

[Representative Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Letter of Representation and Notice of Disagreement

Veteran Name: [Veteran's Full Name]
VA File Number: [VA File Number or SSN]
Date of Birth: [DOB]

To Whom It May Concern:

Please be advised that [Representative Name/Firm] has been retained to represent [Veteran's Full Name] in their appeal for Department of Veterans Affairs (VA) disability benefits.

Enclosed with this letter, please find the following documents:

- VA Form 21-22a (Appointment of Individual as Accredited Representative) or VA Form 21-22;
- VA Form 10182 (Decision Review Request: Board Appeal) OR VA Form 20-0995 (Decision Review Request: Supplemental Claim);
- [List any additional medical evidence or supporting documents].

This appeal is being filed in response to the rating decision dated [Date of Rating Decision] regarding the following claims:

- [List Specific Disability/Condition 1]
- [List Specific Disability/Condition 2]

We formally request that all future correspondence regarding this claim be directed to our office at the address listed above. Please provide a copy of the Veteran's complete Claims File (C-File) if it has not been previously provided to this office.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]

[Title/Accreditation Number]