



Department of Veterans Affairs

**DECISION REVIEW REQUEST: BOARD APPEAL  
 (NOTICE OF DISAGREEMENT)**

**PART I - PERSONAL INFORMATION**

1. VETERAN'S NAME <i>(First, middle initial, last)</i>		
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S VA FILE NUMBER <i>(if different than their SSN)</i> C/CSS -	4. VETERAN'S DATE OF BIRTH
5. IF I AM NOT THE VETERAN, MY NAME IS <i>(First, middle initial, last)</i>		6. MY DATE OF BIRTH <i>(If I am not the Veteran)</i>
7. MY PREFERRED MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i> <input type="checkbox"/> I AM HOMELESS		
8. MY PREFERRED TELEPHONE NUMBER <i>(Include Area Code)</i>	9. MY PREFERRED E-MAIL ADDRESS	10. MY REPRESENTATIVE'S NAME

**PART II - BOARD REVIEW OPTION *(Check only one)***

11. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select.  
*(For additional explanation of your options, please see the attached information and instructions.)*

11A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal.  
*(Choosing this option often results in the Board issuing its decision most quickly.)*

11B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will provide within the next 90 days, but I do not want a Board hearing. *(Choosing this option may add delay to issuance of a Board decision.)*

11C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. *(Choosing this option may add delay to issuance of a Board decision.)*

**PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD**

12. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement.

Check here if you attached additional sheets. Include the Veteran's last name and last 4-digits of the Social Security number.

Check the SOC/SSOC Opt in box if any issue listed below is being withdrawn from the legacy appeals process.  **Opt In from SOC/SSOC**

A. Specific Issue(s)	B. Date of Decision

**PART IV - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

13. SIGNATURE <i>(Appellant or appointed representative) (Ink signature)</i>	14. DATE SIGNED
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