

**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 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.)

**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](mailto:self-rep@uscourts.cavc.gov) for self-represented parties, or [esubmission@uscourts.cavc.gov](mailto: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).