Department of Veterans Affairs	(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)	
NOTICE OF DISAGREEMENT		
<b>INSTRUCTIONS:</b> A claimant or his or her duly appointed representative may file notice expressing their dissatification or disagreement with an adjudicative determination by the VA regional office. A desire to contest the result will constitute a notice of disagreement (NOD). While special wording is not required, the NOD must be in terms that can be reasonably construed as disagreement with the determination and a desire for appellate review. (Authority 38 U.S.C. 7105) To file a valid NOD, there is a time limit of one year from the date VA mailed the notification of the decision to the claimant. For contested claims, including claims of apportionment, the time limit is 60 days from the date VA mailed the notification of the decision to the claimant.		
NOTE: You can <i>either</i> complete the form online or by hand. Please print information using blue or black ink, neatly, and legibly to help process the form. SECTION I - VETERAN'S IDENTIFICATION INFORMATION		
1. VETERAN'S NAME (First, Middle Initial, Last)	JN	
2. VETERAN'S SOCIAL SECURITY NUMBER 3. VA FILE NUMBER	4. VETERAN'S DATE OF BIRTH	
	Month Day Year	
SECTION II - CLAIMANT'S INFORMATION (If other than veteran) 5. CLAIMANT'S NAME (First, Middle Initial, Last)		
6. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Coun	try)	
No. & Street		
Apt./Unit Number City		
State/Province     Country     ZIP Code/Postal Code     —		
7. TELEPHONE NUMBER (Include Area Code)       8. E-MAIL ADDRESS (Optional)		
SECTION III - TELEPHONE CONTACT		
9. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR E-MAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?		
YES NO		
(If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local	1	
time period you select below. Please select up to two time periods you are available to receive a phone call.) $\Box = 0.02$		
8:00 a.m 10:00 a.m. 10:00 a.m 12:30 p.m. 12:30 p.m 2:00 p.m.	2:00 p.m 4:30 p.m.	
Phone number I can be reached at the above checked time:		
SECTION IV - APPEAL PROCESS ELECTION		
10. SELECT ONE OF THE APPEALS PROCESSING METHODS BELOW (See Specific Instructions, Page 2, Section IV for additional information)		
Decision Review Officer (DRO) Review Process		
Traditional Appellate Review Process		
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VETERAN'S SSN		
SECTION V - SPECIFIC ISSUES OF DISAGREEMENT		
11. NOTIFICATION/DECISION LETTER DATE		
12. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.		
A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
	<ul> <li>Service Connection</li> <li>Effective Date of Award</li> <li>Evaluation of Disability</li> <li>Other (<i>Please specify below</i>)</li> </ul>	
	Service Connection         Effective Date of Award         Evaluation of Disability         Other (Please specify below)	
	Service Connection         Effective Date of Award         Evaluation of Disability         Other (Please specify below)	
	Service Connection         Effective Date of Award         Evaluation of Disability         Other (Please specify below)	
	Service Connection         Effective Date of Award         Evaluation of Disability         Other (Please specify below)	
13A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE EXPLAIN WHY YOU FEEL WE INCORRECTLY DECIDED YOUR CLAIM, AND LIST ANY DISAGREEMENT(S) NOT COVERED ABOVE:		
13B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?		
YES NO (If so, how many?)		
I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE T 14A. SIGNATURE (Sign in ink)	RUE AND CORRECT TO THE BEST C	DF MY KNOWLEDGE AND BELIEF. 14B. DATE SIGNED
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.		