

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

DECLARATION OF FINANCIAL HARDSHIP

_____, Appellant/Petitioner,

v. Court Docket 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