

**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***

***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.***

***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.***

***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

_____, OAppellant,
OPetitioner,
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
 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 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 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.
 pursuant to the fee/retainer agreement already on record in this case.

_____ 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

_____, Appellant/Petitioner, Docket No. _____

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

Date

(To be signed by Appellant, NOT Appellant's Representative.)

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

Form 4
(Rev. 08/11)

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Form 18
(08/11)