

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 address _____

Appellant's telephone number _____

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
(Complete below items).

Representative's Printed Name

Representative's Phone Number

Representative's Address

Representative's Fax Number

Representative's e-mail 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***

It will be in time 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 too late if it arrives at the Court after the 120-day time limit. The Court cannot extend the 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 (Motion to Waive Filing Fee).

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

Notice of Appearance

_____, [] Appellant,
[] Petitioner,
v. No. _____
_____, Secretary of Veterans Affairs.

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.
[] awaiting admission to practice; my application was submitted on (date) []
seeking to appear in this case only, under Rule 46(c); 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 it provides for direct payment out of past-due
benefits under 38 U.S.C. § 5904, I have served a copy 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).
[] 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(b)(2) applies.

Address

Signature and printed name and address of
supervising attorney, if R. 46(b)(1) applies.

Telephone number & E-Mail Address

Attachments: [] Application & Motion to appear under Rule 46(c)
[] Fee agreement [] Retainer Agreement

SEE REVERSE FOR CERTIFICATE OF SERVICE UPON THE SECRETARY

CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury under the laws of the United States of America that on the _____ day of _____, _____, a copy of the foregoing

Notice of Appearance was mailed, postage prepaid, or hand delivered to:

Counsel to the Secretary
Department of Veterans Affairs, OGC (027)
810 Vermont Avenue, NW
Washington, DC 20420

Counsel for Appellant

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

DECLARATION OF FINANCIAL HARDSHIP

_____, Appellant/Petitioner,

v. No. _____

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(e) 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

Accepted for filing:

Deputy Clerk

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

Form 4
(Rev. 01/03)