OMB Approved No. 2900-0877
Respondent Burden: 5 Minutes
Expiration Date: 10/31/2023

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

DOCUMENT EVIDENCE SUBMISSION

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing this form. This form is used for the submission of additional documentation or evidence in support of a claim. For more information, contact us at https://iris.custhelp. va.gov, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms .

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)
[redacted]

2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH (MM-DD-YYYY)
[redacted]	[redacted]	[redacted]

5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street [redacted]

Apt./Unit Number City [redacted]

State/Province [redacted] Country [redacted] ZIP Code/Postal Code [redacted]

6. TELEPHONE NUMBER (Include Area Code)
[redacted]
Enter International Phone Number (If applicable)

7. E-MAIL ADDRESS ☑ I agree to receive electronic correspondence from VA in regards to my claim.
[redacted]

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)

8. CLAIMANTS NAME (First, Middle Initial, Last)

9. SOCIAL SECURITY NUMBER	10. VA FILE NUMBER (If applicable)	11. DATE OF BIRTH (MM-DD-YYYY)

12. CURRENT 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 US ZIP Code/Postal Code

13. TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

14. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA in regards to my claim.

SECTION III: DOCUMENT/EVIDENCE TYPE YOU ARE SUBMITTING

15. IS THIS FORM BEING SUBMITTED IN RESPONSE TO A REQUEST YOU RECEIVED FROM VA?

☐ YES ☑ NO

SOCIAL SECURITY NUMBER

16. IDENTIFY THE DOCUMENT(S) OR EVIDENCE YOU ARE SUBMITTING TO SUPPORT YOUR ESTABLISHED CLAIM.

NOTE: You may select one or more type(s), depending on the type of documentation/evidence being provided with this form.

☐ BIRTH CERTIFICATE	☐ DEATH CERTIFICATE
☐ DEPENDENCY INFORMATION	☐ DIVORCE DECREE
☐ FINANCIAL INFORMATION	☐ MARRIAGE CERTIFICATE
☐ MEDICAL TREATMENT RECORDS	☐ COURT PAPERS/DOCUMENTS
☐ MILITARY PERSONNEL RECORDS	☐ SERVICE TREATMENT RECORDS

☐ LAY STATEMENT (Describe)

☑ OTHER (Describe)

Form 4138: Form 4138: Challenge to C&P examiner competency

SECTION IV: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have filled this form out completely and that it is true and correct to the best of my knowledge and belief.

17A. VETERAN/CLAIMANT'S SIGNATURE (REQUIRED)	17B. DATE SIGNED (MM-DD-YYYY)
[redacted]	[redacted]

SECTION V: THIRD-PARTY SIGNATURE
(Valid only if requester has an authorized third-party)

I CERTIFY THAT the veteran/claimant has authorized me as the undersigned representative and certifies that the information contained in this document is true and complete to the best of the veteran/claimant's knowledge. **NOTE**: A third-party signature ***will not*** be accepted unless a valid VA Form 21-0845, *Authorization to Disclose Personal Information to a Third-Party*, is of record or attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.

18A. THIRD-PARTY SIGNATURE	18B. DATE SIGNED (MM-DD-YYYY)

SECTION VI: POWER OF ATTORNEY (POA) SIGNATURE
(Valid only if requester has an authorized POA representation)

I CERTIFY THAT the veteran/claimant has authorized me as the undersigned representative and certifies that the information contained in this document is true and complete to the best of veteran/claimant's knowledge.

NOTE: A POA's signature will not be accepted unless a valid VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, is of record or attached to this request.

19A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE	19B. DATE SIGNED (MM-DD-YYYY)

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for fraudulent receipt of any document to which you are not entitled.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: This information will let us help you in support of or response to your claim. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Challenge to C&P examiner competency

OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 06/30/2024

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to submit a statement to support a claim. For more information, contact us at https://iris.custhelp.va.gov , or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms . After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.**

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and insert one letter per box to help expedite processing of the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*
[redacted]

2. VETERAN'S SOCIAL SECURITY NUMBER
[redacted]

3. VA FILE NUMBER *(If applicable)*
[redacted]

4. VETERAN'S DATE OF BIRTH
[redacted]

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)*
[redacted]

7. E-MAIL ADDRESS *(Optional)*
[redacted]

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street [redacted]

Apt./Unit Number

City [redacted]

State/Province [redacted]

Country

ZIP Code/Postal Code [redacted]

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

Challenge to C&P examiner competency

- I challenge the competency of the C&P medical providers who examined me in April 2020, as well as those who might examine me as part of the claims I submitted on 02/10/2022 (Francway v. Wilkie, 940 F.3d 1304, 1308 (2019)).

- My past C&P exam was inadequate. The exam was completed in a hasty and cursory manner that trivialized and minimized, or even ignored, my signs and symptoms. I expect any future C&Ps will have a similar lack of quality. I have requested copies of these exams. When I receive and review them I can make more specific criticisms. Until then, I allege that one or more of the following errors was or will be present in the C&P exam or its report:
- The examiner was not qualified.
- The examiner failed to consider my lay observations describing relevant symptoms.
- The examiner failed to provide a rationale for their conclusion.
- The examiner draws conclusions about non-medical facts.
- The examiner relied on an inaccurate factual premise.
- The examiner gave an inconclusive opinion without explaining why a conclusion cannot be reached.
- The examiner used an improperly high evidentiary standard.
- The examiner did not address all legal theories of entitlement to service connection.
- The examiner did not provide the detail required by 38 C.F.R. 4.40 and 4.45 when describing the effects of pain or other impairments on the motion of a joint.

(continued on next page)

VETERAN'S SOCIAL SECURITY NO.

SECTION II: REMARKS *(Continued)*

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

I expressly rebut the general presumption of competence of my C&P examiners (38 CFR 3.159(a)(1). With regard to examination quality, the duty to assist (38 USC 5103A) requires C&Ps that are a "thorough and contemporaneous medical examination" (Pond v. West, 12 Vet. App. 341, 346 (1999) (citing Green v. Derwinski, 1 Vet. App. 121, 124 (1991))). Once the VA provides an examination, the examination must be adequate (Barr v. Nicholson, 21 Vet. App. 303, 311 (2007) (citing Daves v. Nicholson, 21 Vet. App. 46, 52 (2007))). An adequate medical examination "is based upon consideration of the veteran's prior medical history and examinations and also describes the disability in sufficient detail so that the 'evaluation of the claimed disability will be a fully informed one'" (Barr, 21 Vet. App. at 311 (quoting Ardison v. Brown, 6 Vet. App. 405, 407 (1994)); Gill v. Shinseki, 26 Vet. App. 386, 391 (2013); Gardin v. Shinseki, 613 F.3d 1374 (2010)).

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF VETERAN/BENEFICIARY (Required)	10. DATE SIGNED
[redacted]	[redacted]

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Final page of document package

ATTENTION

VA Evidence Intake Center:

Maintain this package
as a single document in VBMS.
Do not separate this package
into multiple documents.