

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

DECLARATION OF FINANCIAL HARDSHIP

Docket No. (if assigned) _____

_____, Appellant/Petitioner,

v.

_____, Secretary of Veterans Affairs, Appellee/Respondent.

I am the appellant/petitioner. I declare by my signature below that payment of the fifty dollar (\$50.00) filing fee referenced in Rule 3(f) and Rule 21(a) of the Court's Rules of Practice and Procedure would be a financial hardship for me.

Pursuant to 28 U.S.C. § 1746, I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Signature of Appellant/Petitioner*

Date

Telephone number

(*To be signed by Appellant/Petitioner, NOT Appellant's/Petitioner's representative. You may electronically sign by typing "/s/" and then your name in the signature block above: for example, /s/John Doe.)

INSTRUCTIONS

To file this Declaration, either

- (1) Email it to self-rep@uscourts.cavc.gov (if self-represented) or esubmission@uscourts.cavc.gov (if represented), **OR**
- (2) Fax it to (202) 501-5848, **OR**
- (3) Send it to:

Clerk, US Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004-2950