



Board of Veterans' Appeals

Appeals Modernization

2019



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Overview

Mission

The Board of Veterans' Appeals (Board) is a part of the Department of Veterans Affairs (VA), located in Washington, DC. The Board's mission is to conduct hearings and decide appeals properly before the Board in a timely manner.

Key Functions and Activities

- All questions under 38 U.S.C. § 511(a) are subject to decision by the Secretary and shall be subject to one review on appeal to the Secretary. Final decisions on such appeals are made by the Board.
- The Board is the final appellate body within the Department and is responsible for resolving appeals on behalf of the Secretary arising out of VBA, VHA, NCA, and OGC.

Department Organization



Office of the Secretary

Board of Veterans' Appeals*

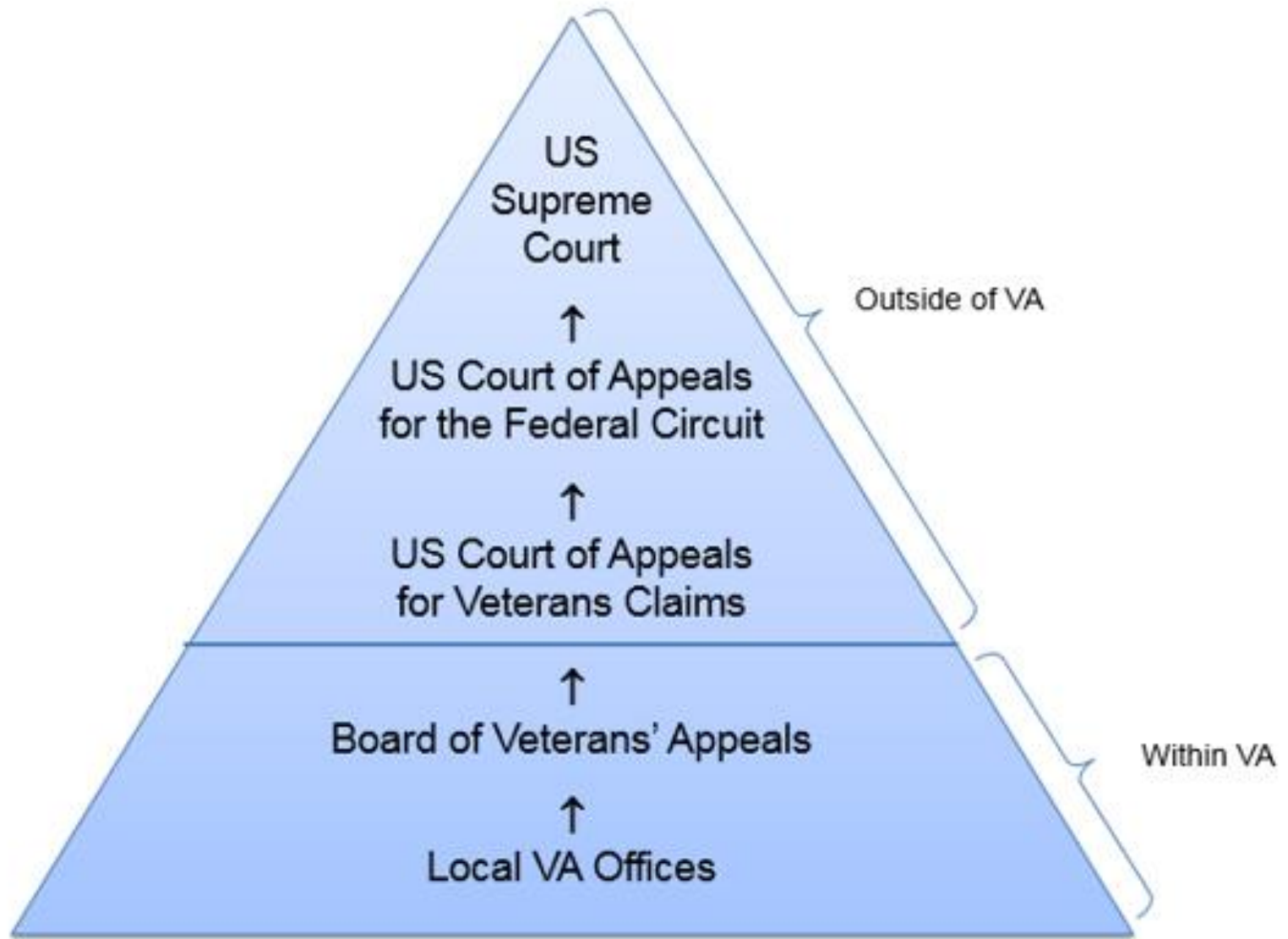
Veterans Benefits Administration

Veterans Health Administration

National Cemetery Administration

* The Board reports directly to the Office of the Secretary.

The Appellate Landscape



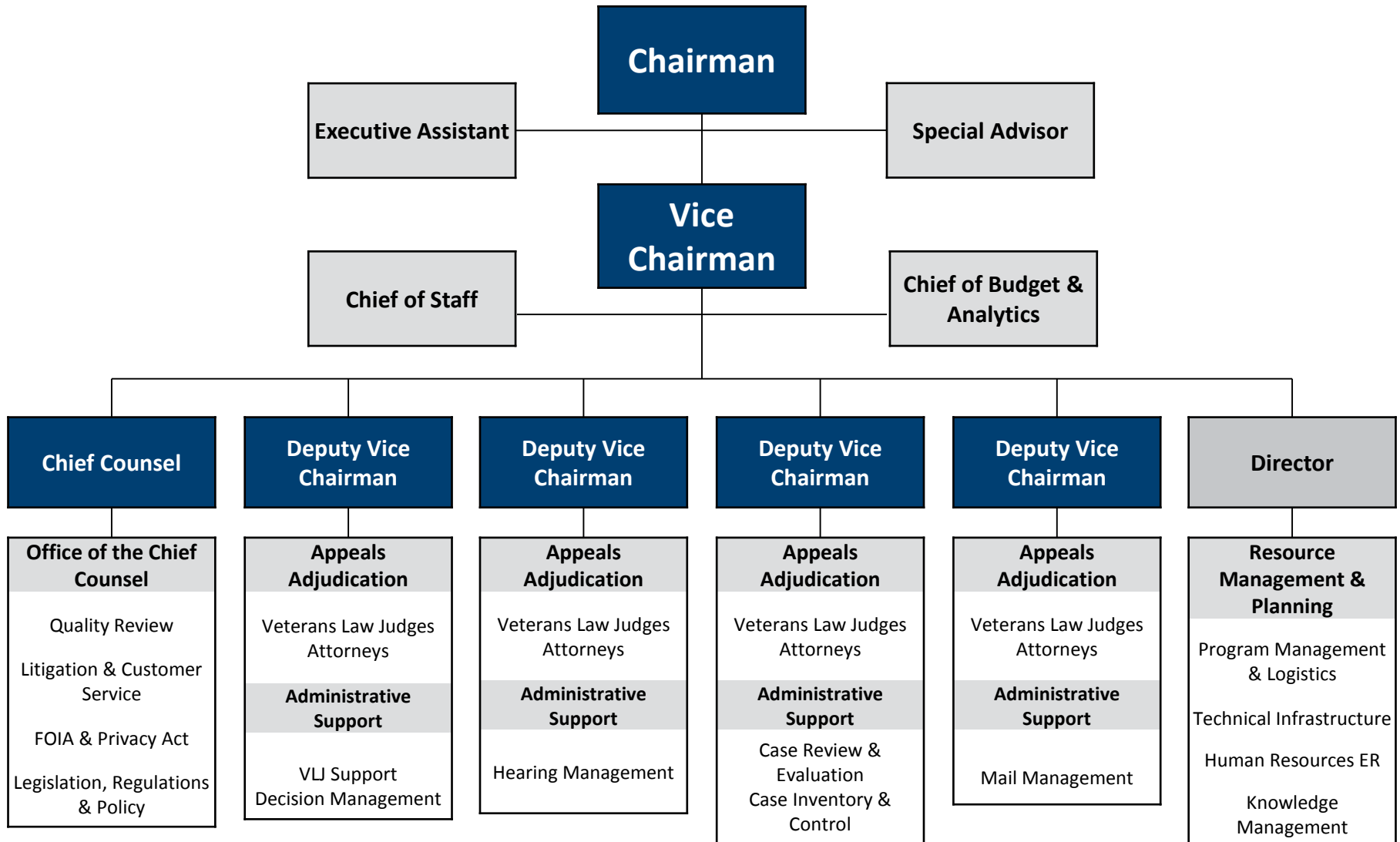
Choose **VA**

VA

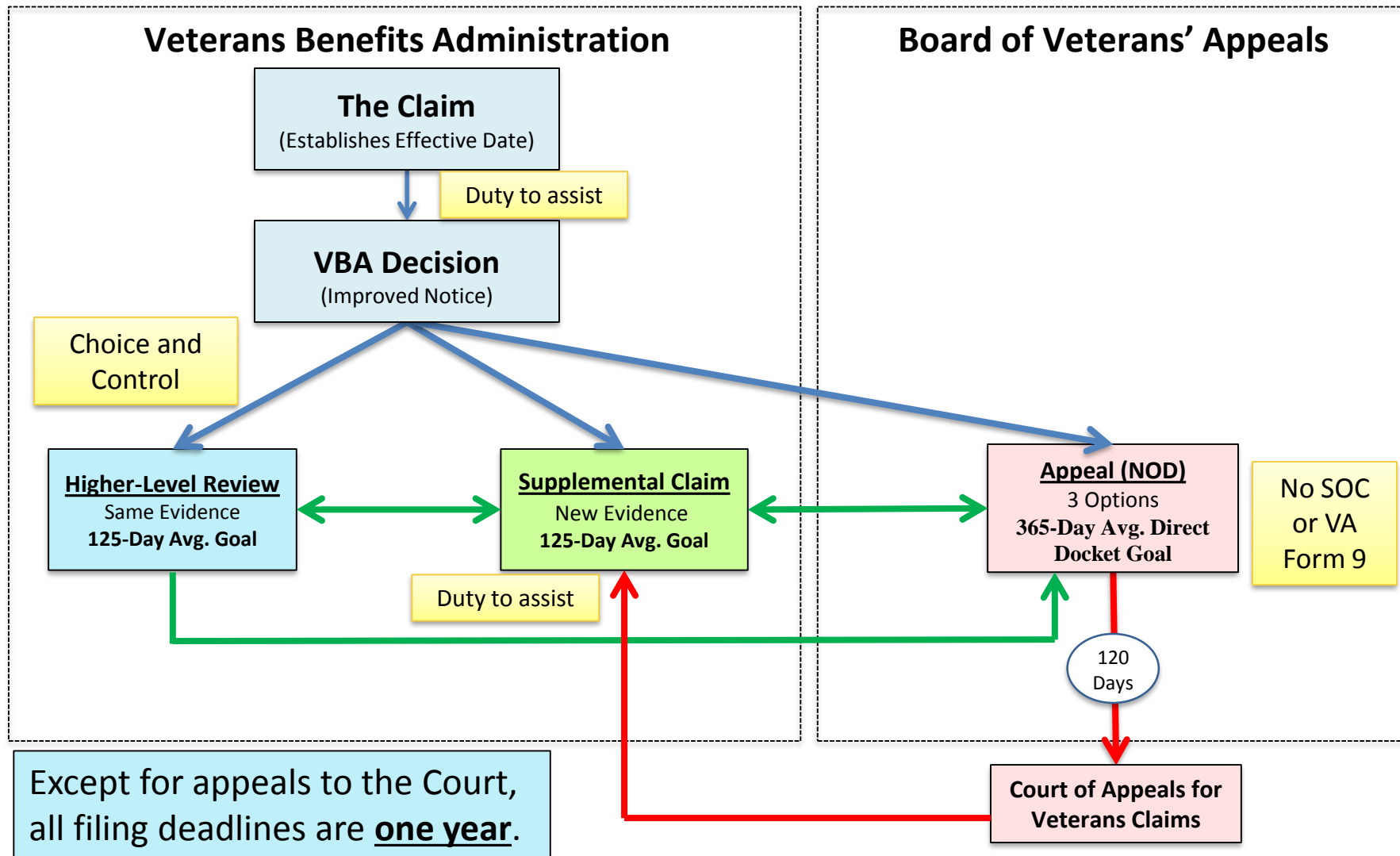


U.S. Department
of Veterans Affairs

Organizational Structure



New Decision Review Process



Choose **VA**

VA



U.S. Department of Veterans Affairs

Which AOJ lane to choose?

	Supplemental Claim	Higher Level Review
When to choose	If your claim needs new evidence .	If you don't need new evidence, but think a mistake was made.
What will happen	The Duty to Assist applies and VA will help you gather the evidence. A new decision will be made looking at the new evidence.	A higher-trained AOJ reviewer will review your claim and make a new decision. No new evidence will be added.
How long	125 days (on average)	125 days (on average)

*AOJ= Agency of Original Jurisdiction (VBA, VHA, or NCA)



Choose **VA**

VA



U.S. Department
of Veterans Affairs

Which Board docket to choose?

	Direct	Evidence	Hearing
When to choose?	If you think a mistake was made.	If you have new evidence you want a Judge to consider.	If you want a hearing before a Judge.
What will happen?	The Judge will review the same record and make a decision. No new evidence will be added.	You will have 90 days from your NOD to submit new evidence. The Judge will make a decision considering the evidence you provided.	You will be placed on a list for a hearing before a Judge by videoconference (or in DC). After your hearing you will have 90 days to submit new evidence. The Judge will make a decision considering the hearing and the evidence you provided.
How long?	365 days (on average)	Over 365 days	Based on availability. Currently the Board has 98 Judges. There are approximately 67,000 Veterans waiting for hearings.



Decision Review Request: Board Appeal

Fill out this form to appeal to the Board of Veterans' Appeals.

- If you want the Board to review your case as quickly as possible, choose Direct Review.
- If you have additional evidence for the Board to review, choose Evidence Submission.
- If you want a hearing with the Board, choose Hearing Request.

OMB Approval No. 2900-0674
Respondent Burden: 38 Minutes
Expiration Date: Feb. 26, 2022

VA Department of Veterans Affairs		DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT)	
PART I - PERSONAL INFORMATION			
1. VETERAN'S NAME (First, middle initial, last)			
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S VA FILE NUMBER (if different than their SSN)	4. VETERAN'S DATE OF BIRTH	
		CCSS -	
5. IF I AM NOT THE VETERAN, MY NAME IS (First, middle initial, last)		6. MY DATE OF BIRTH (if I am not the Veteran)	
7. MY PREFERRED MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) <input type="checkbox"/> I AM HOMELESS			
8. MY PREFERRED TELEPHONE NUMBER (Include Area Code)	9. MY PREFERRED E-MAIL ADDRESS	10. MY REPRESENTATIVE'S NAME	
PART II - BOARD REVIEW OPTION (Check only one)			
11. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select. (For additional explanation of your options, please see the attached information and instructions.)			
<input type="checkbox"/> 11A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit any additional evidence in support of my appeal. (Choosing this option often results in the Board issuing its decision most quickly.)			
<input type="checkbox"/> 11B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in support of my appeal that I will provide within the next 90 days, but I do not want a Board hearing. (Choosing this option may add delay to issuance of a Board decision.)			
<input type="checkbox"/> 11C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit additional evidence in support of my appeal that I will provide within 90 days after my hearing. (Choosing this option may add delay to issuance of a Board decision.)			
PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT THE BOARD			
12. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement.			
<input type="checkbox"/> Check here if you attached additional sheets. Include the Veteran's last name and last 4-digits of the Social Security number.			
Check the SOC/SSOC Opt in box if any issue listed below is being withdrawn from the legacy appeals process. <input type="checkbox"/> Opt in from SOC/SSOC			
A. Specific Issue(s)		B. Date of Decision	
PART IV - CERTIFICATION AND SIGNATURE			
I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
13. SIGNATURE (Appellant or appointed representative) (ink signature)		14. DATE SIGNED	
VA FORM 10182 FEB 2019		PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.	

Decision Review Request: Board Appeal

How do I...?		When?
Change review options at the Board	Fill out a new Board Appeal form. Make sure you check the box for the new review option, and list all of the issues.	To change the lane elected at the Board, you have 1 year from the date on the decision, or 60 days from the date that you submitted your Board Appeal, whichever is later.
Request different Board review options for different issues	You can submit one Board Appeal form and attach additional pages to explain how you want your issues reviewed, or you can submit multiple Board Appeal forms – one for each review option.	You have 1 year from the date on your decision to file an appeal at the Board.
Change review options from Board Appeal to Supplemental Claim or Higher-Level Review	Tell the Board – in writing – that you wish to withdraw your Board Appeal. File a Supplemental Claim or Higher-Level Review with the local VA office that issued the last decision.	You have 1 year from the date on your decision to request to appeal. You need to withdraw your Board Appeal before you can request a different type of review.



Opting Into the Modernized System

I want my legacy claim or appeal to be considered in the modernized (AMA) system. How do I opt in?

1. If you have not done so already, submit a **timely legacy notice of disagreement (NOD)** with the legacy rating decision on the issue(s) you want to appeal, using **VA Form 21-0958**.
2. Wait for the AOJ to send you a **statement of the case (SOC) or supplemental statement of the case (SSOC)** on the issue(s) on your legacy NOD.
3. After you receive an SOC or SSOC, you have **60 days or the remainder of the one-year period following the decision you appealed, whichever is later**, to choose one of the three available review lanes (supplemental claim, higher-level review, or Board appeal) for each issue you wish to opt into the modernized system.
4. For information on the three decision review lanes and links to the forms you must use to opt in, visit <https://www.va.gov/decision-reviews/>.



Choose **VA**

VA



U.S. Department
of Veterans Affairs


Opting Into the Modernized System

To opt in, submit one of the below **Decision Review Request** forms. You may choose a different type of review for each issue.

Supplemental Claim (VA Form 20-0995)

Complete the form in full and check the SOC/SSOC Opt-in box (block #13)


OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 2/28/2022

 Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE
DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM		
INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.		
PART I - CLAIMANT'S IDENTIFYING INFORMATION		
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.		
1. VETERAN'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (if applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Higher-Level Review (VA Form 20-0996)

Complete the form in full and check the SOC/SSOC Opt-in box (block #15)


OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 2/28/2022

 Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE
DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW		
INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 1 BEFORE COMPLETING THIS FORM.		
PART I - CLAIMANT'S IDENTIFYING INFORMATION		
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.		
1. VETERAN'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (if applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Board Appeal (VA Form 10182)

Complete the form in full and check the SOC/SSOC Opt-in box (block #12)

OMB Approved No. 2900-0674
Respondent Burden: 30 Minutes
Expiration Date: Feb. 28, 2022

 Department of Veterans Affairs		DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT)	
PART I - PERSONAL INFORMATION			
1. VETERAN'S NAME (First, middle initial, last)			
<input type="text"/>			
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S VA FILE NUMBER (if different than their SSN)	4. VETERAN'S DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. IF I AM NOT THE VETERAN, MY NAME IS (First, middle initial, last)		6. MY DATE OF BIRTH (if I am not the Veteran)	
<input type="text"/>		<input type="text"/>	

These forms are available online at <https://www.va.gov/vaforms/>

Useful Links

- Board's webpage:
<https://www.bva.va.gov/>
- Vets.gov appeals status tracker:
www.va.gov

