



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**

1. VETERAN'S NAME (First, middle initial, last)

G u l f W e t e r a n

2. VA FILE NUMBER

C/CSS - 0 0 0 0 0 0 0 0 0 0

3. VETERAN'S SOCIAL SECURITY NUMBER

0 0 0 - 0 0 - 0 0 0 0

**CLAIMANT'S PERSONAL INFORMATION**

4. CLAIMANT'S NAME (First, middle initial, last)

G u l f W e t e r a n

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

Number and Street or Rural Route, P.O. Box: 1 2 3 4 5 M a i n S T  
 Apt./Unit Number: \_\_\_\_\_  
 City, State, ZIP Code and Country: H o m e T o w n U S 0 0 0 0 1

6. PREFERRED TELEPHONE NUMBER (Include Area Code)

000000000

7. PREFERRED E-MAIL ADDRESS

**PART II - TELEPHONE CONTACT**

8. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR E-MAIL 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: \_\_\_\_\_

**PART III - SPECIFIC ISSUES OF DISAGREEMENT**

9. NOTIFICATION/DECISION LETTER DATE

02/28/1991

10. 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 (If known)
Irritable Bowel Syndrome (IBS)	<input checked="" type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input checked="" type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	30%
Fecal incontinence	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input checked="" type="checkbox"/> Evaluation of Disability <input checked="" type="checkbox"/> Other (Please specify) Secondary to IBS	60%
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	

**PART III - SPECIFIC ISSUES OF DISAGREEMENT (Continued)**

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	

11A. 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:

I am filing this notice of disagreement (NOD) for the rating decision dated 28 February 1991, concerning my Irritable Bowel Syndrome (IBS). The statements I turned in clearly shows how bad my chronic diarrhea with abdominal pains is. IBS became a preemptive under CFR 38 section 3.317 effective March 2002 as passed by congress and found in USC 38 Sec. 1117 when printed in the federal register in 2003. I do not have to show it in my STR as per USC 38 section 1118 and Gutierrez v. Principi, 19 Vet.App. 1, 9 (2004)The DBQ showed that I am diagnosed with IBS.

I was diagnosed before the C&P with IBS and had text to rule out any other causes as per the GI doctor and your own guide lines.

Irritable bowel syndrome or spastic colon is a functional disorder, a symptom-based diagnosis. It is characterized by chronic abdominal pain, discomfort, bloating, and alteration of bowel habits. As per my statement turned in when I first filed, I have daily abdominal pain and diarrhea many times per week. According to § 4.114 - DC 7319, I should be rated at 30%. When applying section 4.7 my symptoms does more closely match 30% of the rating guide than any other.

I have been using depends for the past 3 year due to my uncontrollable diarrhea part of my IBS. when I am in the diarrhea part I must change the depends 3 to6 time a day. The rating is secondary to the IBS and not combined.

As this is a timely NOD the effective date is still the date I first file for IBS.

Thank you for fixing this over sight in a timely manor.

11B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?

YES  NO (If so, how many?) \_\_\_\_\_

**PART IV - CERTIFICATION AND SIGNATURE**

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

12A. SIGNATURE	12B. 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.**