# EXHIBITS

# **Exhibit 1**

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



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:

Department of Veterans Affair	´\$				
APPOINTMENT OF		L AS CLAIMAN	NT'S REPRI	ESENTATIVE	
Note - If you would prefer to have a se "Appointment of Veterans Service Or				1, you may use VA	Form 21-22,
PRIVACY ACT NOTICE: VA will not disclose information call redetal Regulations 1.576 for routine uses (i.e., civil or crimoio) la Juited States, litigation in which the United States is a party or has demainstration as identified in the VA system of records, SWA21 rederal Register. Your obligation to respond is voluatory, Hower demification of disclosable records, Except for information protoc masidered confidential (38 U.S.C. 5701). Information submitted in	eventurenent, congress aniotarest, the admini- /22/28, Companyation, /er, fulture to respond p and by 38 (J.S.C. 7332,	spinual communications, spi istration of VA programs and Pension, Education, and Vo rovide the requested informa your representative is not pr	demin logical or restar i delivery of VA benef abcard Rehabilitation tion could impede the oblivited from redisclo	ch studies, the collection of m fits, verification of identity and and Employment Records-V/ recognition of your represents sing records. The responses yo	oney owed to the l status, and personnel , published in the tive and/or
ESPONDENT BURDEN: We need this information to recogniz A benefits (38 U.S.C. 5902, 5903, and 5904) and for those indivi- pretarmative (38 U.S.C. 5701(b) and 7322) Title 38, United State presentation will each used an average of 5 minutes to review the abid OME control number is displayed. You are not required to re- ieffect Page at areasening in subjection (RAMein, 17 desired	duals to accept appoint 9 Code, allows us to ask matractions, find the in spood to a callection of	nent. We will also use the in ; fur this information. We est normation, and samplets thi information if this number i	formation to verify c imate that claimants a s form. VA carbat cost s not displayed. A Val	cossens for disclosure of VA re ad individuals appointed for p aduct or spoosor a callection a id OMB control number can b	eards to the appointed arroses of f information valess a a located on the OMB
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# 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



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

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

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

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



			Expiration Date: 08/31/2018	8
Department of Vetera	ns Affairs		1. VA FILE NO(S) (Include prefix)	
APPOINTM	ENT OF INDIVID	UAL AS CLAIMANT'S REI	PRESENTATIVE	
		nization assist you with your cl As Claimant's Representative.	aim, you may use VA Form 21- "	22,
Federal Regulations 1.576 for routine uses (i.e., civ United States, litigation in which the United States	il or criterinal law enforcement, or is a party or has an interest, the ad seconds, 58VA21/22/28, Compensa iluntary, However, failure to respo semanion protocold by 38 U.S.C. 7	ongressional communications, spidectaiological or t danicalstation of VA programs and delivery of VA mice, Pension, Education, and Vocational Retubili califorovide the requested information could imped 7332, your representative is not prohibited from re-	lisclosing records. The responses you submit are	: Papel
VA benefits (38 U.S.C. 5902, 5903, and 5904) and t representative (38 U.S.C. 5701{b} and 7332) Title 3 representation will each need an average of 5 minut	for those individuals to accept app 8, United States Code, allows us a esta review the instructions, find a required to respond to a collection	pointment, We will also use the information to ver to ask for this information. We estimate that claim the information, and complete this form. VA camp ion of information if this number is not displayed.	ot conduct or sponsor a collection of information and A Valid OMB countrel number can be located on the (	las a
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4. LAST NAME - FIRST NAME - MIDDLE NAM	E OF VETERAN	5. SERVICE NUMBERS		_
CHAUDHAR / TAREK,	AEBAS			
8. BRANCH OF SERVICE	M and and			
			Specify	;
SECTION 1 (*See requi	L PROVIDING REPRESENTA	(Specify organization)	ION REPRESENTATIVE Selow)	
(Skip to item 8, if the b	ox for "Individual Providing	REPRESENTATION UNDER SECTION Representation Under Section 14.630 <sup>-</sup> authorizes the individual to represent the cla		
pursuant to the provisions of 38 CFR 14 630 the individual named in Item 7A,	By our signatures below, we	e, the representative and the claimant, attest	that no compensation will be charged or paid	for
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			+	
				_
FATTOR ESS OF INDIVIDUAL APPOINTED AS Veterans Legal Advocacy G		ATIVE (No. and street or rural route, city or	P.O., State, and ZIP code)	
776 S. Arlington Mill Dr				
uite 804				
Arlington, VA 22206				
A FORM 21-22a	SUPERSEDES V	VA FORM 21-229, JUN 2009, OT BE USED.	(Continued on Re	verse)

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO F		
Unless I check the box below, I do not authorize VA to disclose to the abuse, alcoholism or alcohol abuse, infection with the human unmun	e individual named in Item 7A any records	that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claimant re atcoholism or alcohol abuse, infection with the human monutood other than to VA or the Court of Appeals for Veterans Claims, is the earlier of the following events: (1) I revoke this authorization in Item 7A, either by explicit revocation or the appointment of an	eficiency virus (HIV), or sickle cell anemi a not authorized without my further written by filing a written revocation with VA; or	a. Redisclosure of these records by my representative consent. This authorization will remain in effect unti
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the disclo with the human immunodeficiency virus (HIV), or sickle cell anemi</li> </ol>		ig abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CL Unless I check the box below, I do not authorize the individual name		
I authorize the individual named in item 7A to act on my behalf to with out my further written consent. This authorization will rem written revocation with VA, or (2) I revoke the appointme of another representative.	o change my address in my VA records. The amount of the follow	is authorization does not extend to any other individua wing events: (1) I revoke this authorization by filing
CONDE	IONS OF APPOINTMENT	· · · · · · · · · · · · · · · · · · ·
the scope of representation provided before VA may be limited by the agreementation under 14.630, such representation is limited to a particula 9 and 10) to that individual appointed as my representative, and if the inimidividually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions.	r claim only. I authorize VA to release any	and all of my records (other than as provided in Items
2. SIGNATURE OF CLAIMAG	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN
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15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTO previously existing powers of attorney)		ni or attorney, this power of attorney revokes all
B SIGNATULE OF REPRESENTATIVE	DRNEY8 ONLY (Unless limited by an age	17. DATE OF SIGNATURE 10/31/18
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTO previously existing powers of attorney)         16. SIGNATULE OF REPRESE (TATIVE         FEES: Section 5904, Title 38, United State I Code, contains provisions toon with a proceeding before the Dr partment of Veterars A flairs	PRNEY8 ONLY (Unless limited by an age	DATE OF SIGNATURE 10/31/18 d, or paid for services of agents or atomeys in

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

# Department of Veterans Affairs

1.

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

Note - If you would prefer to have a service organizatio "Appointment of Veterans Service Organization As Cla	on assist you with your claim, you may use VA Form 21-22, aimant's Representative."
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any so Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congression United States, litigation in which the United States is a party or has an interest, the administrati administration) as identified in the VA system of records, 58VA21.22/28, Compensation. Pens Federal Register. Your obligation to respond is voluntary. However, failure to respond provid identification of disclosable records. Except for information protected by 38 U.S C. 7332, your considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through	al communications, epidemiological or research studies, the collection of money owed to the ion of VA programs and delivery of VA benefits, verification of identity and status, and personnel ion, Education, and Vocational Rehabilitation and Employment Records-VA, published in the le the requested information could impede the recognition of your representative and/or representative is not prohibited from rediscloting records. The responses you submit are
VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment representative (38 U.S.C. 5701(b) and 7332) Title 38. United States Code, allows us to ask for representation will each need an average of 5 minutes to review the instructions, find the inform	nation, and complete this form. VA cannot conduct or sponsor a collection of information unless a rmation if this number is not displayed. A Valid OMB control number can be located on the OMB
	3. ADDRESS OF CLAIMANT ( <i>No, and street or rural route, city or P.O., State and ZIP</i> ( <i>Ude</i> )
Thomas G. Cramp	
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS
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Crump, Thomas Gary	
6. BRANCH OF SERVICE	
	COAST GUARD OTHER (Specify)
74. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE	
Evan Snipes 78. INDIVIDUAL IS (check appropriate bas)	
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UN SECTION 14.630 (*See required statement below. Signatures are required in Items 7C and 7D)	NDER SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
	ESENTATION UNDER SECTION 14.630 sentation Under Section 14.630" was not checked in Item 7B)
The appointment of the individual named in Item 7A (the representative) authorize pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the repute individual named in Item 7A.	es the individual to represent the claimant named in Item 2 for a particular claim presentative and the claimant, attest that no compensation will be charged or paid for
Fred and Har Sold Blace Star Cash Strang gala & an	Acceleration and a second and a second a second a second and a second a s
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (A	Is and street as mind, while site an P.O. State and 71P adde
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Veterans Legal Advocacy Group	
2776 S. Arlington Mill Drive Suite 804	
Arlington, VA 22206	
VA FORM SUPERSEDES VA FOR WHICH WILL NOT BE U	

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECO Unless I check the box below. I do not authorize VA to disclose to the indi-	RDS PROTECTED BY SECTIO	ON 7332, TITLE 38, U.S.C.
Unless I check the box below, I do not authorize VA to disclose to the indiv abuse, alcoholism or alcohol abuse, infection with the human immunodefici		
I authorize the VA facility having custody of my VA claimant records a alcoholism or alcohol abuse, infection with the human immunodeficien other than to VA or the Court of Appeals for Veterans Claims, is not an the earlier of the following events: (1) I revoke this authorization by fil in Item 7A, either by explicit revocation or the appointment of another the	to disclose to the individual named ney virus (HIV), or sickle cell aner uthorized without my further writt	in Item 7A all treatment records relating to drug abuse nia. Redisclosure of these records by my representative
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of with the human immunodeficiency virus (HIV), or sickle cell anemia is lin</li> </ol>	f records relating to treatment for d mited as follows:	rug abuse, alcoholism or alcohol abuse, infection
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CONDITIONS		
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22. SIGNATURE OF CLAIMANT Markey J. J. J.	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 previously existing powers of attorney)	SONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
6. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE 1/15/19

VA Form 21-22a, AUG 2015





May 21, 2020 THOMAS CRUMP

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

Dear Mr. CRUMP:

# Summary of the Case

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

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

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

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

# **Requirements for Direct Payment of Fees**

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

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

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

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

#### Social Media:

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

#### Your representative:

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

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

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

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

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

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

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

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

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 .			
		CLAIMANT'S REPRESENTA	
Note - If you would prefer to hav "Appointment of Veterans Service	e a service organization a construction of the service organization of the service of the servic	assist you with your claim, you may nant's Representative."	use VA Form 21-22
United States, litigation in which the United States is a pa administration) as identified in the VA system of records, Federal Register. Your obligation to respond is voluntary	rty or has an interest, the administration of 58VA21/22/28, Compensation, Pension, However, failure to respond provide the part of the state of t	e other than what has been authorized under the Privacy Act communications, epidemiological or research studies, the col of VA programs and delivery of VA benefits, verification of Education, and Vocational Rehabilitation and Employment e requested information could impede the recognition of you resentative is not prohibited from redisclosing records. The computer matching programs with other agencies.	lection of money owed to the identity and status, and personne Records-VA, published in the
representative (38 U.S.C. 5701(b) and 7332) Title 38, Unit representation will each need an average of 5 minutes to re valid OMB control number is displayed. You are not requi	ed States Code, allows us to ask for this i view the instructions, find the informatio red to respond to a collection of information	aimants to act on their behalf in the preparation, presentation will also use the information to verify consent for disclosu information. We estimate that claimants and individuals app m, and complete this form. VA cannot conduct or sponsor a ion if this number is not displayed. A Valid OMB control nu- get information on where to send comments or suggestions	re of VA records to the appointed ointed for purposes of collection of information unless a mber scen be leasted on the OMF
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Harold H Hoffman	.12	,	
B. INDIVIDUAL IS (check appropriate box)			
ATTORNEY AGENT INDIVIDUAL PRO	VIDING REPRESENTATION UNDER tement below. Signatures are 7C and 7D)	SERVICE ORGANIZATION REPRESENTATION (Specify organization below)	VE
*INDIVID (Skip to Item 8, if the box for	UALS PROVIDING REPRESEN	ITATION UNDER SECTION 14.630 tion Under Section 14.630" was not checked in	ltem 7B)
The appointment of the individual named in Item 7.	A (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 out the individual named in Item 7A.	r signatures below, we, the represer	ntative and the claimant, attest that no compensation	will be charged or paid for
			- 1
			·
		d street or rural route, city or P.O., State, and ZIP co	ode)
eterans Legal Advocacy Group 776 S. Arlington Mill Drive			
tite 804			
lington, VA 22206			

Exhibit 1, Page 14

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igned and accepted subject to the foregoing conditions.          2. SIGNATURE OF CLAIMANT       13. DATE OF SIGNATURE       14. CLAIMANT'S RELATIONSHIP TO VETERA         3. DATE OF SIGNATURE       10/18/18       14. CLAIMANT'S RELATIONSHIP TO VETERA         4. SIGNATURE OF REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes a previously existing powers of attorney)       17. DATE OF SIGNATURE         4. SIGNATURE OF REPRESENTATIVE       17. DATE OF SIGNATURE       10/31/18	9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO Unless I check the box below, I do not authorize VA to disclose to t obuse a clashelism or clashelism infection with the human infection.	the individual named in Item 7A any records	that may be in my file relating to treatment for drug
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EES: Section 5904, Title 38, United States Code, coltains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in	6. SIGNATURE OF REPRESENTATIVE	ang	
nnection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.	EES: Section 6904, Title 38, United States Code, contains provisions princetion with a proceeding before the Department of Veterans Affair	s regarding fees that may be charged, allowers with respect to benefits under laws admini	d, or paid for services of agents or attorneys in stered by the Department.

# 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.
- <u>If you do not wish to respond</u>, 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.



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

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

cc;

# **Regional Office Director**

Enclosure(s): VA Form 20-0998 . Where to Send Written Correspondence VA Modernized Decision Review System SOC/SSOC Opt-In Fact Sheet

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

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



Department of Veterans Affairs	1. VA FILE NO(S) (Include prefix)
	DUAL AS CLAIMANT'S REPRESENTATIVE
Note - If you would prefer to have a service orga "Appointment of Veterans Service Organization	anization assist you with your claim, you may use VA Form 21-22, n As Claimant's Representative."
Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, or United States, litigation in which the United States is a party or has an interest, the is administration) as identified in the VA system of records, 58VA21/22/28, Compense Federal Register. Your obligation to respond is voluntary. However, failure to respond is voluntary.	orm to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of , congressional communications, epidemiological or research studies, the collection of money owed to the e administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel nsation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the spond provide the requested information could impede the recognition of your representative and/or C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are fication through computer matching programs with other agencies.
VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept ap representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us representation will each need an average of 5 minutes to review the instructions, find valid OMB control number is displayed. You are not required to respond to a collect	s appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for appointment. We will also use the information to verify consent for disclosure of VA records to the appointed is to ask for this information. We estimate that claimants and individuals appointed for purposes of nd the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a ction of information if this number is not displayed. A Valid OMB control number can be located on the OMB -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 no Robert O. Green	next of kin) 3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIF
GREEN RODERT OLEN	5, SERVICE NUMBERS
	COAST GUARD OTHER (Specify
A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTAT	_1',
B. INDIVIDUAL IS (check appropriate box)	
ATTORNEY AGENT NDIVIDUAL PROVIDING REPRESENT/ SECTION 14.630 (*See required statement below. Signate required in liems 7C and 7D)	(Specify organization below)
	G REPRESENTATION UNDER SECTION 14.630 ng Representation Under Section 14.630" was not checked in Item 7B)
	e) authorizes the individual to represent the claimant named in Item 2 for a particular claim we, the representative and the claimant, attest that no compensation will be charged or paid for
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTA	FATIVE (No. and street or rural route, city or P.O., State, and ZIP code)
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rlington, VA 22206	
FORM SUPERSEDES VIII OF WILL NO	S VA FORM 21-22a, JUN 2009, (Continued on Reverse)

Exhibit 1, Page 18

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Department of Veterans Affair	S		1. VA FILE NO(S) (In	clude prefix)
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ESPONDENT BURDEN: We need this information to recognize A benefits (38 U.S.C. 5902, 5903, and 5904) and for those individ presentative (38 U.S.C. 5701(b) and 7332) Title 38, United States presentation will each need an average of 5 minutes to review the lid OMB control number is displayed. You are not required to resp ternet Page at www.reginfo.gov/public/do/PRAMain. If desired,	uals to accept appointment. Code, allows us to ask for the instructions, find the inform pond to a collection of infor-	We will also use the information to ver his information. We estimate that claims ation, and complete this form. VA cann mation if this number is not displayed. J	ify consent for disclosure of VA ants and individuals appointed for ot conduct or sponsor a collectio A Valid OMB control number ca	a records to the appointed or purposes of n of information unless a n be located on the OMB
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8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT	'S REPRESENTATIVE (	No. and street or rural route, city o	r P.O., State, and ZIP code)	
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804				
Arlington, VA 22206				
VA FORM 21-22a	SUPERSEDES VA FO			(Continued on Reverse

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9 AUTHORIZATION FOR REPRESENTATION FOR		
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VA Form 21-22a, AUG 2015

#### 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 A	Affairs		1. VA FILE NO(	S) (Include prefix)
		AS CLAIMANT'S	REPRESENTATI	VE
Note - If you would prefer to have "Appointment of Veterans Service	e a service organization e Organization As C	on assist you with you laimant's Representa	ır claim, you may us tive."	se VA Form 21-22,
PRIVACY ACT NOTICE: VA will not disclose informat Federal Regulations 1.576 for routine uses (i.e., civil or crir United States, litigation in which the United States is a part administration) as identified in the VA system of records, 5 Federal Register. Your obligation to respond is voluntary. identification of disclosable records. Except for information considered confidential (38 U.S.C. 5701). Information subm	minal law enforcement, congressio y or has an interest, the administra (8VA21/22/28, Compensation, Pen However, failure to respond provi protected by 38 U.S.C. 7332, you	nal communications, epidemiologi tion of VA programs and delivery of sion, Education, and Vocational Re- de the requested information could or representative is not prohibited fr	cal or research studies, the collect of VA benefits, verification of ide habilitation and Employment Re impede the recognition of your ro om redisclosing records. The resu	tion of money owed to the entity and status, and personnel coords-VA, published in the enresentative and/or
<b>RESPONDENT BURDEN:</b> We need this information to re VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those representative (38 U.S.C. 5701(b) and 7332) Title 38, United representation will each need an average of 5 minutes to revi- valid OMB control number is displayed. You are not require Internet Page at <u>www.reginfo.gov/public/do/PRAMain.</u> If d	e individuals to accept appointment d States Code, allows us to ask for iew the instructions, find the infor- ed to respond to a collection of infe desired, you can call 1-800-827-10	b. We will also use the information this information. We estimate that mation, and complete this form. VA rmation if this number is not displat 00 to get information on where to s	to verify consent for disclosure claimants and individuals appoin a cannot conduct or sponsor a col ayed. A Valid OMB control num end comments or suggestions abo	of VA records to the appointed ted for purposes of lection of information unless a ber can be located on the OMB out this form.
2. NAME OF CLAIMANT (Veteran, guardian, benefici GERALD LEE 1		3. ADDRESS OF CLAIMANT	(No. and street or rural rout	e. citv or P.O., State and ZIP
4. LAST NAME - FIRST NAME - MIDDLE NAME OF V		5. SERVICE NUMBERS	, .	
			HER (Specify	)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMAN	NT'S REPRESENTATIVE			
Harold H. Hoffman		.11,		
7B. INDIVIDUAL IS (check appropriate box)				
SECTION 14.630	IDING REPRESENTATION UN tement below. Signatures are IC and 7D)	IDER SERVICE ORGAN (Specify organization)	IIZATION REPRESENTATIVE tion below)	: 
		SENTATION UNDER SEC		
(Skip to Item 8, if the box for "I	Individual Providing Repres	entation Under Section 14.6	30" was not checked in Ite	em 7B)
The appointment of the individual named in Item 7A pursuant to the provisions of 38 CFR 14.630. By our the individual named in Item 7A.	A (the representative) authorized r signatures below, we, the rep	es the individual to represent the resentative and the claimant, a	e claimant named in Item 2 f ttest that no compensation w	for a particular claim ill be charged or paid for
	proved an approximation of the second sec	- and the second se	ander for the second	
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ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMA				
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uite 804 rlington, VA 22206				
A FORM 21-22a	SUPERSEDES VA FORM WHICH WILL NOT BE US			(Continued on Reverse)

Exhibit 1, Page 23

A

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS Unless I check the box below, I do not authorize VA to disclose abuse, alcoholism or alcohol abuse, infection with the human in	e to the individual named in Item 7A any record	s that may be in my file relating to treatment for down
I authorize the VA facility having custody of my VA claim alcoholism or alcohol abuse, infection with the human imm other than to VA or the Court of Appeals for Veterans Clai the earlier of the following events: (1) I revoke this authori in Item 7A, either by explicit revocation or the appointment	nunodeficiency virus (HIV), or sickle cell anem ims, is not authorized without my further writte zation by filing a written revocation with VA.	ia. Redisclosure of these records by my representative,
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the o with the human immunodeficiency virus (HIV), or sickle cell is</li> </ol>	disclosure of records relating to treatment for dr anemia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT O Unless I check the box below, I do not authorize the individual	N CLAIMANT'S BEHALF TO CHANGE CL named in Item 7A to act on my behalf to chang	AIMANT'S ADDRESS or my address in my VA records.
X I authorize the individual named in Item 7A to act on my bel with out my further written consent. This authorization wil written revocation with VA; or (2) I revoke the appoin of another representative.	half to change my address in my VA records. The following	his authorization does not extend to any other individual wing events: (1) I revoke this authorization by filing a
	IDITIONS OF APPOINTMENT	
the scope of representation provided before VA may be limited by trepresentation under 14.630, such representation is limited to a part 9 and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions.	icular claim only. I authorize VA to release any he individual in Item 7A is an accredited agent (	and all of my records (other than as provided in Items
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN
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15. LIMITATIONS ON REPRESENTATION - AGENTS OR A previously existing powers of attorney)	TTORNEYS ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
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6. SIGNATURE OF REPRESENTATIVE	and	17. DATE OF SIGNATURE
Mrs 6 A		9/10/18
EES: Section 5904, T tle 38, United States Code, contains provisi onnection with a proceeding before the Department of Veterans Af	ors regarding fees that may be charged, allowe fairs with respect to benefits under laws admini	d, or paid for services of agents or attorneys in stered by the Department.

VA Form 21-22a, AUG 2015

December 31, 2019 GERALD LEE HENLEY

# We made a decision on your VA benefits.

Dear Gerald Henley:

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

# Your Benefit Information:

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

Your combined rating evaluation is:

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

# **How VA Combines Percentages**

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



#### We have included with this letter:

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

#### Contact information:

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

#### Social Media:

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

#### Your representative:

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

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

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



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

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

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

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

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

Thank you for your service,

# **Regional Office Director**

cc:

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



Page 3

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:<u>www.veis.gov</u> Phone: 1-800-827-1000 TDD: 711 To send questions online: visit <u>https://iris.custhelp.com/</u>

#### Social Media:

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

Your representative;

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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.

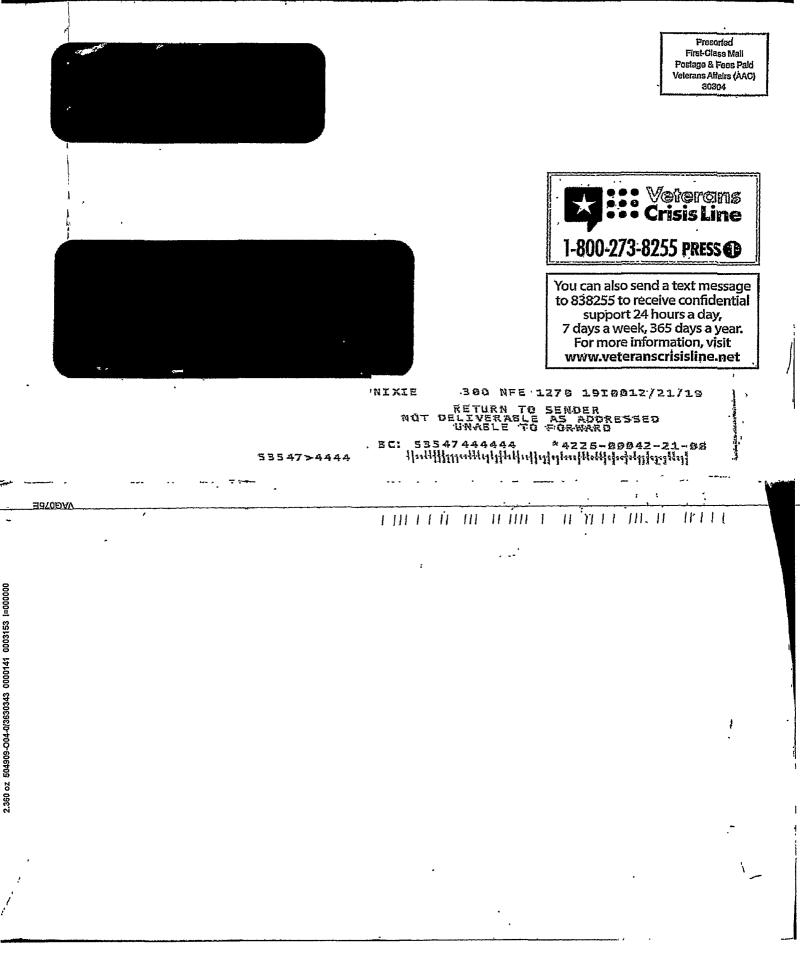


·	019 - VA Evidence Intake Center, Janesville WI
,	
	File Number:
•	JOHNSON, LINDA R
	cc: HAROLD H HOFFMAN-LOGSDON III
	Veterans Legal Advocacy Group
· .	PO Box 501041
	Indianapolis IN 46250
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Pa**£cx8hibit 1, Page 28** 



# 2272019 -VA Evidence Intake Center, Janesville WI



		Expiration Date: 08/31/2018
Department of Veterans Affa	irs	1. VA FILE NO(S) (include prefix)
	F INDIVIDUAL AS CLAIMANT	'S REPRESENTATIVE
	service organization assist you with	your claim, you may use VA Form 21-22,
Federal Regulations 1.576 for routine uses (i.e., civil or crimina United States, litigation in which the United States is a party or	law enforcement, congressional communications, epidem nas an interest, the administration of VA programs and del 21/22/28, Compensation, Pension, Education, and Vocatio ever, failure to respond provide the requested information lected by 38 U.S.C. 7332, your representative is not prohib	ited from redisclosing records. The responses you submit are
VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those ind representative (38 U.S.C. 5701(b) and 7332) Title 38, United Str representation will each need an average of 5 minutes to review	viduals to accept appointment. We will also use the inform tes Code, allows us to ask for this information. We estimat he instructions, find the information, and complete this for respond to a collection of information if this number is not	m. VA cannot conduct or sponsor a collection of information unless a t displayed. A Valid OMB control number can be located on the OMB
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4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETI		5
Johnson Linda K	enee	
		OTHER (Specify)
SECTION 14.630	NG REPRESENTATION UNDER SERVICE O (Specify org	RGANIZATION REPRESENTATIVE ganization below)
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The appointment of the individual named in Item 7A (t	vidual Providing Representation Under Section representative) authorizes the individual to repre- gnatures below, we, the representative and the claim	sent the claimant named in Item 2 for a particular claim nant, attest that no compensation will be charged or paid for
	and the second	at a star and the second se
		-
8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN	TS REPRESENTATIVE (No and street or rigal rol	the city or P.O. State and 7IP code)
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804 Arlington, VA 22206	S REPRESENTATIVE (IVO. and street of hard for	ae, city or F.O., State, and Zif Code)
A FORM 21-22a	SUPERSEDES VA FORM 21-22a, JUN 2009, WHICH WILL NOT BE USED.	(Continued on Reverse)

5. 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)		nmunodeficiency virus (HIV), or sickle cell and	Is that may be in my file relating to treatment for drug emia.
1. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS         Unless 1 check the box below, 1 do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization will remain in feet until the authorize the individual named does not extend to any other in with out my further written constraints multi-autimation will remain in feet until the authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization will remain in feet until the authorize the individual named in Item 7A, either by explicit revocation or the appoint are recordent with vol. (c) (2) I revoke the appointment of the individual named in Item 7A, either by explicit revocation or the appoint and in Item 7A to act on my behalf to change my address in my VA records. This authorization is authorized by appoint the individual named in Item 7A is marcefield agent or attended to the appoint the individual named in Item 7A, either by explicit revocation or the appoint accepted the service of the veteran named in Item 7A. Item Marchandon Item 7A is an accedited agent or attended to the appoint we individual in Item 7A is an accedited agent or attended in Item 7A is an accedited agent or attended in Item 7A is an accedited agent or attended administrative employees of my representative.         Bread and accepted subject to the foregoing conditions.       19. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA If other and provide I in and the individual in Item 7A is an accedited agent or attorney, this power of attorney revokes all previously existing powers of attorney)         SIGNATURE DF CLAMANT       19. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA If other and provided I in a dinterney is indication includes the follow for the vete	other than to VA or the Court of Appeals for Veterans Clai the earlier of the following events: (1) I revoke this authori	innodenciency virus (HIV), or sickle cell aner ms, is not authorized without my further writte zation by filing a written revocation with VA	nia. Redisclosure of these records by my representative
I 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 will remain in effect until the earlier of the following events: (1) Feroke this authorization will not main in the feet until the earlier of the following events: (1) Feroke this authorization will not main in the feet until the earlier of the following events: (1) Feroke this authorization will not the individual named in Item 7A, either by explicit revocation or the appointment of the individual named in Item 7A, either by explicit revocation or the appoint of another representative.         CONDITIONS OF APPOINTMENT         the daimant named in Item 2, hereby appoint the individual and in Item 7A is my representations provided before VA may be limited by the agent or attorney as indicated below in Item 15. The individual appointed is my representative: and all the individual appointed is my representative; and if the individual in Item 7A is an accredited agent or attorney as indicated below in Item 15. The individual appointed is my representative; and if the individual in Item 7A is an accredited agent or attorney, this authorization includes the follow dividually named administrative employees of my representative;         agreed and accepted subject to the foregoing conditions.       13. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA (f) other than the vieward)         SIGNATURE OF CLAMANT       13. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA (f) other than the vieward)         SIGNATURE OF CLAMANT       13. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA (f) other than the vieward) </th <th><ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the o with the human immunodeficiency virus (HIV), or sickle cell a</li> </ol></th> <th>disclosure of records relating to treatment for d anemia is limited as follows:</th> <th>rug abuse, alcoholism or alcohol abuse, infection</th>	<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the o with the human immunodeficiency virus (HIV), or sickle cell a</li> </ol>	disclosure of records relating to treatment for d anemia is limited as follows:	rug abuse, alcoholism or alcohol abuse, infection
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I 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 will remain in effect until the earlier of the following events: (1) Feroke this authorization will not main in the feet until the earlier of the following events: (1) Feroke this authorization will not main in the feet until the earlier of the following events: (1) Feroke this authorization will not the individual named in Item 7A, either by explicit revocation or the appointment of the individual named in Item 7A, either by explicit revocation or the appoint of another representative.         CONDITIONS OF APPOINTMENT         the daimant named in Item 2, hereby appoint the individual and in Item 7A is my representations provided before VA may be limited by the agent or attorney as indicated below in Item 15. The individual appointed is my representative: and all the individual appointed is my representative; and if the individual in Item 7A is an accredited agent or attorney as indicated below in Item 15. The individual appointed is my representative; and if the individual in Item 7A is an accredited agent or attorney, this authorization includes the follow dividually named administrative employees of my representative;         agreed and accepted subject to the foregoing conditions.       13. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA (f) other than the vieward)         SIGNATURE OF CLAMANT       13. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA (f) other than the vieward)         SIGNATURE OF CLAMANT       13. DATE OF SIGNATURE       14. CLAMANT'S RELATIONSHIP TO VETERA (f) other than the vieward) </th <th>1. AUTHORIZATION FOR REPRESENTATIVE TO ACT O</th> <th>N CLAIMANT'S BEHALE TO CHANCE C</th> <th>AMANTS ADDESS</th>	1. AUTHORIZATION FOR REPRESENTATIVE TO ACT O	N CLAIMANT'S BEHALE TO CHANCE C	AMANTS ADDESS
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 b om the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 4.1 fifth individual named in Item 7A is an accredited agent or atto escope of representation under 14.430, such representation is limited to by the agent or attorney as indicated below in Item 15.1 fifth individual indicated in Item 7A is provention under 14.430, such representation is limited to a particular claim only.1 authorize VA to release any and all of my records (other than as provided in at 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 follow dividually named administrative employees of my representative:         gred and accepted subject to the foregoing conditions. <ul> <li>SIGNATURE OF CLAIMANT</li> <li>IMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)</li> </ul> SIGNATURE OF REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all 17. DATE OF SIGNATURE         SIGNATURE OF REPRESENTATION	<ul> <li>I authorize the individual named in Item 7A to act on my beh with out my further written consent. This authorization will written revocation with VA; or (2) I revoke the appoint</li> </ul>	named in Item 7A to act on my behalf to chang half to change my address in my VA records. T I remain in effect until the earlier of the follo	ge my address in my VA records. his authorization does not extend to any other individua
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 b om the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 4.1 fthe individual named in Item 7A is an accredited agent or atto escope of representation under 14.430, such representation is limited to by the agent or attorney as indicated below in Item 15.1 fthe individual indicated in Item 7A is prove presentation under 14.430, such representation is limited to a particular claim only.1 authorize VA to release any and all of my records (other than as provided in at 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 follow dividually named administrative employees of my representative:         gred and accepted subject to the foregoing conditions.       13. DATE OF SIGNATURE       14. CLAIMANT'S RELATIONSHIP TO VETERA (If other than the veteran)         1.1UITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)       17. DATE OF SIGNATURE 11.2UITATIONS on REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)         SIGNATURE OF REPRESENTATION       17. DATE OF SIGNATURE 11.2UITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)	201		
S. DATE OF SIGNATURE 11. CLAIMANT'S RELATIONSHIP TO VETERA ( <i>f other than the veteran</i> ) <b>5. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY</b> (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney) SIGNATURE OF REPRESENTATIVE SIGNATURE OF REPRESENTATIVE T. DATE OF SIGNATURE 11/28/18 ES: Section 59(4) Fille 38. United States Code: company revokes mergen for the term of term of the term of the term of the term of term o	and to) to that individual appointed as my representative, and if it individually named administrative employees of my representative:	te individual in Item 7A is an accredited agent	and all of my records (other than as provided in Items or attorney, this authorization includes the following
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SIGNATURE OF REPRESENTATIVE 17. DATE OF SIGNATURE 11/28/18 ES: Section 59(4, Little 38, United States Code, contains provisions reporting feasibility external allocations and the second allocation of the second allocation	2. SIGNATURE OF CLAIMANT	the transmission of the second s	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
ES: Section 59/4, hitle 38, United States Co. e. contains provisione reperding fees that may be abarred allowed and the section of the sectio	Robell	11-618	(If other than the veteran)
nection with a proceeding before the Department of Veterans As airs with respect to benefits under laws administered by the Department	2. SIGNATURE OF CLAIMANT	11-618	(If other than the veteran) nt or attorney, this power of attorney revokes all
Form 21-22a AUG 2015	5. LIMITATIONS ON REPRESENTATION - AGENTS OR AT previously existing powers of attorney)	TTORNEYS ONLY (Unless limited by an age	(If other than the veteran) nt or attorney, this power of attorney revokes all 17. DATE OF SIGNATURE 11/28/18

# DEPARTMENT OF VETERANS AFFAIRS



February 20, 2020 JAMES OSCAR MASON

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

1 p .:

Dear Mr. JAMES MASON:

We are working on your claim.

#### Important Information

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

# What Do We Still Need From You?

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

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

# How Should You Submit What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit <u>www.eBenefits.va.gov</u> 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

	ffairs
APPOINTMENT	OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE
Note - If you would prefer to have a "Appointment of Veterans Service"	a service organization assist you with your claim, you may use VA Form 21-22 Organization As Claimant's Representative."
United States, litigation in which the United States is a party administration) as identified in the VA system of records, 58% Federal Register. Your obligation to respond is voluntary. H identification of disclosable records. Except for information p	on collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of inal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personne VA21/22/28. Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the lowever, failure to respond provide the requested information could impede the recognition of your representative and/or protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are tited is subject to verification through computer matching programs with other agencies.
A benefits (38 U.S.C. 5902, 5903, and 5904) and for those in epresentative (38 U.S.C. 5701(b) and 7332) Title 38, United 3 epresentation will each need an average of 5 minutes to reviev alid OMB control number is displayed. You are not required	ognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for ndividuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointe States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of w the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMI sired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.
NAME OF CLAIMANT (Veteran, guardian, beneficia	ry, dependent, or next of kin) 3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and Z
James Mason	
LAST NAME - FIRST NAME - MIDDLE NAME OF VE	TERAN 5. SERVICE NUMBERS
Mason James	
BRANCH OF SERVICE	
	MARINE CORPS COAST GUARD OTHER (Specify)
A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT	IS REPRESENTATIVE
Meghan Gentile	139.
B. INDIVIDUAL IS (check appropriate box)	
	DING REPRESENTATION UNDER SERVICE ORGANIZATION REPRESENTATIVE
SECTION 14.630 (*See required states	ment below. Signatures are (Specify organization below)
required in Items 7C	
(Skip to Item 8, if the box for "In	ALS PROVIDING REPRESENTATION UNDER SECTION 14.630 dividual Providing Representation Under Section 14.630" was not checked in Item 7B) (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim
bursuant to the provisions of 38 CFR 14.630. By our s he individual named in Item 7A.	signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for
	NTO DEDECONTATIVE Algorithment and and a simple D. Cast. and 700 and a)
	in S REFRESENTATIVE (No. and street of rural route, city of F.O., state, and zir code)
terans Legal Advocacy Group	in a KERKESENTATIVE (No. and street or rural route, city or F.O., state, and zir code)
terans Legal Advocacy Group 76 S. Arlington Mill Drive ite 804	in S REFRESENTATIVE (No. and street of rural route, city of F.O., state, and zir code)
terans Legal Advocacy Group 76 S. Arlington Mill Drive ite 804	in S KERKESENTATIVE (No. and street or rural route, city or F.O., shale, and zir coue)
terans Legal Advocacy Group 76 S. Arlington Mill Drive ite 804	in SKERKESENTATIVE (No. and street or rural route, city or F.O., shale, and Zir coue)
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN eterans Legal Advocacy Group 776 S. Arlington Mill Drive hite 804 clington, VA 22206	SUPERSEDES VA FORM 21-22a, JUN 2009. (Continued on Reverse)

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO Unless I check the box below, I do not authorize VA to disclose to abuse, alcoholism or alcohol abuse, infection with the human imm	the individual named in Item 7A any record	Is that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claimant alcoholism or alcohol abuse, infection with the human immun other than to VA or the Court of Appeals for Veterans Claims the earlier of the following events: (1) I revoke this authorizat in Item 7A, either by explicit revocation or the appointment of	nodeficiency virus (HIV), or sickle cell anen s, is not authorized without my further written tion by filing a written revocation with VA;	nia. Redisclosure of these records by my representative, on consent. This authorization will remain in effect until
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the dis- with the human immunodeficiency virus (HIV), or sickle cell and</li> </ol>	closure of records relating to treatment for d emia is limited as follows:	rug abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON	CLAIMANT'S REHALE TO CHANGE C	
<ul> <li>Unless I check the box below, I do not authorize the individual na</li> <li>I authorize the individual named in Item 7A to act on my behal with out my further written consent. This authorization will r written revocation with VA; or (2) I revoke the appointr of another representative.</li> </ul>	armed in Item 7A to act on my behalf to chang if to change my address in my VA records. T remain in effect until the earlier of the follo	ge my address in my VA records. This authorization does not extend to any other individual powing events: (1) I revoke this authorization by filing a
2011	ITIONS OF APPOINTMENT	
from the Department of Veterans Affairs (VA) based on the service of he scope of representation provided before VA may be limited by the epresentation under 14.630, such representation is limited to a particu and 10) to that individual appointed as my representative, and if the ndividually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions.	agent or attorney as indicated below in Iten ular claim only. I authorize VA to release an	15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
2. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
James Mason	9-5-18	
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATT previously existing powers of attorney) 6. SIGNATURE OF REPRESENTATIVE	TORNEYS ONLY (Unless limited by an ag	ent or attorney, this power of attorney revokes all
		9/11/18

VA Form 21-22a, AUG 2015

Department of Veterans Af	ffairs 1. VA FILE NO(S) (Include prefix)
APPOINTMENT	OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE
Note - If you would prefer to have a "Appointment of Veterans Service"	a service organization assist you with your claim, you may use VA Form 21-22, Organization As Claimant's Representative."
Pederal Register. Your obligation to resolve the values (i.e., civil or crimin United States, litigation in which the United States is a party administration) as identified in the VA system of records, 58' Federal Register. Your obligation to respond is voluntary. H identification of disclosable records. Except for information p	on collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of inal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the However, failure to respond provide the requested information could impede the recognition of your representative and/or protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are tited is subject to verification through computer matching programs with other agencies.
VA benefitis (38 U.S.C. 5902, 5903, and 5904) and for those in representative (38 U.S.C. 5701(b) and 7332) Title 38, United 7 representation will each need an average of 5 minutes to revier valid OMB control number is displayed. You are not required	ognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of whe instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB stred, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.
LAwrence Me	1
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VE	
6. BRANCH OF SERVICE	MARINE CORPS COAST GUARD OTHER (Specify
<b>4</b>	
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT Méghan Gentile	TS REPRESENTATIVE
7B. INDIVIDUAL IS (check appropriate box)	
X ATTORNEY AGENT INDIVIDUAL PROVID SECTION 14.630	DING REPRESENTATION UNDER SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below) C and 7D)
	ALS PROVIDING REPRESENTATION UNDER SECTION 14.630
(Skip to item 8, if the box for "In	ndividual Providing Representation Under Section 14.630" was not checked in Item 7B)
The appointment of the individual named in Item 7A ( pursuant to the provisions of 38 CFR 14.630. By our s the individual named in Item 7A.	(the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN	NT'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	
A FORM UG 2015 <b>21-22a</b>	SUPERSEDES VA FORM 21-22a, JUN 2009, (Continued on Reverse) WHICH WILL NOT BE USED.

abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus	ed in Item 7A any records (HIV), or sickle cell aner	that may be in my file relating to treatment for drug mia.
I authorize the VA facility having custody of my VA claimant records to disclose alcoholism or alcohol abuse, infection with the human immunodeficiency virus (f other than to VA or the Court of Appeals for Veterans Claims, is not authorized w the earlier of the following events: (1) I revoke this authorization by filing a writte in Item 7A, either by explicit revocation or the appointment of another representation	11V), or sickle cell anem without my further written on revocation with VA: of	ia. Redisclosure of these records by my representative a consent. This authorization will remain in effect unt
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11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEI Unless I check the box below, I do not authorize the individual named in Item 7A to a	IALF TO CHANGE CL	AIMANT'S ADDRESS
X I authorize the individual named in Item 7A to act on my behalf to change my address with out my further written consent. This authorization will remain in effect until written revocation with VA; or (2) I revoke the appointment of the individe of another representative.	ess in my VA records. The earlier of the follow	his authorization does not extend to any other individu wing events: (1) I revoke this authorization by filing
CONDITIONS OF AF	BOINTHENE	
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from the Department of Veterans Affairs (VA) based on the service of the veteran named in the scope of representation provided before VA may be limited by the agent or attorney as representation under 14.630, such representation is limited to a particular claim only. I aut 9 and 10) to that individual appointed as my representative, and if the individual in Item 7, individually named administrative employees of my representative:	in Item 4. If the individua indicated below in Item horize VA to release any	al named in Item 7A is an accredited agent or attorney 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Item)
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Tom the Department of Veterans Affairs (VA) based on the service of the veteran named in the scope of representation provided before VA may be limited by the agent or attorney as representation under 14.630, such representation is limited to a particular claim only. I aut 9 and 10) to that individual appointed as my representative, and if the individual in Item 7, individually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions. 12-GIGNATURE OF CLAIMANT 13. IIIIITATJONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (	in Item 4. If the individua indicated below in Item horize VA to release any A is an accredited agent of DATE OF SIGNATURE	<ul> <li>a named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items or attorney, this authorization includes the following</li> <li>14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)</li> </ul>
Tom the Department of Veterans Affairs (VA) based on the service of the veteran named in the scope of representation provided before VA may be limited by the agent or attorney as representation under 14.630, such representation is limited to a particular claim only. I aut 9 and 10) to that individual appointed as my representative, and if the individual in Item 7, individually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions. 12-GIGNATURE OF CLAIMANT 13. IIIIITATJONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (	in Item 4. If the individua indicated below in Item horize VA to release any A is an accredited agent of DATE OF SIGNATURE	<ul> <li>a named in Item 7A is an accredited agent or attorney, 15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items or attorney, this authorization includes the following</li> <li>14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)</li> </ul>
from the Department of Veterans Affairs (VA) based on the service of the veteran named in the scope of representation provided before VA may be limited by the agent or attorney as representation under 14.630, such representation is limited to a particular claim only. I aut 9 and 10) to that individual appointed as my representative, and if the individual in Item 7, individually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions. 12-CHENATURE OF CLAIMANT 13. II 14. CHENATURE OF CLAIMANT 15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY ( previously existing powers of attorney)	in Item 4. If the individua indicated below in Item horize VA to release any A is an accredited agent of DATE OF SIGNATURE	al named in Item 7A is an accredited agent or attorne 15. If the individual indicated in Item 7A is providin and all of my records (other than as provided in Item or attorney, this authorization includes the following 14. CLAIMANT'S RELATIONSHIP TO VETERAN <i>(If other than the veteran)</i> <i>nt or attorney, this power of attorney revokes all</i>

VA Form 21-22a, AUG 2015

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# 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

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

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

Sincerely yours,

K. Osborne Deputy Vice Chairman

Enclosures (1) CC: EVAN T SNIPES, Attorney SS

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	e form.
<b>NOTE:</b> If you prefer to have a veterans service organization assist you with your claim instead of an ind <i>Appointment of Veterans Service Organization as Claimant's Representative</i> . When completed you can center address shown on page 3. VA forms are available at www.va.gov/vaforms.	lividual please complete VA Form 21-22, a mail or fax this form to the appropriate intake
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 in	ik, neatly, and legibly to expedite processing of the form.
1. VETERAN'S NAME (First, Middle Initial, Last)	
JESSE PATINO	J.R.
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) 3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH Month Day Year
	RINE CORPS COAST GUARD
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	
B. VETERAN'S TELEPHONE NUMBER (Include Area Code) 9. VETERAN'S EMAIL ADDRESS (Optional)	La contraction of the second second
SECTION II: CLAIMANT'S INFORMATION (If other tha	in 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.&	
Apt/Unit Number	
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 INFORMA	ATION
15A. NAME OF INDIVIDUAL APPOINTED AS REPRESENTATIVE Evan Snipes	
15B. INDIVIDUAL IS (check appropriate box)	
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION	IZATION REPRESENTATIVE(Specify organization below
UNDER SECTION 14.630 (*See required statement below. Signatures are required in Items 16A and 17A)	
18. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (Number and street or rural row	ute, city or P.O., State, and ZIP code)
2776 S. Arlington Mill Drive, Suite 804, Arlington, VA 22206	
	Page 1
A FORM 21-22a, AUG 2015.	rager

#### VETERAN'S SOCIAL SECURITY NO.

SECTION IV: AUTHORIZA	TION INFORMATION
19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PF Unless I check the box below, I do not authorize VA to disclose to the individual nam abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus	ed in Item 15A any records that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claimant records relating to drug abuse, alcoholism or alcohol abuse, infection with Redisclosure of these records by my representative, other than to VA or th further written consent. This authorization will remain in effect until the a written revocation with VA; or (2) I revoke the appointment of the appointment of another representative.	the human immunodeficiency virus (HIV), or sickle cell anemia. he Court of Appeals for Veterans Claims, is not authorized without my earlier of the following events: (1) I revoke this authorization by filing
20. LIMITATION OF CONSENT. My consent in Item 19 for the disclosure of records with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as for	
21. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BE Unless I check the box below, I do not authorize the individual named in Item 15A to	
X I authorize the individual named in Item 15A to act on my behalf to char any other individual with out my further written consent. This authorizati revoke this authorization by filing a written revocation with VA; or (2) I a explicit revocation or the appointment of another representative.	on will remain in effect until the earlier of the following events: (1) I
CONDITIONS OF A	PPOINTMENT
particular claim only. I authorize VA to release any and all of my records (oth my representative, and if the individual in Item 15A is an accredited agent or a administrative employees of my representative:	
Signed and accepted subject to the foregoing conditions. 22A. SIGNATURE OF CLAMMANT (Do Not rint)	22B. DATE OF SIGNATURE (MM DD YYYY)
Sesse Palinofi.	5-22-20/9
23/LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY previously existing powers of attorney) 24A. SIGNATURE OF REPRESENTATIVE	Y (Unless limited by an agent or attorney, this power of attorney revokes all 24B. DATE OF SIGNATURE (MM/DD/YYYY) 6/18/19
4 k m	
FEES: Section 5904, Title 38, United States Code, contains provisions regarding fees i	that may be charged, allowed, or paid for services of agents or attorneys in benefits under laws administered by the Department.
connection with a proceeding before the Department of Veterans Affairs with respect to	

VA Form 21-22a, FEB 2019

## 52020 - VA Evidence Intake Center, Janesville WI

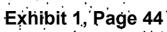
Department Of Veterans: Affairs Evidence Intake Center P.O. Box 4444 Janesville, WI, 53547-4444

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# DEPARTMENT OF VETERANS AFFAIRS



January 7, 2020

In reply, refet to: 319/CLW File Number: ROBERT ROGST20D:

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. Yourappealmaybbe affected by Public Law 116-223 Bloc Water Mayy Withman Vetterains 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 Veteratis 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 tellphone, e-mail, or letter,

If you. Telephone	Here is what to do. Call us at 1-300-32774000. 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 Where to Send Your Written Correspondence chart, below.



				Expiration D	ate: 08/31/2018
Department of Veterans Af	fairs		1. V	A FILE NO(S) (Incl	lude prefix)
APPOINTMENT	OF INDIVIDUAL	AS CLAIMAN	T'S REPRES	ENTATIVE	
Note - If you would prefer to have a "Appointment of Veterans Service	a service organizatio Organization As Cl	on assist you wi aimant's Repre	th your claim, yo esentative."	ou may use VA	Form 21-22,
PRIVACY ACT NOTICE: VA will not disclose information Federal Regulations 1.576 for routine uses (i.e., civil or crimi United States, litigation in which the United States is a party administration) as identified in the VA system of records, 58 Federal Register. Your obligation to respond is voluntary. H identification of disclosable records. Except for information p considered confidential (38 U.S.C. 5701). Information submit	nal law enforcement, congression or has an interest, the administrat VA21/22/28. Compensation, Pen owever, failure to respond provide worker, failure to respond provide rotected by 38 U.S.C. 7332, you	nal communications, epid tion of VA programs and sion, Education, and Voc le the requested informat r representative is not pro-	emiological or research stu delivery of VA benefits, ve ational Rehabilitation and F ion could impede the recog hibited from redisclosing r	dies, the collection of n artification of identity an Employment Records-V nition of your represent ecords. The responses y	oney owed to the d status, and personnel (A, published in the ative and/or
<b>RESPONDENT BURDEN:</b> We need this information to reco VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those in representative (38 U.S.C. 5701(b) and 7332) Title 38, United S representation will each need an average of 5 minutes to review valid OMB control number is displayed. You are not required Internet Page at www.reginfo.gov/public/do/PRAMain. If des	adividuals to accept appointment States Code, allows us to ask for w the instructions, find the inform to respond to a collection of info	We will also use the info this information. We esti- nation, and complete this mation if this number is	ormation to verify consent mate that claimants and ind form. VA cannot conduct of not displayed. A Valid OM	t for disclosure of VA re ividuals appointed for p or sponsor a collection of (B control number can b	ecords to the appointed ourposes of of information unless a be located on the OMB
2. NAME OF CLAIMANT (Veteran, guardian, benefician Robert Lr. Roc	SSTAD	3. ADDRESS OF CL Code)	AIMANT ( <i>No. and street</i>	or rural route, city o	or P.O., State and ZIP
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VER ROGSTAD ROBERT	LeRoy	5. SERVICE NUMBE	RS		
		COAST GUARD	OTHER (Specify	the states of the	)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT Evan Snipes	'S REPRESENTATIVE	_ <u>1</u> ,			
7B. INDIVIDUAL IS (check appropriate box)					
ATTORNEY AGENT INDIVIDUAL PROVID SECTION 14.630	NNG REPRESENTATION UN ment below. Signatures are and 7D)		ORGANIZATION REPR	RESENTATIVE	
*INDIVIDU/ (Skip to Item 8, if the box for "In	ALS PROVIDING REPRE	SENTATION UNDE	R SECTION 14.630	hocked in Item 7D	,
	and an Fronding Reples	entation onder Sect	1011 14.030 was not c	necked in tiem 76	)
The appointment of the individual named in Item 7A ( pursuant to the provisions of 38 CFR 14.630. By our s the individual named in Item 7A.	the representative) authorize ignatures below, we, the rep	s the individual to rep resentative and the cla	resent the claimant nam imant, attest that no cor	ed in Item 2 for a pa npensation will be cl	rticular claim harged or paid for
					-
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN	IT'S REPRESENTATIVE (No	and street or rural r	oute, city or P.O., State,	and ZIP code)	
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive					1.1
Suite 804 Arlington, VA 22206					
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UG 2015 21-22a	SUPERSEDES VA FORM WHICH WILL NOT BE US			(Co	ntimued on Reverse)

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<ol> <li>AUTHORIZATION FOR REPRESENTATIVE'S ACCESS T Unless I check the box below, I do not authorize VA to disclose to abuse, alcoholism or alcohol abuse, infection with the human imm</li> </ol>	o the individual named in Item 7A any records t	hat may be in my file relating to treatment for days
I authorize the VA facility having custody of my VA claiman alcoholism or alcohol abuse, infection with the human immu other than to VA or the Court of Appeals for Veterans Claim the earlier of the following events: (1) I revoke this authoriza in Item 7A, either by explicit revocation or the appointment of	nodeficiency virus (HIV), or sickle cell anemia s, is not authorized without my further written tion by filing a written revocation with VA; or	Redisclosure of these records by my representative,
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the dis with the human immunodeficiency virus (HIV), or sickle cell and</li> </ol>	sclosure of records relating to treatment for drug ernia is limited as follows:	abuse, alcoholism or alcohol abuse, infection
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON	CLAIMANT'S BEHALF TO CHANGE CLA	MANT'S ADDRESS
Unless I check the box below, I do not authorize the individual national set individual set indinatis set individual set individual set individual set	amed in Item 7A to act on my behalf to change If to change my address in my VA records. This remain in effect until the earlier of the followi	my address in my VA records. authorization does not extend to any other individual ng events: (1) I revoke this authorization by filing a
I, the claimant named in Item 2, hereby appoint the individual named from the Department of Veterans Affairs (VA) based on the service o the scope of representation provided before VA may be limited by the representation under 14.630, such representation is limited to a partice 9 and 10) to that individual appointed as my representative, and if the individually named administrative employees of my representative:	of the veteran named in Item 4. If the individual e agent or attorney as indicated below in Item 1: ular claim only. I authorize VA to release any a	named in Item 7A is an accredited agent or attorney, 5. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
Signed and accepted subject to the foregoing conditions.		
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE 9-4-20B	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
15. LIMITATIONS ON REPRESENTATION - AGENTS OR AT previously existing powers of attorney)	TORNEYS ONLY (Unless limited by an agent	or attorney, this power of attorney revokes all
1		
6. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE
LE Dr		9/10/18
EES: Section 5904, Title 56, United States Code, contains provision onnection with a proceeding before the Department of Veterans Affai	is regarding fees that may be charged, allowed, irs with respect to benefits under laws administer	or paid for services of agents or attorneys in ered by the Department.

VA Form 21-22a, AUG 2015

#### VA Compensation Intake Center - 05/05/2021

DEPARTMENT OF VETERANS AFFAIRS



April 21, 2021

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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.





THE UPS STORE

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

1.	VA	FILE	NO(S)	rinclude	prefix)
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APPOINTMENT OF	INDIVIDUAL AS CLAIMA	INT'S REPRESENTATIVE
Note - If you would prefer to have a se "Appointment of Veterans Service Or	rvice organization assist you v	with your claim, you may use VA Form 21-22
Foderal Regulations 1.576 for routine uses (i.e., civil or cristinal is United States, (trightion in which the United States is a party or bas administration) as identified in the VA system of records, 58VA21 Foderal Register. Your obligation to respond is voluntary. Howev identification of disclosable records. Except for information proto- considered confidential (38 U.S.C. \$701). Information submitted is	we enforcement, congretational communications, e a an interest, the administration of VA programs and //22/28, Compensation, Pension, Education, and V ver, failure to respond provide the requested inform ted by 38 U.S.C. 7332, your representative is not a subject to verification through computer metching	ag programs with other agencies.
(A benefits (38 U.S.C. 5902, 5903, and 5004) and for those indivi- spretentative (38 U.S.C. 5701(b) and 7332) Title 38, United State spresentation will each need an average of 5 minutes to review the alid OMB control nomber is displayed. You are not required to re- nermet Page at wave requiring apply obthic/da/TRAMata. If desired	deals to accept appaintment. We will also use unc s Code, allows us to ask for this information. We e e instructions, find the information, and complete spond to B collection of information if this number 1, you can call 1-800-827-1000 to get information	r in not displayed. A Valid OMR control number can be focated on the OM on where to send comments or suggestions about this form.
z NAME OF CLAIMANT (Veleran, guardian, beneficiary, o Miriam & Snyl	Y T	CLAIMANT (No. and street or rural route, city or P.O. State and
Smyly, Douslas Bi	S. SERVICE AND	
		OTHER (Specify)
A, NAME OF INDIVIDUAL APPOINTED AS CLAIMANTS	REPRESENTATIVE	
SECTION 14.63D	nt below. Signatures are	VICE ORGANIZATION REPRESENTATIVE ctfy organization below)
(Skip to Hern 8, if the box for "Indi		Section 14.630" was not checked in tient 76)
The appointment of the individual named in Item 7A (the pursuant to the provisions of 38 CFR 14.630. By our sign the individual named in Item 7A.	e representative) authorizes the individual t matures below, we, the representative and th	to represent the claimant named in Item 2 for a particular claim he claimont, attest that no compensation will be charged or paid fo
		_
1		
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN	T'S REPRESENTATIVE (No. and street or r.	ural 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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	SUPERSEDES VA FORM 21-228, JUN 20	(Continued on Ke

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9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS Unless I check the box below, I do not authorize VA to disclose to the individual	parned in Item 7A any records th	at 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	A
1 authorize the VA facility having custody of my VA claimant records to dis alcoholism or alcohol abuse, infection with the human immunodeficiency vi other than to VA or the Court of Appeals for Veterans Claims, is not authori the earlier of the following events: (1) I revoke this authorization by filing a in Item 7A, either by explicit revocation or the appointment of another represent the supervision of the following events: (2) I revoke the appointment of another represent the supervision of the following events: (2) I revoke the appointment of another represent the supervision of the following events: (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the appointment of another represent the supervision of the following events (2) I revoke the supervision (2	rus (HIV), or sickle cell anomaa, zed without my further written c written revocation with VA; or (	consent. This authorization will remain in effect until
10. LIMITATION OF CONSENT. My consent in Item 9 for the disclosure of reco	rds 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 Unless I check the box below, I do not authorize the individual named in Item 7	BEHALF TO CHANGE GLA	my address in my VA records,
<ul> <li>I authorize the individual named in Item 7A to act on my helaff to change m with out my further written consent. This authorization will remain in effect written revocation with VA; or (2) I revoke the appointment of the of another representative.</li> </ul>	y address in my $VA$ records. This of until the earlier of the follow	s authorization does not extend to any other individual ine events: (1) I revoke this authorization by filing a
CONDITIONS C	F APPOINTMENT	
I, the claimant named in item 2, nereby appoint the introduct named in item 7/2 as from the Department of Veterana Affairs (VA) based on the service of the veteran i the scope of representation provided before VA may be limited by the agent or atto representation under 14.630, such representation is limited to a particular claim onl 9 and 10) to that individual appointed as my representative, and if the individual in individually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions.	x = 1 suthorize VA to release any	and all of my records (other than as provided in Items
Signed and accepted subject to the toregoing conclusion.		
12 SIGNATURE OF CLAIMANT Miriam & Snyly	13. DATE OF SIGMATURE 9/7/18	14, CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran) Willow
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS of previously existing powers of attorney)	ONLY (Unless limited by an age	nt or attorney, this power of attorney revokes all
	~	17. DATE OF SIGNATURE
16. SIGNATURE OF REPRESENTATIVE	0	9/7/18
FEES: Section 5904, Title 38, United States Code, contains provisions regarding	fees that may be charged, allowe	ed, or paid for services of agents or attorneys in
connection with a proceeding before the Department of Veterans Affairs with resp	eet to benefits under laws admin	instered by the Department.
VA Form 21-22a, AUG 2015		

Department of Veterans Affairs	1. VA FILE NO(S) (Include prefix)
APPOINTMENT OF INDIVIS	DUAL AS CLAIMANT'S REPRESENTATIVE
Note - If you would prefer to have a service org "Appointment of Veterans Service Organization	anization against man with men al in any second
PRIVACY ACT NOTTICE: VA will not disclose information collected on this for Federal Regulations 1.576 for routine uses (i.e., civil or criminal letv enforcement, United States, litigation in which the United States is a party or has an interest, the adminiatution) as identified in the VA system of records, s8VA21/2228, Comper Federal Register. Your obligation to respond is voluntary. However, failure to re- identification of disclosable records. Except for information protected by 38 U.S.C. considered confidential (38 U.S.C. 5701). Information submitted is subject to verifi-	own to may source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of , compressional communications, epidemiological or research studies, the collection of money owed to the e administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel meanine, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the mpond provide the representative is not prohibited from redinclusing records. The responses you admit are if cation through contracter matching programs with other accords. The responses you admit are if cation through contracter matching programs with other accords.
RESPONDENT BURDEN: We need this information to recognize the individual VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept a representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows u representation will each need an average of 5 minutes to review the instructions, fin valid OMB control mumber is displayed. You are not required to respond to a colloc Internet Page at www.reginfo.gov/osblic/do/PRAMain. If desired, you can call 1-	a appointed by claimants to act on their bohalf in the preparation, presentation, and prosocution of claims for appointment. We will also use the information to verify consent for disclosure of VA records to the appointed is to ask for this information. We estimate that claimants and individuals appointed for purposes of ad the information, and complete this form. VA cannot conduct or sponsor a collection of information ruless a climation information if this number is not displayed. A Valid OMB control number can be focuted on the OMB 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 n DANIEL W. THOMAS	next of him) 3. Appeess of a Manuer M dZIP Code
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN THOMAS - DANIEL WALT	5. SERVICE NUMBERS
	)
7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTAT Meghan Gentile	-1•,
78. INDIVIDUAL IS (check appropriate box)           X         ATTORNEY         AGENT         INDIVIDUAL PROVIDING REPRESENT/ SECTION 14.630	(Specific commission halfan)
The appointment of the individual named in Item 7A (the representative)	REPRESENTATION UNDER SECTION 14.630 g Representation Under Section 14.630" was not checked in Item 7E) authorizes the individual to represent the claimant named in Item 2 for a particular claim we, the representative and the claimant, attest that no compensation will be charged or paid for
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTA aterans Legal Advocacy Group 776 S. Arlington Mill Drive Dite 804 clington, VA 22206	NTIVE (No. and street or rural route, city or P.O., State, and ZIP code)
FORM SUPERSEDES V S 2015 21-22a WHICH WILL NO	(A FORM 21-220, JUN 2009. (Continued on Reverse)

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORD Unless I check the box below, I do not authorize VA to disclose to the individu abuse, alcoholism or alcohol abuse, infection with the human immunodeficience	PS PROTECTED BY SECTI nal named in Item 7A may recome ty virus (HIV), or sickle continue	ON 7332, TITLE 38, U.S.C. rds that may be in my file relating to treatment for dru- temia
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VA Form 21-22a, AUG 2015

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# Exhibit 1, Page 53

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December 30, 2019 DANIEL THOMAS

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

Dear Daniel Thomas:

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

# Your Benefit Information:

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

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

Your monthly entitlement amount is shown below:

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



We have included with this letter:

1. Explanation of Payment

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

#### **Contact information:**

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

#### Social Media:

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

#### 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- $\beta$ 255 and press 1.



File Number: THOMAS, DANIEL

by VA.

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

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

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

Thank you for your service,

# **Regional Office Director**

cc:

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



PRIV Feder Unite admin Feder identi consi RESP VA be repress repress valid C Interne	APPOINT te - If you would prefer to ppointment of Veterans CVACT NOTICE: VA will not discles Regulations 1.576 for routine uses (i.e., States, litigation in which the United Stat tration) as identified in the VA system of Register. Your obligation to respond is cation of disclosable records. Except for ired confidential (38 U.S.C. 5701). Inform NDENT BURDEN: We need this inform fits (38 U.S.C. 5902, 5903, and 5904) an tative (38 U.S.C. 5701(b) and 7322) Title tation will each need an average of 5 min Bis control number is displayed. You are Page at www.reginfo.gov/public/do/PRA	Service Organization A se information collected on this form to civil or criminal law enforcement, con- tes is a party or has an interest, the adn f records, 58VA21/22/28, Compensati voluntary. However, failure to respon- information protected by 38 U.S. C. 73 nation submitted is subject to verificat mation to recognize the individuals app ad for those individuals to accept appo e 38, United States Code, allows us to nutes to review the instructions, find th not required to respond to a collection Main. If desired, you can call 1-800-	ization assist you w As Claimant's Repu- to any source other than what his agressional communications, ep ministration of VA programs an ion, Pension, Education, and Vo di provide the requested inform 32, your representative is not p tion through computer matching pointed by claimants to act on the intment. We will also use the in ask for this information. We es the information, and complete the of information if this number i	with your claim, y resentative." as been authorized under the bidemiological or research st delivery of VA benefits, v ocational Rehabilitation and ation could impede the reco, rohibited from redisclosing g programs with other agence their behalf in the preparation formation to verify conser- stimate that claimants and in is form. VA cannot conduct	You may use VA Fo e Privacy Act of 1974 or Title 3 tudies, the collection of money verification of identity and statu Employment Records-VA, put gnition of your representative a records. The responses you sub cies.
PRIV Feder Unite admin Feder identi consi RESP VA be represe valid C Interne	<b>PDOINTMENT OF VETERALS</b> CV ACT NOTICE: VA will not disclos Regulations 1.576 for routine uses (i.e., States, litigation in which the United Stat tration) as identified in the VA system of Register. Your obligation to respond is action of disclosable records. Except for i red confidential (38 U.S.C. 5701). Inform <b>NDENT BURDEN:</b> We need this inform fits (38 U.S.C. 5902, 5903, and 5904) an tative (38 U.S.C. 5701(b) and 7332). Title tation will each need an average of 5 min fB control number is displayed. You are Page at www.reginfo.gov/public/do/PRA	Service Organization A se information collected on this form to civil or criminal law enforcement, con- tes is a party or has an interest, the adn f records, 58VA21/22/28, Compensati voluntary. However, failure to respon- information protected by 38 U.S. C. 73 nation submitted is subject to verificat mation to recognize the individuals app ad for those individuals to accept appo e 38, United States Code, allows us to nutes to review the instructions, find th not required to respond to a collection Main. If desired, you can call 1-800-	As Claimant's Repute to any source other than what he no any source other than what he normalized and the source of the source of the ininistration of VA programs and ion, Pension, Education, and Voi d provide the requested inform 32, your representative is not p tion through computer matching pointed by claimants to act on the intment. We will also use the ir ask for this information. We ess he information, and complete the of information if this number i	resentative." as been authorized under the bidemiological or research st id delivery of VA benefits, v ocational Rehabilitation and ation could impede the reco, rohibited from redisclosing g programs with other agence their behalf in the preparation formation to verify conser- stimate that claimants and in is form. VA cannot conduct	e Privacy Act of 1974 or Title 3 tudies, the collection of money verification of identity and statu Employment Records-VA, put gnition of your representative a records. The responses you sub cies. on, presentation, and prosecution int for disclosure of VA records dividuals appointed for purpose
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	SECTION (*See req	IAL PROVIDING REPRESENTATI 14630 nuired statement below. Signature in Items 7C and 7D)	(Specify	CE ORGANIZATION REP organization below)	RESENTATIVE
	1	INDIVIDUALS PROVIDING R	EPRESENTATION UND	ER SECTION 14.630	
pursu	(Skip to Item 8, if the pointment of the individual named in the provisions of 38 CFR 14.63 vidual named in Item 7A.	box for "Individual Providing R n Item 7A (the representative) au 30. By our signatures below, we, t	thorizes the individual to re	epresent the claimant nar	med in Item 2 for a particu
	ans Legal Advocacy		ve (No. and street or rural	route, city or P.O., State	e, and ZIP code)
2776	S. Arlington Mill D.	-			
Suit	804 gton, VA 22206				

VA FORM AUG 2015 21-22a

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

(Continued on Reverse)

<ol> <li>AUTHORIZATION FOR REPRESENTATIVE'S ACCE Unless I check the box below, I do not authorize VA to disc abuse, alcoholism or alcohol abuse, infection with the human</li> </ol>	lose to the individual named in Item 7A any record	s that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA cl alcoholism or alcohol abuse, infection with the human other than to VA or the Court of Appeals for Veterans the earlier of the following events: (1) I revoke this auth in Item 7A, either by explicit revocation or the appointment	immunodeficiency virus (HIV), or sickle cell anen Claims, is not authorized without my further writte horization by filing a written revocation with VA:	ia. Redisclosure of these records by my representative, n consent. This authorization will remain in effect until
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Signed and accepted subject to the foregoing conditions.		
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6. SIGNATURE OF REPRESENTATIVE	( funtil	17. DATE OF SIGNATURE 9/11/18
EES: Section 5904, Title 38, United viates Code, contains pro onnection with a proceeding before the Department of Veterans	visions legarding fees that may be charged, allower Affairs with respect to benefits under laws admini	d, or paid for services of agents or attorneys in stered by the Department.

VA Form 21-22a, AUG 2015

# December 7, 2020 JOHN JERRY WILLIAMS

# We made a decision on your VA benefits.

#### Dear John Williams:

2.560 oz 540142-002-0/3813121 0000167 0003791 1=000000

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

#### Social Media:

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

#### 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



Page 3 Exhibit 1, Page 59

# 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."



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



Department of Veterans A	ffairs	1. VA FILE NO(S) (Include prefix)
		AS CLAIMANT'S REPRESENTATIVE
	a service organization	on assist you with your claim you may use VA Form 21 22
United States, litigation in which the United States is a party administration) as identified in the VA system of records, 58 Federal Register. Your obligation to respond is voluntary.	or has an interest, the administrative values of the administrative values of the value of the v	burce other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of nal communications, epidemiological or research studies, the collection of money owed to the tion of VA programs and delivery of VA benefits, verification of identity and status, and personnel sion, Education, and Vocational Rehabilitation and Employment Records-VA, published in the de the requested information could impede the recognition of your representative and/or representative is not prohibited from redisclosing records. The responses you submit are ugh computer matching programs with other agencies.
representative (38 U.S.C. 5702, 5503, and 5504) and for those r representative (38 U.S.C. 5701(b) and 7332) Title 38, United representation will each need an average of 5 minutes to revie valid OMB control number is displayed. You are not required	ndividuals to accept appointment States Code, allows us to ask for w the instructions, find the inform to respond to a collection of info	by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for . We will also use the information to verify consent for disclosure of VA records to the appointed this information. We estimate that claimants and individuals appointed for purposes of nation, and complete this form. VA cannot conduct or sponsor a collection of information unless a mation if this number is not displayed. A Valid OMB control number can be located on the OMB 10 to get information on where to send comments or suggestions about this form.
2 NAME OF CLAIMANT (Veteran, guardian, benefician)	rry, dependent, or next of kin)	3: ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIF Codes
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VE	TERAN	5. SERVICE NUMBERS
WTILTAME LADON		
3. BRANCH OF SERVICE		
SECTION 14.630	DING REPRESENTATION UN ment below. Signatures are 7 and 7D)	DER SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)
(Skip to Item 8, if the box for "In The appointment of the individual named in Item 7A	(the representative) authorize	SENTATION UNDER SECTION 14.630 entation Under Section 14.630" was not checked in Item 7B) s the individual to represent the claimant named in Item 2 for a particular claim resentative and the claimant, attest that no compensation will be charged or paid for
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMAN eterans Legal Advocacy Group 776 S. Arlington Mill Drive uite 804 rlington, VA 22206	NT'S REPRESENTATIVE (No	and street or rural route, city or P.O., State, and ZIP code)
FORM 21-22a	SUPERSEDES VA FORM WHICH WILL NOT BE USE	

abuse, alcoholism or alcohol abuse, infection with the human in		that may be in my file relating to treatment for drug
I authorize the VA facility having custody of my VA claim alcoholism or alcohol abuse, infection with the human imm other than to VA or the Court of Appeals for Veterans Cla the earlier of the following events: (1) I revoke this author in Item 7A, either by explicit revocation or the appointment	munodeficiency virus (HIV), or sickle cell anemi ums, is not authorized without my further written ization by filing a written revocation with VA; o	<ul> <li>Redisclosure of these records by my representative, consent. This authorization will remain in effect until</li> </ul>
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the with the human immunodeficiency virus (HIV), or sickle cell</li> </ol>		g abuse, alcoholism or alcohol abuse, infection
<ul> <li>AUTHORIZATION FOR REPRESENTATIVE TO ACT C Unless I check the box below, I do not authorize the individua</li> <li>I authorize the individual named in Item 7A to act on my be with out my further written consent. This authorization w written revocation with VA; or (2) I revoke the appo of another representative.</li> </ul>	al named in Item 7A to act on my behalf to change ehalf to change my address in my VA records. The ill remain in effect until the earlier of the follow	e my address in my VA records. is authorization does not extend to any other individua ving events: (1) I revoke this authorization by filing a
Sector and the substantial		
the scope of representation provided before VA may be limited by representation under 14.630, such representation is limited to a par 9 and 10) to that individual appointed as my representative, and if individually named administrative employees of my representative Signed and accepted subject to the foregoing conditions.	rticular claim only. I authorize VA to release any the individual in Item 7A is an accredited agent of	and all of my records (other than as provided in Items
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
12. SIGNATURE OF CLAIMANT	09/21/2018	(If other than the veteran)
15. LIMITATIONS ON REPRESENTATION - AGENTS OR	09/21/2018	(If other than the veteran)
<b>15. LIMITATIONS ON REPRESENTATION - AGENTS OR</b> previously existing powers of attorney)	ATTORNEYS ONLY (Unless limited by an age	(If other than the veteran) Int or attorney, this power of attorney revokes all 17. DATE OF SIGNATURE 10/6/18



**BOARD OF VETERANS' APPEALS** 



FOR THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON, DC 20038

RGV'O 1 JUN 2020

Date: May 26, 2020

DAVID E. WILSON

= ANOTHER Ca P EXAM

Dear Appellant:

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

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

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

Sincerely yours,

K. Osborne Deputy Vice Chairman

Enclosures (1) CC: EVAN T SNIPES, Attorney

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

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# **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

<form></form>		Expiration Date: 08/51/2018
APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE         N'Appointment of Veterans Service Organization As Claimant's Representative."         PRVAY X7 NOTE: V with decise information end-tool of his on two grows of the final with both anthendization of claima, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."         PRVAY X7 NOTE: V with decise information end-tool of his on two grows of the final with both anthendization of dong of the final way approach the the information and programs and the final way approach the transmission and programs and the service information of the approach way and the programs approach and the information and programs and the approach and the programs approach and the programs approach and the programs approach approa	Department of Veterans Affairs	1. VA FILE NO(S) (Include prefix)
Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Applointment of Veterans Service Organization As Claimant's Representative."         PMAY XT NOTE: VM-III of device information called on the for to my once other than wat has been administed under the Privacy Act of 1974 or Tile 36, Code of United States Fayers on the interval, the administration of VA presents of divery of VA based in the control of the second of the control of the present divers of VA based in the second with the United States, Interval, the administration of VA presents of the control of the control of divers of VA based in the control of the contro of the control of the control of the control of the	APPOINTMENT OF INDIVIDUA	L AS CLAIMANT'S REPRESENTATIVE
Total Agentions 1.7 in bit motion to the provide the second or control at two informations in the provide the increasing and delivery of 12.4 increasing and	Note - If you would prefer to have a service organiza	ation assist you with your claim, you may use VA Form 21-22.
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ALAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN     ALAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN     MALL Son', DAVID EDWARD     S. SFRVICE NIMBERS      MALL Son', DAVID EDWARD     S. SFRVICE NIMBERS      SCORE BENNEL     SCORE BENNE	VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointer representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask representation will each need an average of 5 minutes to review the instructions, find the in valid OMB control number is displayed. You are not required to respond to a collection of Internet Page at <u>www.reginfo.gov/public/do/PRAMain</u> . If desired, you can call 1-800-827	nent. We will also use the information to verify consent for disclosure of VA records to the appointed for this information. We estimate that claimants and individuals appointed for purposes of formation, and complete this form. VA cannot conduct or sponsor a collection of information unless a information if this number is not displayed. A Valid OMB control number can be located on the OMB 7-1000 to get information on where to send comments or suggestions about this form.
SUPLESS, DEVICE   ARMY ARFORCE   ARMY   ARAY ARFORCE   COAST GUARD   OTHER (Specify   7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE   Evan Snipes   7D. INDIVIDUAL IS (check appropriate box)   ATTORNEY   AGENT   INDIVIDUAL IS (check appropriate box)   (Second attack and 7D) **********************************		kin) 2 ADDRESS OF CLAIMANT (No and street or rural route city or P () State and 710
ARMY       NAYY       AR FORCE       MARINE CORPS       COAST GUARD       OTHER (Specify         7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE       EVAN Snipes       21         7B. INDIVIDUAL IS (seeck appropriate box)       SECTION 14.630       SECTION 14.630       (Specify organization below)         ("See required statement below. Signatures are required in litems 7C and 7D)       "INDIVIDUAL'S PROVIDING REPRESENTATION UNDER Corport 14.630" was not checked in litems 7E         ***       ************************************		5, SERVICE NUMBERS
Evan Snipes         78. INDIVIDUAL IS (check appropriate box)         ATTORNEY       AGENT         INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (*Se required statement below. Signatures are required in Items 7C and 7D)       SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)         INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630       Intems 7C and 7D)         INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630         INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630         INDIVIDUAL SPOVIDING REPRESENTATION UNDER SECTION 14.630         INDIVIDUAL SPOVIDING REPRESENTATION UNDER SECTION 14.630         INDIVIDUALS PROVIDING REPRESENTATION UNDER Section 14.630" was not checked in Item 7E)         The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.         ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE (No. and street or rural route, city or P.O State, and ZIP code)         Veterans Legal Advocacy Group         RADIA Second Mill Drive         NULL BADY DIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE (No. and street or rural route, city or P.O State, and ZIP code) <td></td> <td>COAST GUARD OTHER (Specify)</td>		COAST GUARD OTHER (Specify)
ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 ("See required statement below. Signatures are required in Items 7C and 7D) <b>INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630</b> (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7E) The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 7E) 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.	Evan Snipes	225,
(Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B) The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANTS REPRESENTATIVE ( <i>No. and street or rural route, city or P.O., State, and ZIP code</i> ) Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804	ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION SECTION 14.630 (*See required statement below. Signatures and	(Specify organization below)
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	(Skip to Item 8, if the box for "Individual Providing Rep The appointment of the individual named in Item 7A (the representative) author	resentation Under Section 14.630" was not checked in Item 7B)
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804	the individual named in Item 7A.	
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804		
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804		
Veterans Legal Advocacy Group 2776 S. Arlington Mill Drive Suite 804	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	into and sheet of the arrowie, buy of 2 tot, onate, and 2at every

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

(Continued on Reverse)

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<ol> <li>AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO Unless I check the box below, I do not authorize VA to disclose to t abuse, alcoholism or alcohol abuse, infection with the human immunity</li> </ol>	he individual named in Item 7A any record	s that may be in my file relating to treatment for date
X I authorize the VA facility having custody of my VA claimant r alcoholism or alcohol abuse, infection with the human immuno other than to VA or the Court of Appeals for Veterans Claims, the earlier of the following events: (1) I revoke this authorizatio in Item 7A, either by explicit revocation or the appointment of an	deficiency virus (HIV), or sickle cell anem is not authorized without my further writte n by filing a written revocation with VA:	ia. Redisclosure of these records by my representative,
<ol> <li>LIMITATION OF CONSENT. My consent in Item 9 for the discl with the human immunodeficiency virus (HIV), or sickle cell anen</li> </ol>	osure of records relating to treatment for dr nia is limited as follows:	ug abuse, alcoholism or alcohol abuse, infection
<ol> <li>AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CO Unless I check the box below, I do not authorize the individual name</li> </ol>	LAIMANT'S BEHALF TO CHANGE CL ted in Item 7A to act on my behalf to change	AIMANT'S ADDRESS ee my address in my VA records.
I authorize the individual named in Item 7A to act on my behalf t with out my further written consent. This authorization will rer written revocation with VA; or (2) I revoke the appointme of another representative.	to change my address in my VA records. The name of the follo	his authorization does not extend to any other individual wing events: (1) I revoke this authorization by filing a
CONDE	TIONS OF APPOINTMENT	
from the Department of Veterans Affairs (VA) based on the service of t the scope of representation provided before VA may be limited by the a representation under 14.630, such representation is limited to a particula 9 and 10) to that individual appointed as my representative, and if the in individually named administrative employees of my representative: Signed and accepted subject to the foregoing conditions.	gent or attorney as indicated below in Item ar claim only. I authorize VA to release any	15. If the individual indicated in Item 7A is providing and all of my records (other than as provided in Items
12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran)
Pavil & Wilson	9/10/18	
15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTO previously existing powers of attorney)	DRNEYS ONLY (Unless limited by an age	ent or attorney, this power of attorney revokes all
6. SIGNATURE OF REPRESENTATIVE		17. DATE OF SIGNATURE
1.1.12		9/10/18

VA Form 21-22a, AUG 2015

# Exhibit 2

Form Approved: OMB No. 2900-0085 Respondent Burden: 1 Hour

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Department of Vete	erans Affairs AP	PEAL TO E	BOARD OF V	ETERANS' APPEALS
<b>IMPORTANT:</b> Read the attach representative in filling out this,	0 2	u fill out this form	n. VA also encourage	es you to get assistance from your
1. NAME OF VETERAN (Last Name, First N I A	Tame, Middle Initial)	2. CLAIM FI	LE NO. (Include prefix)	3. INSURANCE FILE NO., OR LOAN NO.
4. I AM THE: VETERAN VETE OTHER (Specify) Vetera		ETERAN'S CHILD	VETERAN'S PAF	RENT
5. TELEPHON A. HOME (Include Area Code)		6. MY ADDF (Number &	RESS IS: Street or Post Office Bax, Ci	ity, State & ZIP Code)
877-838-5242			501041 apolis, IN 462	50
(Last Name, First Name, Middle Initial) Hoffman-Logsdon, Harc				
Appeals hearing. DO NOT USE TH Check one (and only one) of the fold A. IDO NOT WANT A BVA HEA B. I IDO NOT WANT A BVA HEARING B' C. I IWANT A BVA HEARING IN D. I WANT A BVA HEARING AT "Due to travel requirements for available at the Washington. DO 9. THESE ARE THE ISSUES I WANT TO A. I WANT TO APPEAL ALL OF THAT MY LOCAL VA OFFIC B. I HAVE READ THE STATEM ISSUES: (List below.)	IIS FORM TO REQUEST A HE lowing boxes: ARING. Y LIVE VIDEOCONFERENCE. I WASHINGTON, DC. T A LOCAL VA OFFICE.* BVA personnel, selecting Option D C, or Baltimore, MD, Regional Offic APPEAL TO THE BVA: (Be sure E THE ISSUES LISTED ON THE E SENT TO ME. HENT OF THE CASE AND ANY S DIDED MY CASE INCORRECTL	Parting BEFORE VA Paraget in a lengthier rest. to read the information of SUPPLEMENTAL STA SUPPLEMENTAL STA	REGIONAL OFFICE PE waiting period for the hearin about this block in paragraph E CASE AND ANY SUPPLI TEMENT OF THE CASE I	ng than the other options. (This option is also not 6 of the attached instructions.) EMENTAL STATEMENTS OF THE CASE RECEIVED. I AM ONLY APPEALING THESE
Mr. The sleep a had sleep a we have not been able t	apnea While In	service. on behalf of	Mr V	A has not notified me, his a Statement of the Case
			• •	
Continued on next sheet				
11. SIGNATURE OF PERSCI I MAKING T			TURE OF APPOINTED RE	EPRESENTATIVE, IF ANY See paragraph 6 of the (MM DD-YYYY)

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#### CONTINUATION SHEET FOR ITEM 10

was issued several months ago. Without notification to his representative, the Board should accept this VA Form 9 as timely. All exam results should be sent to me and the Board should give me a sixty day warning to submit evidence and argument before it makes a decision.

It is especially important to the veteran's due process rights that VA send copies of correspondence to the veteran to me, especially decisions with appeal deadlines. I have notified VA that the veteran lives out of country and is very difficult to contact.





P.O. Box 501041

Indianapolis, IN 46250

Re:

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

August 8, 2017

#### RELIEF PETITION FOR EXTRAORDINARY **NEEDED TO REPAIR VA DUE PROCESS ERRORS**

## Dear Sir or Madam:

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

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

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

lf 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.





P.O. Box 501041

Indianapolis, IN 46250

Defending Veterans' Rights

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

September 12, 2017

#### PETITION FOR EXTRAORDINARY RELIEF **NEEDED TO REPAIR VA DUE PROCESS ERRORS**

Re:

# SECOND LETTER – 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 becacause, as the VA was notified, he lived in Afghanistan.

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P.O. Box 501041

Indianapolis, IN 46250

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

October 16, 2017

#### RELIEF PETITION FOR EXTRAORDINARY NEEDED TO REPAIR VA DUE PROCESS ERRORS

# **FINAL WARNING – PLEASE RESPOND**

Dear Sir or Madam:

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

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

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

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

Re: Α

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

	Petitioner,
V.	
ROBERT L. WILKIE, Secretary of Veterans A	ffairs, Respondent.

Docket No. 19

## **PETITIONER'S MOTION TO DISMISS** PETITION FOR EXTRAORDINARY RELIEF

Pursuant to U.S. Vet. App. R. 42, M moves to dismiss this petition

in its entirety. Since the petition was filed, the AOJ completed the adjudication

Mr. was asking the Court to order the VA to adjudicate. Therefore, this

petition is now moot and should be dismissed.

The Secretary is not opposed to this motion.

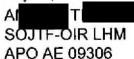
WHEREFORE, Mr. moves the Court to dismiss his petition.

May 1, 2019.

Submitted,

/s/ Harold H. Hoffman III

2776 S. Arlington Mill Dr. Suite 804 Arlington, VA 202-677-0303 haroldhoffman@vetlag.org July 21, 2020



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

Dear

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

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:

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

#### Contact Information:

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

#### Social Media:

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

#### Your representative:

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

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

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





DEPARTMENT OF VETERANS AFFAIRS Veterans Benefits Administration Regional Office



**VA File Number** 

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







Arlington, VA 22206

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

March 25, 2021



Dear Sir or Madam:

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

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

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

Respectfully,

Harold H. Hoffman VetLAG Counsel

Meghan Gentile VetLAG Counsel

Evan Snipes VetLAG Counsel

Britney Sutton VetLAG Counsel

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org

Website: www.vetlag.org





Arlington, VA 22206

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

March 15, 2021



Dear Sir or Madam:

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

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Harold H. Hoffman VetLAG Counsel

Meghan Gentile VetLAG Counsel

Evan Snipes VetLAG Counsel

Britney Sutton VetLAG Counsel

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

March 15, 2021



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

March 15, 2021



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Respectfully,

Harold H. Hoffman VetLAG Counsel

Meghan Gentile VetLAG Counsel

Evan Snipes VetLAG Counsel

Britney Sutton VetLAG Counsel

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org

Website: www.vetlag.org

# Exhibit 3

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



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MEGHAN GENTILE 2776 S ARLINGTON MILL DR ARLINGTON VA 22206

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2.660 oz 640142-002-0/3813121 0000167 0003785 i=000000





January 7, 2021



In reply, refer to: 326/LAH

#### Dear

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

## What is eBenefits?

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

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

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

## If You Have Questions or Need Assistance

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

#### Page 2

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</i> <i>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

#### /A Compensation Intake Center - 12/28/2020

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



# 000001792 I=0000
17923MB0435
MEGHAN K GENTILE
Veterans Legal Advocacy Group
P.O. Box 501041
Indianapolis IN 46250

Doe: {0465CA5F-3CC4-4736-9A3B-DF7FEEF02FDD} Dist:2CE3370F-4B4C-4C17-8CBC-CD056A5BB4EA

#### December 7, 2020

## We made a decision on your VA benefits.

Dear

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

## Your Benefit Information:

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

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

Your monthly entitlement amount is shown below:

and the second se	Monthly Entitlement Amount	Payment Start Date	Reason	and the second days of the secon
	\$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: <u>www.vets.gov</u> Phone: 1-800-827-1000 TDD: 711 To send questions online: visit <u>https://iris.custhelp.com/</u>

#### Social Media:

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

#### Your representative:

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

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

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



If this account is no longer open,

please notify us immediately.

## What You Should Do If You Disagree With Our Decision

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

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

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

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

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

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

Thank you for your service,

#### **Regional Office Director**



cc:

2.888 52 5481722-568234545121 70004767 70003793 1=000000

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







DEPARTMENT OF VETERANS AFFAIRS

January 28, 2021



In reply, refer
329/DW
File Number:

Dear Mr.

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

## What is eBenefits?

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- · 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 <u>www.eBenefits.va.gov</u> for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

## If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, email, or letter. **BOARD OF VETERANS' APPEALS** 



FOR THE SECRETARY OF VETERANS AFFAIRS



Represented by Meghan K. Gentile, Attorney Docket Advanced on the Docket

DATE: October 23, 2020

## ORDER

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

## FINDING OF FACT

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

## CONCLUSION OF LAW

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

## **REASONS AND BASES FOR FINDING AND CONCLUSION**

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





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 , К

## MOTION FOR RECONSIDERATION

Dear Chairman:

attorney and accredited VA representative. Please see March 4, Iam 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:

Tel: 1-877-VETLAG-2 E-mail: benefits@vetlag.org

Website: www.vetlag.org

Fax: 877-208-6601

1) The Board did not send me a copy of its decision. I am only in receipt of a partial copy of the Board decision directly from my client. Although my name is mentioned on the Board decision cover letter, VA has not sent me a copy of this decision. Under Rule 904, the Board's failure to furnish me with a copy of the Board's decision represents a denial of due process under subsection (a)(1) (Denial of due process and right to representation). We therefore rebut the presumption of regularity.

2) The Board did not send me a copy of the February 2020 medical opinion. I specifically requested "any examination instructions, any examination reports, VA treatment records, or other development or new evidence that is obtained" subsequent to the 2018 CAVC remand in my March 2019 letter. Not only did VA's failure to furnish me with a copy of the exam deny her statutory right to representation under 38 U.S.C. §§ 5901-5904, it also violated Ms. rights under Rule 903, which required VA to send me a copy of the February 2020 exam.

3) The February 2020 opinion is inadequate. Based on the Board's description of the February 2020 opinion, the examiner made an unfounded, circular credibility finding by presupposing that Ms. didn't have wrist pain since 1993 in order to find that her reported wrist symptomology was not credible. The examiner also impermissibly relied on nonservice-connected conditions to speculate that they "may all contribute to her current symptoms." *See Mittleider v. West.* The examiner also stated a "nexus" cannot be established—but the Board already found nexus. This is not a service connection issue. Nexus does not belong in a rating evaluation. This shows that the examiner was not competent to provide an opinion as to ratings evaluations or provided improper instructions.

4) Challenge to examiner's qualifications and competency. We challenge the examiner's qualifications and competence to provide a medical opinion. We therefore rebut the presumption of competence. See above.

5) Failure to comply with the Court's memorandum decision and violation of *Buchanan v. Nicholson*. The Court instructed that the Board could not make an unsupported credibility finding in violation of *Buchanan v. Nicholson* by seeking contemporaneous objective evidence to support Ms otherwise competent, credible reports of pain. In 2017, the Court found it impermissibly relied on lack of contemporaneous medical evidence to find against Ms. credibility. The Board repeated that error in December 2020. There is no actual medical evidence against Ms testimony. There is only speculation and impermissible requirements of contemporaneous medical evidence.

6) Reasons or bases. The Board provided an inadequate statement of reasons or bases for its determination that the examiner was competent, that the exam was adequate, that acks credibility to report her own wrist symptoms, that she required "special training or acquired . . . medical expertise" to competently report her pain (*See Jandreau v. Nicholson, Buchanan v. Nicholson*), and the Board's determination that Ms. limited range of motion is "not applicable" to her service-connected condition.

7) Benefit of the doubt. There is no medical evidence contradicting reports of pain since 1993. There is only an inadequate medical opinion speculating that her "recollection of her symptoms since 1993 may be inaccurate." This does not rise to the level of a sufficient medical opinion and it violates the benefit-of-the-doubt doctrine. "May" is not more than 50% likely. And it is the only evidence the Board relied upon to support its negative credibility finding.

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

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

Best,

Meghan Gentile Attorney Veterans Legal Advocacy Group

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



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#### 

1523 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

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
- Rating Decision
   Fraud Prevention Attachment

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

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

03/01/2021

e	, P
	e

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 <u>OGCFOIAAppeals@va.gov</u>. 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,

Harry Do Charlebois

Kary Charlebois FOIA/Privacy Act Officer

## DEPARTMENT OF VETERANS AFFAIRS



February 18, 2021



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

Dear Mr. M

We are working on your claim.

## Important Information

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

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

## What Is eBenefits?

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- Submit claims for benefits and/or upload documents directly to VA
- 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!

1000000 01888/00-200-1/11/00 20

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



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



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

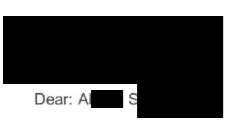
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#### DEPARTMENT OF VETERANS AFFAIRS Board of Veterans' Appeals Washington, DC

Date: February 21, 2021

In Reply Refer To: 014CREB



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

## What happens next?

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

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

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

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

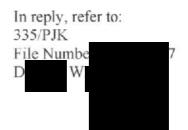
## What if I would like my case advanced on the Board's docket?

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



February 5, 2021

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



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



# 00000400 I=0000 400 3 MB 0.447 EVAN T SNIPES 2776 S. Arlington Mill Drive Suite 804 Arlington VA 22206

Doc: {E62F2EE4-FB94-4551-8353-5433F66D9CE3} Dist:C33B3AF7-F1FD-4B47-8F4C-50E66A0F8FA1

January 27, 2021



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

#### Dear

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

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

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

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

### Your Benefit Information:

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



#### We have included with this letter:

- 1. Explanation of Payment
- 2. Additional Benefits
- 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: <u>www.vets.gov</u> Phone: 1-800-827-1000 TDD: 711 To send questions online: visit https://iris.custhelp.com/

#### Social Media:

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

#### Your representative:

You appointed 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	n accredited attorne	ey or claims a	agent.
Attorney: D 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 of	only ******	******
Office of General Counsel 🗆		Veterans E	Benefits Administration 🗆

# Exhibit 5





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. and

Harold H. Hoffman, III

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org





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

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org





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 // My phone number is 202-677-0363. My email address is Arlington VA 22206. evansnipes@vetlag.org

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

Respectfully,

Evan T. Snipes

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org

# Exhibit 6





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:

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Dear Sir or Madam:

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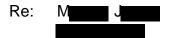


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My name is Meghan Gentile. I represent the above captioned veteran in his/her claim for disability benefits. My address recently changed. My new address is:

> 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

Tel: 1-877-VETLAG-2

E-mail: benefits@vetlag.org

Website: www.vetlag.org

# Exhibit 7



VETERANS LEGAL ADVOCACY GROUP

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

Faxed to 844-531-7818



May 27, 2020

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

I represented **Constant** his claims before the VA. As of this time, I no longer represent Mr. Dese 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. Defined 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. Determined 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

E-mail: benefits@vetlag.org

Website: www.vetlag.org

# Exhibit 8

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

----- Forwarded message ------, VBA From: < @va.dov> 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 . VBA < . (a)va.gov> To: • 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

Good morning,

< . @va.gov> wrote:

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