

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS
Notice of Appeal (NOA)

The following named Appellant appeals to the Court from a final Board of Veterans' Appeals (BVA) decision.

The BVA's decision was dated _____.

Appellant's printed name

VA claims file number

Appellant's telephone number

Appellant's address

Appellant's email address

If other than Appellant, your name/relationship to Appellant

By initialing here, Appellant requests that the Court send all appeal-related documents by email instead of mail.	
---	--

(initial)

Signature* of person filing this notice

(*You may electronically sign by typing "/s/" and then your name in the signature block above: for example, /s/John Doe, or you may sign with an electronic signature from a commercial provider such as DocuSign, Adobe Sign, SignRequest, etc.)

Only if this NOA is filed by a representative, check one of the following:

- My Notice of Appearance is attached.
- My representation is limited to the filing of this NOA, and I aver to the Court, in accordance with Rule 46(b)(2), that Appellant has been advised, or alternatively will be advised, of Appellant's responsibility to abide by the Court's Rules of Practice and Procedure, including the need to timely serve and submit for filing a brief. (Complete items below).

Representative's printed name

Representative's telephone number

Representative's fax number

Representative's fax number

Representative's address

Representative's email address

INSTRUCTIONS

The NOA must be received by the Court, or properly addressed and postmarked by the U.S. Postal Service, not later than 120 days after the date on which the BVA mailed notice of the decision being appealed. The Court may accept an NOA filed after that date as timely in limited circumstances. *See* Court Rules of Practice and Procedure 4 and 25.

You may file an NOA by either (1) emailing it to self-rep@uscourts.cavc.gov for self-represented parties, or esubmission@uscourts.cavc.gov for represented parties, **OR** (2) faxing it to (202) 501-5848, **OR** (3) mailing it to: Clerk, US Court of Appeals for Veterans Claims, 625 Indiana Avenue, NW, Suite 900, Washington, DC 20004-2950.

There is a \$50 filing fee for an appeal. Send a check or money order, payable to "US Court of Appeals for Veterans Claims." **DO NOT SEND CASH.** To request a waiver of the filing fee, email, fax, or mail the Court a completed Form 4 (Declaration of Financial Hardship).

[S-A-M-P-L-E]

APPELLANT'S BRIEF

**UNITED STATES COURT OF APPEALS
FOR VETERANS CLAIMS**

No. 00-0000

JOHN Q. VETERAN,

Appellant

v.

SECRETARY OF VETERANS AFFAIRS,

Appellee

**Oliver W. Counsel
Lawyer & Lawyer
1111 J Street, NW
Washington, DC 20000
(202) 555-1212**

Attorney for Appellant

Form 2
(Rev 8/11)

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

NOTICE OF APPEARANCE

_____, [] Appellant,
[] Petitioner,

v.

Docket No. _____

Secretary of Veterans Affairs _____, Appellee / Respondent.

1. Please enter my appearance for [] the appellant or petitioner
[] the Secretary
[] the intervenor
[] amicus curiae: _____.

2. I am:
[] admitted to practice before this Court as: [] attorney [] non-attorney practitioner
[] seeking to appear in this case only, under Rule 46(b)(1)(F); my motion is attached.

3. I am:
[] the lead representative of record. I will accept service for the party and will inform all of the party's co-representatives of matters served upon me.
[] not the lead representative of record, but am joining as co-representative.
[] replacing the lead representative of record, who:
[] has been permitted or is seeking to withdraw.
[] remains as co-representative.

4. If I am representing the appellant, petitioner, or intervenor, my representation is:
[] pursuant to the attached fee agreement. If the fee agreement provides for direct payment out of past-due benefits under 38 U.S.C. § 5904, a copy has been served on counsel for the Secretary. If the fee agreement provides for a contingent fee, it also provides for an offset of any fees and expenses awarded under the Equal Access to Justice Act (EAJA), 28 U.S.C. § 2412(d) in the event the Court awards VA benefits on the claim.
[] without charge to the appellant, petitioner, or intervenor; however it is subject to the attached retainer agreement.
[] pursuant to the fee/retainer agreement already on record in this case.

/s/

Signature

Date

Printed name

Veterans Service Org., if R. 46(a)(2)(B) applies.

Address

Signature and printed name and address of Supervising attorney, if R. 46(a)(2)(A) applies.

Telephone number

Email address

Attachments: [] Application and motion to appear under Rule 46(b)(1)(F)
[] Fee agreement [] Retainer agreement

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

DECLARATION OF FINANCIAL HARDSHIP

Docket No. (if assigned) _____

_____, Appellant/Petitioner,

v.

_____, Appellee/Respondent.

I am the appellant/petitioner. I declare by my signature below that payment of the fifty dollar (\$50.00) filing fee referenced in Rule 3(f) and Rule 21(a) of the Court's Rules of Practice and Procedure would be a financial hardship for me.

Pursuant to 28 U.S.C. § 1746, I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Signature of Appellant/Petitioner*

Date

Telephone number

(*To be signed by Appellant/Petitioner, NOT Appellant's/Petitioner's representative. You may electronically sign by typing "/s/" and then your name in the signature block above: for example, /s/John Doe.)

INSTRUCTIONS

To file this Declaration, either

- (1) Email it to self-rep@uscourts.cavc.gov (if self-represented) or esubmission@uscourts.cavc.gov (if represented), **OR**
- (2) Fax it to (202) 501-5848, **OR**
- (3) Send it to:

Clerk, US Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004-2950

SAMPLE FORMAT FOR TABLE OF AUTHORITIES

TABLE OF AUTHORITIES

CASES	Brief Page:
<i>Augustine v. Principi</i> , 343 F.3d 1334 (Fed.Cir. 2003)	14
<i>Bucklinger v. Brown</i> , 5 Vet.App. 435 (1993)	3
 STATUTES	
38 U.S.C. § 5110(a)	7
38 U.S.C. § 5110(b)	8
 REGULATIONS	
38 C.F.R. § 3.400	8
 CITATIONS TO RECORD BEFORE THE AGENCY	
RBA Page:	
R. at 5 (3-17) (Board Decision)	2
R. at 64 (61-67) (Service Medical Records)	2
R. at 90 (81-94) (Service Medical Records)	7
R. at 380 (375-86) (Service Medical Records)	6, 7
R. at 500 (495-518) (Letter from Dr.Joe)	6
R. at 752 (751-52) (Letter from RO)	5, 14
R. at 827 (824-30) (Records from SSA)	6

Form 18
(08/11)