arlington, VA 22206

Faxed to 844-531-7818

May 27, 2020

Re: D■■■■■, C■■■■■
■■■■■

"WITHDRAWAL OF POA/END REPRESENTATION"

I represented C■■■■■ D■■■■■ his claims before the VA. As of this time, I no longer represent Mr. D■■■■■. 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. D■■■■■ 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. D■■■■■ 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. D■■■■■ 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>

You're welcome.

From: Parker Low <parkerlow@vetlag.org>
Sent: Thursday, September 10, 2020 2:31 PM
To: , VBA <_____._____.@va.gov>
Subject: Re: [EXTERNAL] Missing Agency Fees for R T

It is correct there, but this still keeps happening. Thank you.

On Thu, Sep 10, 2020 at 2:27 PM , , VBA <_____._____.@va.gov> 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 <_____._____.@va.gov>
Subject: Re: [EXTERNAL] Missing Agency Fees for R T

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