

PTel



Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

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 1.578 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, Compensation, Pension, Education and Rehabilitation 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, 1976, 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.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print) OConnell Anthony M	SOCIAL SECURITY NUMBER [REDACTED]	VA FILE NO. 25 163 990 C/CSS -
--	--------------------------------------	-----------------------------------

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

To: 345/Triage

From: ARIZONA DEPARTMENT OF VETERANS SERVICES, 240 S Montezuma Street, Suite 208, Prescott AZ 86303

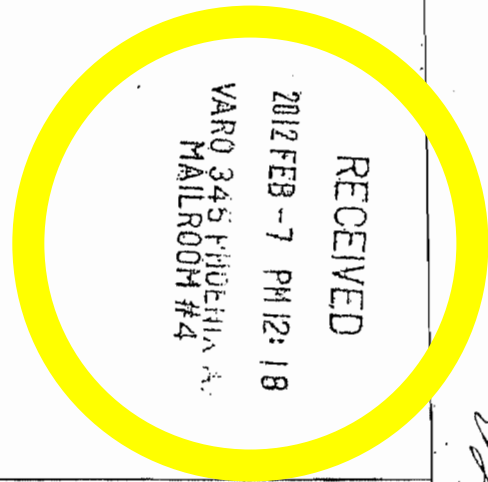
Subject: Withdrawal of compensation claim for skin cancer.

The veteran wishes to withdraw his claim for compensation for skin cancer.

This does not affect the veterans claim for Non-Service Connected Pension. Please move forward with the veterans claim for Non-Service Connected Pension.

On the VA 21-526, questions 36A, 36B, and 36C were not checked, the answer for each was "No".

Thank you.



I believe this is the signature of Mr. Brian O'Neil of the AZDDVS (Arizona Department of Veterans Services in Prescott, Arizona). Why was I not allowed to see this document until July of 2016?

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.			
SIGNATURE For the veteran VBC / POA ADVS	DATE SIGNED 02-02-2012		
ADDRESS 439 S Vista Del Rio Green Valley AZ, 85614	TELEPHONE NUMBER (Include Area Code)		
	DAYTIME None	EVENING None	

02/12/12 9:21/101103