

[Your Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]
[Date]

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

RE: Notice of Substitution of Counsel

Veteran Name: [Veteran's Full Name]
VA File Number: [VA File Number or SSN]
Claimant Name: [Claimant Name, if different from Veteran]

To Whom It May Concern:

Please be advised that [New Attorney/Firm Name] is hereby substituting for [Former Attorney/Firm Name] as the legal representative for the above-referenced Veteran/Claimant in all matters currently pending before the Department of Veterans Affairs.

Enclosed please find a newly executed VA Form 21-22a (Appointment of Individual as Claimant's Representative) and a copy of the Fee Agreement. This substitution is effective immediately. We request that all future correspondence, notices, and decisions regarding this file be directed to our office at the address listed above.

We further request that the prior representative's access to the Veteran's electronic records (VBMS) be revoked and that access be granted to [New Attorney/Firm Name].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name of New Attorney]
[Bar Number and State]

Enclosures:
1. VA Form 21-22a
2. Fee Agreement