OMB Control No. 2900-0075 Respondent Burden: 15 minutes Expiration Date: 12/31/2020

0	Department of	of Veterans	Affair

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPP	PORT OF CLAIM				
INSTRUCTIONS: Read the Privacy Act and Respondent Burden much of Section I as possible. The information requested will help additional room, use the second page.					
SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION					
NOTE: You will <i>either</i> complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.					
1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)					
2. VETERAN'S SOCIAL SECURITY NUMBER 3. \	· · · · · · · · · · · · · · · · · · ·	ETERAN'S DATE OF BIRTH (MM/DD/YYYY)			
		Month Day Year Year			
5. VETERAN'S SERVICE NUMBER (If applicable) 6. TELEPHONE NUMBER (Include Area Code) 7. E-MAIL ADDRESS (Optional)					
8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)					
No. & Street					
Apt./Unit Number City					
State/Province Country	ZIP Code/Postal Code				
SECTION II: REMARKS					
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)					
INCOMPETENCY NOTICE RESPONSE Do you agree with our proposal to rate you incompetent for VA purposes? Do you waive your response time? If so, please sign the back of this form and send it to the address of the Fiduciary Hub referenced in your letter. Please make sure that this sheet is placed on top so that this claim can be identified and routed correctly. By using this form, you can help us identify what action you want us to take more quickly and efficiently. Please be sure that you return this form without any additional correspondence or any other issue. Use this form only to					
address the proposed action we wrote to you about in the attached letter. If you have additional things you would like to tell us about, please send that correspondence separately.					
Please keep in mind that the VA does understand that several people elect to have a Durable Power of Attorney; however, VA does not recognize Power of Attorneys. We require the veteran or his/her surviving spouse to sign all paperwork and correspondence for the VA until we appoint a guardian or fiduciary.					
I elect one of the following:					
I AGREE with your proposal to rate me incompetent. I would like to waive my due process rights. Please consider appointing the following person as my fiduciary provided they meet VA requirements, and decide my claim as soon as possible.					
(Name and Address of desired Fiduciary)					
(Relation)	(Phone Number)				
I DO NOT AGREE with your proposal to rate me incompetent. I will send more information or evidence to support my claim. VA will wait 60 days from the date of this letter to make a final determination.					