

## **APPENDIX OF FORMS**

**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 BVA'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 items below*).

\_\_\_\_\_  
Representative's printed name

\_\_\_\_\_  
Representative's address  
\_\_\_\_\_

\_\_\_\_\_  
Representative's telephone number

***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) not later than 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 the USPS. 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 (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  
Lawyr & Lawyr  
1111 J Street, NW  
Washington, DC 20000  
(202) 555-1212**

**Attorney for Appellant**

Form 2  
(Rev 5/99)

**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.  
 without charge to the appellant, petitioner, or intervenor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Veterans service organization, if Rule 46(b)(2) applies.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature and printed name and address of supervising attorney,  
if Rule 46(b)(1) applies:

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attachments:  
 Motion to appear under Rule 46(c)  
 Fee agreement

**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, US Court of Appeals for Veterans Claims*  
*625 Indiana Avenue, NW, Suite 900*  
*Washington, DC 20004-2950*  
  
*or FAX to (202) 501-5848*