

[Representative Name/Organization]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Supplemental Claim Representation Letter

Veteran Name: [Veteran's Full Name]
VA File Number/SSN: [XXX-XX-XXXX]
Date of Birth: [MM/DD/YYYY]

To Whom It May Concern,

Please be advised that [Representative/Organization Name] represents the above-named Veteran regarding their Supplemental Claim for VA disability benefits.

We are submitting VA Form 20-0995 along with "New and Relevant" evidence to support the reopening of the following previously denied issue(s):

- [Issue 1: e.g., Service connection for Tinnitus]
- [Issue 2: e.g., Increased rating for Knee Strain]

The following new and relevant evidence is attached for your review:

- [Evidence 1: e.g., Private Medical Records from Dr. Smith dated 01/01/2023]
- [Evidence 2: e.g., Independent Medical Opinion/Nexus Letter]
- [Evidence 3: e.g., Lay Statement/Buddy Letter]

We request that the VA reconsider the prior decision based on this additional documentation. Please direct all future correspondence and copies of decision notices regarding this claim to our office at the address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Title/Accreditation Number]