

EXHIBIT 7

CHISHOLM CHISHOLM & KILPATRICK LTD

ATTORNEYS AT LAW



January 9, 2014

Department of Veterans Affairs
Milwaukee Pension Management Center
P.O. Box 342000
Milwaukee, WI 53234

91 7199 9991 7031 7484 9054

Re: Linda Harrington
C No. REDACTED
FREEDOM OF INFORMATION ACT ADMINISTRATIVE APPEAL

To Whom It May Concern:

This letter constitutes an administrative appeal of Department of Veterans Affairs (VA) action concerning a request for documents made under 38 C.F.R. 1.577 (2007), and the Freedom of Information Act (FOIA), 5 U.S.C. 522, I, Kerry Baker, am Linda Harrington's appointed representative to whom she has authorized the release of her Department of Veterans Affairs' records. See VA form 21-22a, executed June 27, 2013.

In a letter dated July 3, 2013, I submitted a FOIA request for documents on behalf of Linda Harrington, REDACTED to the Milwaukee Pension Management Center. See Attachment A. I requested a copy of all documents contained in the VA claims file. A certified mail return receipt shows that the Pension Management Center received this request for documents on July 8, 2013. See Attachment B. However, to date, I have received no response to this request.

The failure of the VA to respond to this request is a clear violation of 5 U.S.C. 552(a)(6)(A)(2)(i), which requires the VA to determine within twenty (20) days (excepting Saturdays, Sundays and legal public holidays) after the receipt of any such request whether to comply with such request and immediately notify the person making such request of such determination and the reasons therefore, and of the right of such person to appeal to the head of the agency any adverse determination. Today marks the 126th working day since the RO received my request for documents on behalf of Linda Harrington REDACTED

I am currently contacting FOIA attorneys. Should the VA fail to respond to, or improperly deny, this appeal under the Freedom of Information Act, I am prepared to initiate a FOIA suit in the appropriate Federal District Court to compel disclosure of the documents, as well as any reasonable attorney fees and costs to which I might be entitled to under the law or in equity.

Linda Harrington REDACTED and I request that the VA release the requested records immediately. In any event, please make a decision regarding this appeal within twenty (20) working days, as required by 5 U.S.C. 552(a)(6)(A)(2)(ii). If you have any questions, you may contact me by telephone at 401-331-6300. **PLEASE RESPOND TO THE PROVIDENCE, RI ADDRESS ONLY LISTED BELOW.**

Very truly yours,

Kerry Baker

gh/vas

Enclosures

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**



OMB Control No. 2900-0121
Respondent Burden 1 minute

VA FILE NO/S: [REDACTED]
[REDACTED]

APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."

PRIVACY NOTICE: VA will not disclose information collected on this form from any source other than what has been authorized under the Privacy Act of 1974 or Title 38, United States Code, 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 prevention of fraud. Your obligation to respond is voluntary. However, failure to respond provides the requested information could impede the recognition of your representative and or award of a benefit. Information protected by 38 U.S.C. 1720 is not prohibited from releasing records. The responses you submit are confidential (38 U.S.C. 1701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to recognize the individual appointed by claimant to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for their individual to accept appointment. We will also use the information to carry out the duties of VA records to the appointed representative (38 U.S.C. 5901) and 38 U.S.C. 5902, 5903, and 5904. We estimate that claimants and their advocates appointed for purposes of this form will each need an average of 15 minutes to review the instructions, find the information, and complete this form. VA service centers or offices of collection of information unless a local OASD number is displayed. You do not need to respond to a collection of information if the number is not displayed. A 1-800-829-1000 to get information on where to send comments or suggestions about this form.

2. NAME OF CLAIMANT (If a minor, guardian, beneficiary, dependent, or next of kin)
Linda Harrington

3. ADDRESS OF CLAIMANT (If a minor, guardian, beneficiary, dependent, or next of kin)
[REDACTED] (City or town, street or P.O., State and ZIP)

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN
Harrington, Johnny L.

5. SERVICE NUMBERS

6. BRANCH OF SERVICE
 ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify: _____)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE
Chisholm Chisholm & Kilpatrick, One Turke Head Place, Suite 1100, Providence, RI 02903
ROBERT V. CHISHOLM

7B. INDIVIDUAL IS (Check appropriate box)
 ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)

*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630
(Skip to item 8. if the box for "Individual Providing Representation Under Section 14.630" was not checked in item 7B)
The appointment of the individual named in item 7A (the representative) authorizes the individual to represent the claimant named in item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signature below, we, the representative and the claimant, agree that no compensation will be charged or paid for the individual named in item 7A.

7C. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 7A
N/A

7D. SIGNATURE OF CLAIMANT NAMED IN ITEM 2
N/A

8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (If a non street or rural route, city or P.O., State, and ZIP code)
N/A

9. 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 individual named in Item 7A 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 individual named in Item 7A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Release of these records by my representative is either done to VA of 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 individual named in Item 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in Item 9 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 Limitation

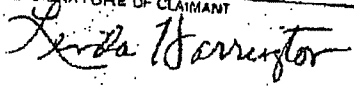
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS
 Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

I authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual with 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 individual named in Item 7A, either by explicit revocation or the appointment of another representative. Please see Conditions of Appointment.

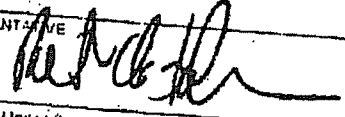
CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A as my representative to prepare, present, and prosecute my claims for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 4. If the individual named in Item 7A is an accredited agent or attorney, the scope of representation provided before VA may be limited by the agent or attorney as indicated below in Item 13. If the individual indicated in Item 7A is providing representation under 14 A30, such representation is limited to a particular claim only. I authorize VA to release any and all of my records, other than as provided in Items 9 and 11, to that individual appointed as my representative, and if the individual in Item 7A is an accredited agent or attorney, this authorization includes the following individuals named administrative employees of my representative: **Zachary M. Stolz; Landon E. Overby; Jessica L. Cleary; Jonathan W. Greene; Kerry L. Baker**

Signed and accepted subject to the foregoing conditions:

12 SIGNATURE OF CLAIMANT 	13 DATE OF SIGNATURE June 27, 2013	14 CLAIMANT'S RELATIONSHIP TO VETERAN If other than the veteran: Spouse
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15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (If used limited by an agent or attorney, this power of attorney requires all provisions arising out of attorney)
 NO Limitation.

16. SIGNATURE OF REPRESENTATIVE 	17 DATE OF SIGNATURE 7.3.2013
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P.F.S.: Section 5904, Title 38, United States Code, contains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.
 VA Form 21-22a, JUN 2008

Attachment A

CHISHOLM CHISHOLM & KILPATRICK LTD
ATTORNEYS AT LAW



July 3, 2013

Department of Veterans Affairs
Milwaukee Pension Management Center
P.O. Box 342000
Milwaukee, WI 53234

91 7199 9991 7032 4730 4756

Re: Linda Harrington
C No. REDACTED

REQUEST FOR DOCUMENTS UNDER 38 C.F.R. 1.577 AND FOIA 5 U.S.C. 552

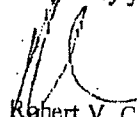
To Whom It May Concern:

This is a request for documents under 38 C.F.R. 1.577 (2007) and the Freedom of Information Act (FOIA), 5 U.S.C. 552, on behalf of Linda Harrington. I, Robert V. Chisholm, am Mrs. Harrington's appointed representative to whom he has authorized the release of his Department of Veterans Affairs' records. See VA Form 21-22a, executed July 3, 2013. Please post my appointment in the Claims File C-File), as well as all electronic records (SHARE, VACOLS, CAPRI, Virtual VA and VBMS) pertaining to the veteran for our access and so I may receive a copy of any correspondence sent to the veteran.

I hereby request a copy of all documents contained in Mrs. Harrington's VA claims folder, to include all documents in the right flap, left flap and center flap. **PLEASE ALSO INCLUDE ALL VHA MEDICAL RECORDS STORED IN THE VIRTUAL VA EFOLDER AS WELL AS ANY OTHER RECORDS STORED IN THE VIRTUAL VA FOLDER FOR THIS VETERAN. Please forward the copied documents directly to me TO THE PROVIDENCE, RI ADDRESS ONLY LISTED BELOW.** I am requesting these documents so that I may better assist Mrs. Harrington with his claim for VA benefits. As provided in the FOIA, please respond to this request within twenty (20) business day. I may be contacted at 401-331-6300 if there are any questions

Thank you for your cooperation in this matter.

Very truly yours,


Robert V. Chisholm

/cad

Enclosures

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Attachment B

English Customer Service USPS Media

Register Sign In



Search USPS.com or Track Page 5/3/13

Quick Tools
Track & Confirm
Enter up to 16 Tracking # Find
Send USPS Letters
Buy Shipping
Send a Package
Print a Label with Package
Print a ZIP Code
Print Mail
Change of Address
GET LABEL UPDATES
PRINT EMAILS

Send a Package Send Mail Manage Your Mail Shop Business Solutions

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
9171999991703247304758	First-Class Mail®	Delivered	July 8, 2013, 9:41 am	MILWAUKEE, WI 53218	Scheduled Delivery Day: July 8, 2013 Certified Mail™ Return Receipt Electronic
		Processed through USPS Sort Facility	July 5, 2013, 10:12 pm	MILWAUKEE, WI 53201	
		Depart USPS Sort Facility	July 5, 2013	MILWAUKEE, WI 53201	
		Depart USPS Sort Facility	July 3, 2013	PROVIDENCE, RI 02904	
		Processed at USPS Origin Sort Facility	July 1, 2013, 8:14 pm	PROVIDENCE, RI 02904	
		Electronic Shipping Info Received	July 1, 2013		
		Accepted at USPS Origin Sort Facility	July 3, 2013, 6:59 am	PROVIDENCE, RI 02903	

Check on Another Item
What's your label (or receipt) number?

Find

LEGAL
Privacy Policy
Terms of Use
Facts
Hot Email and Web Cams

ON USPS.COM
Government Services
Buy Stamp & Stickers
Print a Label with Package
Customer Service
Delivery Solutions & the Postal Mail
Site History

ON ABOUT.USPS.COM
About USPS
Newsroom
USPS Science & Tech
Firms & Publications
Careers

OTHER USPS SITES
Business Customer Gateway
Postal Inspection
Inspector General
Postal Employee

CHISHOLM CHISHOLM & KILPATRICK LTD
ATTORNEYS AT LAW



August 6, 2013

Department of Veterans Affairs
Milwaukee Pension Management Center
P.O. Box 342000
Milwaukee, WI 53234

91 7199 9991 7032 4731 2218

Re: Linda Harrington
C No. REDACTED
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Kerry Baker

gh/sd

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