

Prescott
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Department of Veterans Affairs APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

1. LAST-FIRST-MIDDLE NAME OF VETERAN OConnell Anthony M	2. VA FILE NUMBER (Include prefix) 25 163 990
3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) 045 - Arizona Department of Veterans Services	
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Any accredited representative	

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER [REDACTED]	5. INSURANCE NUMBER(S) (Include letter prefix)
6A. SERVICE NUMBER(S)	6B. BRANCH OF SERVICE Navy
7. NAME OF CLAIMANT (If other than veteran)	8. RELATIONSHIP (If other than veteran) Veteran
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 439 S Vista Del Rio Green Valley AZ 85614	10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)
	A. DAYTIME () None
	B. EVENING () None
	11. E-MAIL ADDRESS anthonymineroconnell@gmail.com
	12. DATE OF THIS APPOINTMENT 01-17-2012

13. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redislosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

14. LIMITATION OF CONSENT - My consent in Item 13 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:
No Limitations

I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 13 and 14), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF CLAIMANT (Do Not Print) 	16. DATE SIGNED 01-17-2012
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VA USE ONLY	VA FORM 21-221 SENT TO: CER FILE EDU FILE INSURANCE FILE CH. 30 , DEA FILE LG FILE	DATE SENT	ACKNOWLEDGED (Date) 1/23/12	REVOKED (Reason and date)
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NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

Mr. Brian O'Neil of the AZDVS (Arizona Department of Veterans Services in Prescott, Arizona, brought up the topic of Power of Attorney, and I gave it to him.

2012 January 17 VA Form 21-22 Appointment of AZDVS as POA

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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 -
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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.

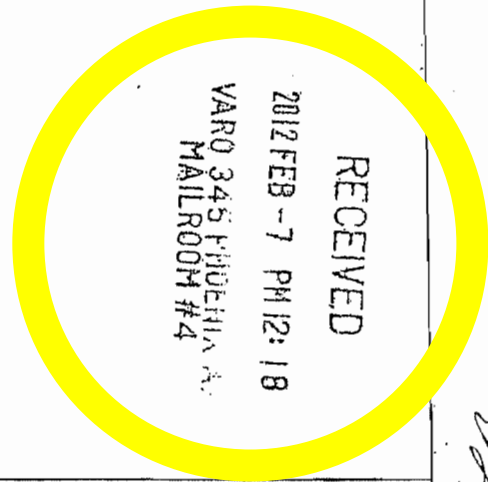
This does not affect the veterans claim for Non-Service Connected Pension. Please move forward with the veterans claim for Non-Service Connected Pension.

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

Thank you.

It took me four and a half years (4.5) to see a copy of this. I got a copy on July 16, 2016.

I believe this is the signature of Mr. Brian O'Neil of the AZDDVS (Arizona Department of Veterans Services in Prescott, Arizona.



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
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ADDRESS 439 S Vista Del Rio Green Valley AZ, 85614	TELEPHONE NUMBER (Include Area Code)
	DAYTIME None EVENING None

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.

02/12/12 9:21/101103