



Department of Veterans Affairs

NOTICE OF DISAGREEMENT

A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE AGENCY OF ORIGINAL JURISDICTION. 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 WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT 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, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.

**(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)**

PART I - PERSONAL INFORMATION

1A. VETERAN'S FIRST NAME Gulf		1B. MIDDLE NAME War	1C. LAST NAME Veteran	
2. VA FILE NUMBER C/CSS -		3. VETERAN'S SOCIAL SECURITY NUMBER		
CLAIMANT'S PERSONAL INFORMATION				
4A. CLAIMANT'S FIRST NAME		4B. MIDDLE NAME	4C. LAST NAME	
5. STREET ADDRESS		6. APT. NO.	7. CITY	8. STATE
				9. ZIP CODE
10. DAYTIME TELEPHONE NUMBER		11. EVENING TELEPHONE NUMBER	12. EMAIL ADDRESS	

PART II - TELEPHONE CONTACT

13. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR EMAIL 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 time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)*

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: (866) 531-7183

PART III - SPECIFIC ISSUES OF DISAGREEMENT

14. NOTIFICATION/DECISION LETTER DATE 06/20/2014

15. 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 <i>(If known)</i>
Fibromyalgia	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input checked="" type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	40%
Depression secondary to Fibromyalgia	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input checked="" type="checkbox"/> Other <i>(Please specify)</i>	70
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other <i>(Please specify)</i>	

PART III - SPECIFIC ISSUES OF DISAGREEMENT (Continued)

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
Fibromyalgia	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input checked="" type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	40%
Depression secondary to Fibromyalgia	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input checked="" type="checkbox"/> Other (Please specify)	70% Secondary to SC

16A. 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:

In this rating decision I was granted service connection for my Fibromyalgia but I am disagreeing with is that I am only given a 10% rating my Fibromyalgia.

My Fibromyalgia is much worse than this has been for years. I have pain that is constant throughout my body that in part led me to lose my job and cause me to become so depressed from all this pain.

The examiner marked I was in constant pain and I told him the meds did not help. That is why the doctors keep trying new ones.

Under the rating guide lines this is a 40% and not a 10% rating. The VARO failed to follow the regulation on applying the right rating and section 4.7 for the CFR.

As my notes from my psych showed, most all of my depression was from the fact I was in pain all of the time. That the pain was from the Fibromyalgia.

As my notes from my doctors have shown my depression is from my fibro and has been for years. I was not trying to relate the depression to my service.

As the final rule for Fibromyalgia clearly shows, I can be rated for my depression as secondary. As I go the depression after the fibro.

Attached wife statement
 doctors statements and records.
 work reports
 Psych report
 Paper on Fibromyalgia showing it can cause migraine and tension headaches

16B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?

YES NO (If so, how many?)

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

17A. SIGNATURE

17B. 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.