

## Veterans Appellate Law Group

---

Matthew G. Greig, Esq.  
matthew@vetsappeals.com

p. 504-218-2510  
365 Canal St, Suite 415  
New Orleans, La 70130

July 16, 2017

### **FREEDOM OF INFORMATION ACT REQUEST**

VIA FACSIMILE OR CERTIFIED MAIL (Return Receipt Requested)

Department of Veterans' Affairs,  
Records Management Center  
P.O. Box 5020  
St. Louis, MO 63115  
FAX: (314) 679-3730

VIA FACSIMILE OR CERTIFIED MAIL (Return Receipt Requested)

Department of Veterans' Affairs  
Evidence Intake Center  
FAX: (844) 531-7818

Re: Veteran: Mark Timothy Hargis, Jr.  
VA Claim No.:   
Veteran SSN: 

Dear Sir or Ma'am:

This is a request for documents under 38 U.S.C. §§ 5701(b)(1) and 5702; the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552; and 38 C.F.R. §§ 1.525 and 1.526 (2014) on behalf of veteran Mark Hargis, Jr. I am Hargis, Jr.'s appointed representative to whom he has authorized the release of his Department of Veterans Affairs records. See the enclosed VA Form 21-22a, executed on July 10, 2017. Please post my appointment in the Claims File, as well as all electronic records (SHARE, VACOLS, CAPRI, Virtual VA, VBMS, and others which may be relevant) pertaining to the veteran for our access and so that I may receive a copy of any correspondence sent to the veteran. I am requesting these documents so that I may better assist Hargis, Jr. with his various claims for VA benefits.

#### **Identification of Documents**

I hereby request a copy of all documents contained in any VA claims folder for any of [Hargis, Jr.'s claims, to include all documents in Hargis, Jr.'s VA claims folder, to include all documents in the right flap, left flap and center flap of the claims folder, and all documents in any VBA file related to Veteran's Title 38 Claim(s), including but not limited to "Virtual VA", VBMS-A, VBMS-R, and VBMS-D, as well as any documentation pertaining to this Veteran and/or his/her VA claims and/or Appeals in AMIE/CAPRI/VGRIS/VACOLS, and/or in any other system of records in the BVA (or under contract with the VBA) used to preserve information (whether sub-

Exh A

stantive, procedural, or meta-data) related to those records, wherever such records about the Veteran's claim are kept or stored by the VA.

**Form/Format in Which to Produce Information**

The FOIA and the VA's own internal policies related to FOIA requests require that the records be produced in the format sought by the requester if the record is readily reproducible in that form or format. I prefer receipt of these records on CD-ROM in PDF format.

Please take special care to ensure that both sides of any two-sided documents produced in response to this request are included in the response, and are scanned into a PDF in such a way that they do not "bleed-through" from one side of the document to the other.

**Time For Response**

Please note that this request for documents is being made pursuant to the Privacy Act, 5 U.S.C. § 552, and the Freedom of Information Act (FOIA), 5 U.S.C. § 552a, as well as 38 C.F.R. §1.550 and 38 C.F.R. § 1.577. Your agency has a duty to respond to this request within TWENTY (20) BUSINESS DAYS of the date of this request pursuant to 5 U.S.C. § 552 (a)(6)(A)(2)(i).

Additionally, although an extension of time to respond may be requested, it may only be granted for "unusual circumstances." "Predictable agency workload" is not typically considered an unusual circumstance as stated in 5 U.S.C. § 552(a)(6)(C)(ii). Moreover, even to the extent that unusual circumstances could be demonstrated in this instance, the time limit for the extension is limited to "10 working days" pursuant to 38 C.F.R. § 1.553(d).

Please also be aware that your agency's failure to respond to this request within twenty business (20) days can result in the filing of an administrative appeal with the office of the Secretary of the Department of Veterans Affairs pursuant to 38 C.F.R. § 1.557 and 5 U.S.C. § 552(a)(6)(A)(2)(ii), and/or, the filing of a federal lawsuit to compel the production of the information.

In any such appeal or lawsuit, I intend to seek not only injunctive and/or monetary relief related to this request, but to the extent permitted by law, injunctive and/or monetary relief based on the Department of Veteran's Affairs patterns and/or practices of responding to FOIA requests in a manner violative of the FOIA, as well as attorney fees and litigation expenses, and any other remedy/relief available at law.


**Where to Produce the Request Documents**

Please send the copied documents directly to me at the following address:

Veterans Appellate Law Group  
365 Canal St  
Suite 415  
New Orleans, LA 70130

I may be contacted at (504) 218-2510 if you have any questions regarding this request. Thank you for your assistance.

Best Regards,



Matthew G. Greig

Enclosure

Cc: Mark Timothy Hargis, Jr.

## Veterans Appellate Law Group

---

Matthew G. Greig, Esq.  
matthew@vetsappeals.com

p. 504-218-2510  
365 Canal St, Suite 415  
New Orleans, La 70130

July 16, 2017

### **FREEDOM OF INFORMATION ACT REQUEST**

VIA FACSIMILE OR CERTIFIED MAIL (Return Receipt Requested)

Department of Veterans' Affairs,  
Records Management Center  
P.O. Box 5020  
St. Louis, MO 63115  
FAX: (314) 679-3730

VIA FACSIMILE OR CERTIFIED MAIL (Return Receipt Requested)

Department of Veterans' Affairs,  
Evidence Intake Center  
FAX: (844) 531-7818

Re: Veteran: Mark Timothy Hargis, Jr.  
VA Claim No.:   
Veteran SSN: 

Dear Sir or Ma'am:

This is a request for documents under 38 U.S.C. §§ 5701(b)(1) and 5702; the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552; and 38 C.F.R. §§ 1.525 and 1.526 (2014) on behalf of veteran Mark Timothy Hargis, Jr. I am Hargis, Jr.'s appointed representative to whom he has authorized the release of his Department of Veterans Affairs records. See the enclosed VA Form 21-22a, executed on July 10, 2017. Please post my appointment in the Claims File, as well as all electronic records (SHARE, VACOLS, CAPRI, Virtual VA, VBMS, and others which may be relevant) pertaining to the veteran for our access and so that I may receive a copy of any correspondence sent to the veteran. I am requesting these documents so that I may better assist Hargis, Jr. with his various claims for VA benefits.

#### **Identification of Documents**

During the period 2015 and 2016, Hargis, Jr. had several Compensation & Pension Exams at the VA Medical Center in New Orleans, LA; I hereby request all

- 1) Compensation & Pension Exam Reports;
- 2) The VA Form 21-2507 (or the AMIE/CAPRI or VERIS Exam Request if the request was made electronically);
- 3) Any notes or progress notes (by whatever title they are called) taken by the physician conducting the exam;

Exh A

- 4) Any information relied upon by the examiner that was not in the C-File at the time of the exam;
- 5) A copy of the C&P Examiner's resume, CV, list of publications, list of specialties, etc., such that his/her experience and qualifications may be examined, reviewed, questioned, and/or challenged;
- 6) Any and all information stored in VetPort – or any other system of records – that pertains to the C&P Examiner's credentialing as a medical professional since the Examiner's date of first employment and/or association with the VA. See e.g., 38 U.S.C. 7402; 38 CFR Part 46; VHA Handbook 1100.19; VA Handbook 5005, Part II, Chapter 3; VHA DIRECTIVE 2012-030.

### **Form/Format in Which to Produce Information**

The FOIA and the VA's own internal policies related to FOIA requests require that the records be produced in the format sought by the requester if the record is readily reproducible in that form or format. I prefer receipt of these records on CD-ROM in PDF format.

Please take special care to ensure that both sides of any two-sided documents produced in response to this request are included in the response, and are scanned into a PDF in such a way that they do not "bleed-through" from one side of the document to the other.

### **Time For Response**

Please note that this request for documents is being made pursuant to the Privacy Act, 5 U.S.C. § 552, and the Freedom of Information Act (FOIA), 5 U.S.C. § 552a, as well as 38 C.F.R. § 1.550 and 38 C.F.R. § 1.577. Your agency has a duty to respond to this request within TWENTY (20) BUSINESS DAYS of the date of this request pursuant to 5 U.S.C. § 552 (a)(6)(A)(2)(i).

Additionally, although an extension of time to respond may be requested, it may only be granted for "unusual circumstances." "Predictable agency workload" is not typically considered an unusual circumstance as stated in 5 U.S.C. § 552(a)(6)(C)(ii). Moreover, even to the extent that unusual circumstances could be demonstrated in this instance, the time limit for the extension is limited to "10 working days" pursuant to 38 C.F.R. § 1.553(d).

Please also be aware that your agency's failure to respond to this request within twenty business (20) days can result in the filing of an administrative appeal with the office of the Secretary of the Department of Veterans Affairs pursuant to 38 C.F.R. § 1.557 and 5 U.S.C. § 552(a)(6)(A)(2)(ii), and/or, the filing of a federal lawsuit to compel the production of the information.

In any such appeal or lawsuit, I intend to seek not only injunctive and/or monetary relief related to this request, but to the extent permitted by law, injunctive and/or monetary relief based on the Department of Veteran's Affairs patterns and/or practices of responding to FOIA requests in a manner violative of the FOIA, as well as attorney fees and litigation expenses, and any other remedy/relief available at law.

**Where to Produce the Request Documents**

Please send the copied documents directly to me at the following address:

Veterans Appellate Law Group  
365 Canal St  
Suite 415  
New Orleans, LA 70130

I may be contacted at (504) 218-2510 if you have any questions regarding this request. Thank you for your assistance.

Best Regards,

A handwritten signature in blue ink, appearing to read 'M. Greig', with a stylized flourish at the end.

Matthew G. Greig

Enclosure

Cc: Mark Timothy Hargis, Jr.



Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)

**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 ACT NOTICE:** 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 1.576 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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the Federal Register. Your obligation to respond is voluntary. However, failure to respond provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. 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 recognize the individuals appointed by claimants 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 those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 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. A Valid OMB control number can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin) Mark Timothy Hargis, Jr.	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 340 Bertolino Dr. Kenner, Louisiana 70065
---	--

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NUMBERS [REDACTED]
--	----------------------------------

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

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE  
 Matthew G. Greig, Esq.  
 Veterans Appellate Law Group

7B. INDIVIDUAL IS (check appropriate box)  
 ATTORNEY     AGENT     INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630  
 (\*See required statement below. Signatures are required in Items 7C and 7D)     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 signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.

7C. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 7A

7D. SIGNATURE OF CLAIMANT NAMED IN ITEM 2

8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)  
 Veterans Appellate Law Group  
 365 Canal St.  
 Suite 415  
 New Orleans, Louisiana 70130

**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. Redislosure of these records by my 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 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 Limitations

**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 out 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.

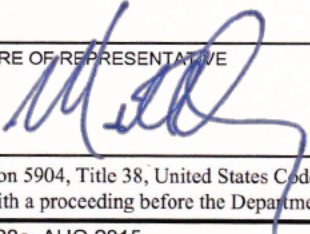
**CONDITIONS OF APPOINTMENT**

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 15. If the individual indicated in Item 7A is providing representation under 14.630, 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 10) 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 individually named administrative employees of my representative:

Signed and accepted subject to the foregoing conditions.

12. SIGNATURE OF CLAIMANT 	13. DATE OF SIGNATURE 10-506-17	14. CLAIMANT'S RELATIONSHIP TO VETERAN <i>(If other than the veteran)</i>
---	------------------------------------	--

**15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY** *(Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)*

16. SIGNATURE OF REPRESENTATIVE 	17. DATE OF SIGNATURE July 12, 2017
--	--

**FEES:** 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.