

## VETERANS AFFAIRS PENSION CLAIM LEGAL REPRESENTATION LETTER

**Date:** [Date]

**To:**

Department of Veterans Affairs  
Evidence Intake Center  
[Regional Office Address or P.O. Box]

**RE: Notice of Appearance and Representation**

**Veteran/Claimant Name:** [Full Name of Veteran or Survivor]

**VA File Number / SSN:** [Number]

**Date of Birth:** [Date of Birth]

To Whom It May Concern,

Please be advised that [Law Firm/Attorney Name] has been retained to represent [Claimant Name] in their claim for Department of Veterans Affairs Pension benefits, specifically [Type of Pension: e.g., Veterans Pension / Aid and Attendance / Housebound].

Enclosed with this letter, please find VA Form 21-22a (Appointment of Individual as Claimant's Representative) duly executed by the claimant. This document authorizes the undersigned to act on behalf of the claimant in all matters pertaining to the claim for benefits.

Under this representation, please ensure that:

- All future correspondence, notices, and decisions regarding this claim are sent to the undersigned at the address provided below.
- We are granted full access to the claimant's electronic C-File and records.
- Any requests for additional evidence or scheduled examinations are coordinated through our office.

We are currently reviewing the claimant's file and will submit supporting evidence, including medical records and financial certifications, under separate cover.

Thank you for your attention to this matter.

Sincerely,

[Signature]

**[Attorney/Representative Name]**

[VA Accreditation Number]

[Law Firm Name]

[Mailing Address]

[Phone Number]  
[Email Address]

**Enclosures:**

- VA Form 21-22a
- [List any other attached documents, e.g., VA Form 21P-527EZ]