



*"A man who is good enough to shed his blood for his country
is good enough to be given a fair deal later."™*

The background of the slide features a large, light blue circular seal. The outer ring of the seal contains the text "NORTH DAKOTA VETERANS AFFAIRS" at the top and "PUTTING VETERANS FIRST" at the bottom. In the center of the seal is a portrait of a man with a beard, wearing a suit and tie. Behind the portrait is a shield with a blue field on the left and a white field on the right containing four stars. Below the portrait, the text "EST. 1945" is visible.

Appeals

Bryan Watters ND-DVA

What We Will Cover

- **Summarize the Appeals Modernization Act (AMA)**
- **Distinguish between the three decision review options**
- **Identify the required application forms for AMA decision review requests**

3 Lanes

- **Supplemental Claim**
- **Higher-Level Review**
- **Board Appeal**



Supplemental Claim

- Replaces “reconsiderations” and “reopening” claims with “new and material” evidence
- VA will readjudicate a claim if “new and relevant” evidence is presented or identified with a supplemental claim (open record).
- VA will assist in gathering new and relevant evidence (duty to assist).
- Effective date for benefits is always protected when submitted within 1 year of prior decision.
- Decisionmakers are Veterans Service Representatives (VSRs) and Rating VSRs (RVSRs)

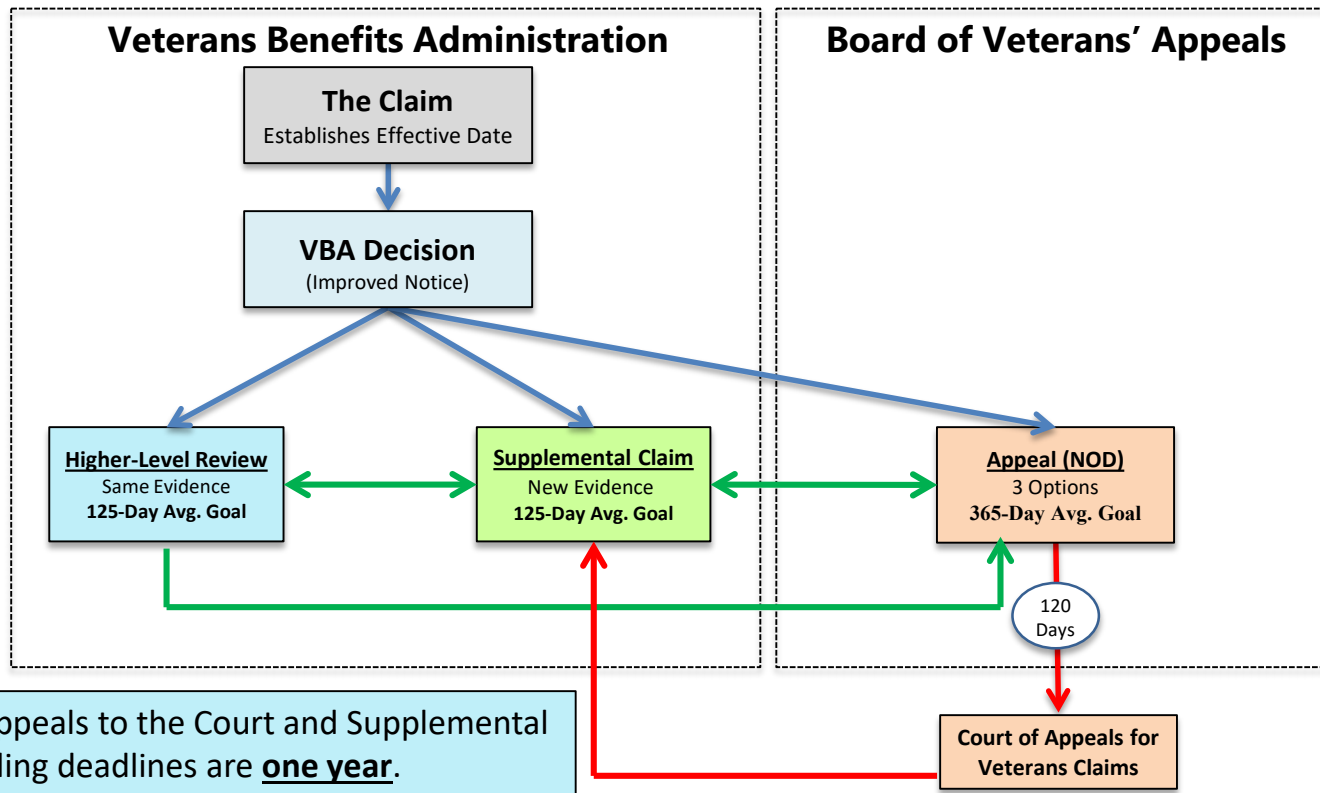
Higher-Level Review

- **More experienced VA employee takes a second look at the same evidence (closed record and no duty to assist).**
- **Option for a one-time telephonic informal conference with the higher-level reviewer to discuss the error in the prior decision**
- **De novo review with full difference of opinion authority**
- **Duty to assist errors returned to lower-level for correction (quality feedback)**
- **Decisionmakers are Decision Review Officers (DROs) and Senior VSRs**

Board Appeal

- **Evidence only docket:** The appellant may submit evidence within the 90 day window following submission of the NOD. The Board does not have a duty to assist and the record is otherwise closed.
- **Direct docket:** The appellant receives direct review by the Board of the evidence that was before VBA in the decision on appeal. The Board has a 365-day timeliness goal for this docket. Quality feedback loop for VBA.
- **Hearing docket:** The appellant will be scheduled for a Board hearing. Additionally, the appellant may submit evidence within the 90 day window following the scheduled hearing. The Board does not have a duty to assist and the record is otherwise closed.

New Decision Review Process



New Forms

- **20-0995 Decision Review Request: Supplemental Claim**
- **20-0996 Decision Review Request: Higher-Level Review**
- **10-182 Decision Review Request: Board Appeal (Notice Of Disagreement)**

The seal of the North Dakota Veterans Affairs is a circular emblem. It features a central portrait of a bearded man in a suit, likely a historical figure. Behind the portrait is a shield with a blue field containing white stars and a red field. The outer ring of the seal contains the text "NORTH DAKOTA VETERANS AFFAIRS" at the top and "PUTTING VETERANS FIRST" at the bottom. The text "EST. 1945" is visible at the bottom of the inner circle.

20-0995

DECISION REVIEW REQUEST:
SUPPLEMENTAL CLAIM



Department of Veterans Affairs

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (If applicable)

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Month Day Year

5. VETERAN'S SERVICE NUMBER (If applicable)

| | |
|--|--|
| 6. INSURANCE POLICY NUMBER (if applicable) | |
|--|--|

7. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran)

8. CLAIMANT TYPE:

☐ VETERAN ☐ VETERAN'S SPOUSE ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT ☐ OTHER (Specify)

9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

No. &
Street

Apt/Unit Number

City

State/Province

Country

ZIP Code/Postal Code

10. TELEPHONE NUMBER (Include Area Code)

11. E-MAIL ADDRESS (Optional)

12. BENEFIT TYPE: PLEASE CHECK ONLY ONE. (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

☐ COMPENSATION ☐ PENSION/SURVIVORS BENEFITS ☐ FIDUCIARY ☐ INSURANCE ☐ VETERANS HEALTH ADMINISTRATION
☐ VOCATIONAL REHABILITATION AND EMPLOYMENT ☐ LOAN GUARANTY ☐ EDUCATION ☐ NATIONAL CEMETERY ADMINISTRATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR SUPPLEMENTAL CLAIM. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.)

☐ Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☐ OPT-IN from SOC/SSOC

13A. SPECIFIC ISSUE(S)

138. DATE OF VA DECISION NOTICE

PART III - NEW AND RELEVANT EVIDENCE

14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain non-federal records, please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.

15. DO YOU WANT VA TO GET FEDERAL RECORDS?

LIST BELOW ANY VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.

| 15A. NAME AND LOCATION | 15B. DATE(S) OF RECORDS |
|------------------------|-------------------------|
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PART IV - CERTIFICATION AND SIGNATURE

NOTE: This section is **MANDATORY** and completion is required to process your claim, any omission may delay claim processing time.

VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature will not be accepted unless at the time of submission of this claim a valid VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual As Claimant's Representative, indicating the appropriate POA is of record with VA.

16. I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

COMPENSATION BENEFIT CLAIMS ONLY:

☐ 6103 NOTICE Acknowledgment - I certify I have received the notice to this application titled, Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits as provided at www.va.gov/disability-evidence. If the box is not checked, VA will send you this information through an electronic communication or written correspondence sent to the address on file with VA if your application is being submitted more than one year after VA provided notice of our decision for any issue listed in Item 13.

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| 16A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE (Sign in ink) | 16B. DATE SIGNED |
|---|------------------|

16C. NAME OF VA AUTHORIZED REPRESENTATIVE (Please Print)

ALTERNATE SIGNER CERTIFICATION AND SIGNATURE

17. I CERTIFY THAT by signing on behalf of the claimant, that I am a court-appointed representative; OR, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND, that the claimant is under the age of 18; OR, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

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| 17A. SIGNATURE OF ALTERNATE SIGNER (Sign in ink) | 17B. DATE SIGNED |
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17C. NAME OF ALTERNATE SIGNER (Please Print)

PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

The background of the slide features a large, light blue circular seal. The outer ring of the seal contains the text "NORTH DAKOTA VETERANS AFFAIRS" at the top and "PUTTING VETERANS FIRST" at the bottom. In the center of the seal is a portrait of a man with a beard and mustache, wearing a suit and tie. To the right of the portrait is a stylized map of North Dakota with five stars. Below the portrait, the text "EST. 1945" is visible.

20-1996

DECISION REVIEW REQUEST:
HIGHER-LEVEL REVIEW


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| Department of Veterans Affairs | | VA DATE STAMP DO NOT WRITE IN THIS SPACE |
| DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW | | |
| INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 1 BEFORE COMPLETING THIS FORM. | | |
| PART I - CLAIMANT'S IDENTIFYING INFORMATION | | |
| NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form. | | |
| 1. VETERAN'S NAME (First, Middle Initial, Last) | | |
| 2. VETERAN'S SOCIAL SECURITY NUMBER — — — — — | 3. VA FILE NUMBER (If applicable) | 4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY) Month Day Year — — — |
| 5. VETERAN'S SERVICE NUMBER (If applicable) | 6. INSURANCE POLICY NUMBER (If applicable) | |
| 7. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran) | | |
| 8. CLAIMANT TYPE: <input type="checkbox"/> VETERAN <input type="checkbox"/> VETERAN'S SPOUSE <input type="checkbox"/> VETERAN'S CHILD <input type="checkbox"/> VETERAN'S PARENT <input type="checkbox"/> OTHER (Specify) | | |
| 9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code — | | |
| 10. TELEPHONE NUMBER (Include Area Code) | | 11. E-MAIL ADDRESS (Optional) |
| 12. BENEFIT TYPE: PLEASE CHECK ONLY ONE (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.) <input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION/SURVIVORS BENEFITS <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> EDUCATION <input type="checkbox"/> VETERANS HEALTH ADMINISTRATION <input type="checkbox"/> VOCATIONAL REHABILITATION AND EMPLOYMENT <input type="checkbox"/> LOAN GUARANTY <input type="checkbox"/> INSURANCE <input type="checkbox"/> NATIONAL CEMETERY ADMINISTRATION | | |
| PART II - HIGHER-LEVEL REVIEW OPTIONS | | |
| 13. IF YOU WOULD LIKE THE SAME OFFICE THAT ISSUED YOUR PRIOR DECISION TO CONDUCT THE REVIEW, YOU CAN MAKE THAT REQUEST BY CHECKING THE BOX BELOW. IF YOU DO NOT CHECK THE BOX, VA WILL TAKE THAT AS A REQUEST TO HAVE A DIFFERENT OFFICE CONDUCT THE REVIEW. (Please note VA may be unable to grant your request.) <input type="checkbox"/> If available, I would like HIGHER-LEVEL REVIEW conducted at the same office within the agency of original jurisdiction. | | |
| 14. IN ADDITION, YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER. (This is a telephonic communication with the higher level reviewer for the sole purpose of pointing out errors of fact or law in the prior decision. VA will only conduct one informal conference associated with this request for higher-level review. Check the box below to request an informal conference.) <input type="checkbox"/> I, or my representative, would like an informal conference. (VA will make up to two attempts to call you between 8:00a.m. and 4:30p.m. Eastern Standard Time at the telephone number and time period you select below to schedule your informal conference. Please select up to two time periods you are available to receive a phone call.) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 8:00a.m. - 10:00a.m. <input type="checkbox"/> 10:00a.m. - 12:30p.m. <input type="checkbox"/> 12:30p.m. - 2:00p.m. <input type="checkbox"/> 2:00p.m. - 4:30p.m. </div> If you would like for VA to contact your representative, please provide your representative's name and telephone number where he or she can be reached at the above checked time. | | |

| PART III - ISSUES FOR HIGHER-LEVEL REVIEW | |
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| <p>15. YOU MUST INDICATE BELOW EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. You may attach additional sheets, if necessary. Please include your name and file number on each additional sheet.</p> <p>Check this box if any issue listed below is being withdrawn from the legacy appeals process. <input type="checkbox"/> OPT-IN from SOC/SOC</p> | |
| 15A. SPECIFIC ISSUE(S) | 15B. DATE OF VA DECISION NOTICE |
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| <p align="center">PART IV - CERTIFICATION AND SIGNATURE</p> <p>NOTE: This section is MANDATORY and completion is required to process your claim; any omission may delay claim processing time.</p> <p>VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this higher-level review on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.</p> <p>NOTE: A power of attorney's (POA's) signature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i>, or VA Form 21-22a, <i>Appointment of Individual As Claimant's Representative</i>, indicating the appropriate POA is of record with VA.</p> <p>I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.</p> | |
| 16A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE (Sign in ink) | 16B. DATE SIGNED |
| 16C. NAME OF VA AUTHORIZED REPRESENTATIVE (Please Print) | |
| <p align="center">ALTERNATE SIGNER CERTIFICATION AND SIGNATURE</p> <p>17. I CERTIFY THAT by signing on behalf of the claimant, that I am a court-appointed representative; OR, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND, that the claimant is under the age of 18; OR, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR, is physically unable to sign this form.</p> <p>I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a Judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney; affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.</p> | |
| 17A. SIGNATURE OF ALTERNATE SIGNER (Sign in ink) | 17B. DATE SIGNED |
| 17C. NAME OF ALTERNATE SIGNER (Please Print) | |
| <p>PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.</p> | |

The seal of the North Dakota Veterans Affairs Department is a circular emblem. It features a central portrait of a man with a beard, wearing a suit and tie. Behind the portrait is a shield with a blue field containing three white stars and a red field containing a white star. The words "NORTH DAKOTA VETERANS AFFAIRS" are written in a circular path around the top of the seal, and "PUTTING VETERANS FIRST" is written around the bottom. The year "EST. 1945" is visible at the bottom center of the seal.

10-182

DECISION REVIEW REQUEST:
BOARD APPEAL (NOTICE OF
DISAGREEMENT)

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|  Department of Veterans Affairs | | DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT) | |
| PART I - PERSONAL INFORMATION | | | |
| 1. VETERAN'S NAME <i>(First, middle initial, last)</i> | | | |
| 2. VETERAN'S SOCIAL SECURITY NUMBER | 3. VETERAN'S VA FILE NUMBER <i>(if different than their SSN)</i> C/CSS - | | 4. VETERAN'S DATE OF BIRTH |
| 5. IF I AM NOT THE VETERAN, MY NAME IS <i>(First, middle initial, last)</i> | | | 6. MY DATE OF BIRTH <i>(If I am not the Veteran)</i> |
| 7. MY PREFERRED MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i> <input type="checkbox"/> I AM HOMELESS | | | |
| 8. MY PREFERRED TELEPHONE NUMBER <i>(Include Area Code)</i> | 9. MY PREFERRED E-MAIL ADDRESS | | 10. MY REPRESENTATIVE'S NAME |
| PART II - BOARD REVIEW OPTION <i>(Check only one)</i> | | | |
| 11. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select. <i>(For additional explanation of your options, please see the attached information and instructions.)</i> | | | |
| <input type="checkbox"/> 11A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal. <i>(Choosing this option often results in the Board issuing its decision most quickly.)</i> | | | |
| <input type="checkbox"/> 11B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will provide within the next 90 days, but I do not want a Board hearing. <i>(Choosing this option may add delay to issuance of a Board decision.)</i> | | | |
| <input type="checkbox"/> 11C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. <i>(Choosing this option may add delay to issuance of a Board decision.)</i> | | | |
| PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD | | | |
| 12. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement. | | | |
| <input type="checkbox"/> Check here if you attached additional sheets. Include the Veteran's last name and last 4-digits of the Social Security number. Check the SOC/SSOC Opt in box if any issue listed below is being withdrawn from the legacy appeals process. <input type="checkbox"/> Opt In from SOC/SSOC | | | |
| A. Specific Issue(s) | | | B. Date of Decision |
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| PART IV - CERTIFICATION AND SIGNATURE | | | |
| I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | | |
| 13. SIGNATURE <i>(Appellant or appointed representative) (Ink signature)</i> | | | 14. DATE SIGNED |



Q and A