

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

NOTICE OF APPEAL

The following named appellant appeals to the Court from a final Board of Veterans' Appeals (BVA) decision. The Board's decision was dated _____.

Appellant's printed name

VA claims file number

Appellant's telephone number

Appellant's address

Signature of person filing this notice

Only if this Notice of Appeal 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 Notice of Appeal, and I aver to the Court, in accordance with Rule 46(b)(2), that the appellant has been advised, or alternatively will be advised, of the 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 phone number

Representative's fax number

Representative's address

Representative's email address

INSTRUCTIONS

Send this Notice of Appeal (NOA) (original only) to:

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

You may send this NOA by facsimile transmission to (202) 501-5848 or by means other than US mail. If you do that, or if you mail the NOA and it does not bear a legible USPS postmark, the NOA will be late if it arrives at the Court after the 120-day time limit.

The NOA will be timely if it is properly addressed to the Court and bears a legible postmark affixed by the United States Postal Service (USPS) within 120 days after the mailing date of the BVA decision that you are appealing. A postage-metered date imprint other than one affixed by USPS does not qualify.

There is a \$50 filing fee for an appeal. Send a check or money order, payable to "US Court of Appeals for Veterans Claims," with this NOA. Do not send cash. To request a waiver of the filing fee, attach 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. Secretary of Veterans Affairs, Appellee / Respondent. Docket No. _____

- 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
[] awaiting admission to practice; my application was submitted on (date) _____
[] seeking to appear in this case only, under Rule 46(b)(1)(F); my motion is attached.
3. I am:
[] the representative of record. I will accept service for the party and will inform all of the party's other representatives of the matters served upon me.
[] not the representative of record, but am joining that representative.
[] replacing the representative of record, who has been permitted to withdraw.
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 awarded under the Equal Access to Justice Act (EAJA), 28 U.S.C. § 2412(d).
[] without charge to the appellant, petitioner, or intervenor; however it is subject to the attached retainer agreement language.

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. _____

_____, Appellant/Petitioner,

v.

Secretary of Veterans Affairs, Appellee/Respondent.

I am the appellant/petitioner. I declare by my signature below, that payment of the fifty dollar (\$50.00) filing fee required by Rule 3(f) or 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
(To be signed by Appellant, NOT Appellant's representative.)

Date

INSTRUCTIONS

Send this Declaration (original only) to:

*Clerk, U.S. Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004-2950*

OR Fax (202) 501-5848

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