

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

[Date]

[Agency Name, e.g., Department of Veterans Affairs]
[Evidence Intake Center Address]
[City, State, Zip Code]

RE: Notice of Disagreement and Notice of Representation

Claimant: [Client Name]
Claim Number: [Claim Number / SSN]
Date of Decision: [Date of Decision Letter Being Contested]

To Whom It May Concern:

Please be advised that this office represents [Client Name] regarding their claim for benefits. Enclosed please find a signed [Form Number, e.g., VA Form 21-22a] Appointment of Individual as Accredited Representative.

This letter serves as a formal **Notice of Disagreement (NOD)** with the rating decision dated [Date of Decision]. On behalf of our client, we disagree with the following findings:

- [Issue 1: e.g., The denial of service connection for...]
- [Issue 2: e.g., The assigned evaluation percentage for...]
- [Issue 3: e.g., The effective date assigned for...]

Our client elects the following review option:

[Select one: Higher-Level Review / Supplemental Claim / Board of Veterans' Appeals]

Please direct all future correspondence and copies of all notices regarding this claim to our office at the address listed above.

Sincerely,

[Attorney Signature]
[Attorney Printed Name]

Enclosures: [e.g., VA Form 21-22a, VA Form 10182, Supporting Evidence]