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June 5, 2018

VIA FAX: (844) 822-5246

Department of Veterans Affairs - WI
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547

Attention: Privacy Act Office

Re: Stanley Kressin, VA Claim No: [REDACTED]

Dear Sir or Madam:

Our office has just been asked to represent the above named claimant. Enclosed please find the signed 21-22a form. In order to assist this claimant, please send us a complete copy of the veteran's C File; a copy of the signed request is enclosed.

This is a formal request for this file on behalf of my client pursuant to the Freedom of Information Act (FOIA), 5 U.S.C § 552, as well as the Privacy Act 5U.S.C § 522(a)(d)(1). The Freedom of Information Act provides that disclosure of records and information to the public, and particularly the individuals on whom records are kept, is to be made to the greatest extent possible. While there are exemptions to the FOIA's disclosure requirements, none of those apply in the present case. Exemption 7b under FOIA allows withholding of documents where that information would deprive a person of a fair trial or an impartial adjudication. In this particular case, the opposite is true: non-disclosure deprives the individual of any opportunity for a fair hearing.

If this letter is in any way unclear about what information is sought, (here the claims file) and why (to prepare and present the veteran's claim), please let me know immediately. In addition, if there is any procedural requirement that must be satisfied, please advise me of that.

Department of Veterans Affairs - WI
June 5, 2018
Page Two

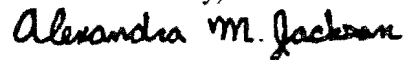
Finally, as stated above, this material is also requested under the Privacy Act. Since personal information is maintained in the Dept. Of Veterans Affairs "system of records" (SOR) regarding all claimants and it is retrievable by the claimant's name and VA claims file number, listed above, that document should be made available under the Privacy Act.

Under the FOIA, you have 20 days excepting Saturdays, Sundays and legal holidays, after the receipt of this request, to comply. I understand that it may be difficult to comply with that 20 day time frame and I am willing to agree to a reasonable extension of that time. What I ask is that you acknowledge the receipt of this request within 20 days and let me know within that time how soon you can provide the file. If you do not let me know that you will need a longer time and how much longer that is, I will assume that the statutory period of 20 days (excepting Saturdays, Sundays and legal holidays) after the receipt of this request is sufficient.

If I am not available to discuss an extension of time, please do not hesitate to contact my assistant, Brittany, if you need more time. Just let her know when you will be able to provide the file.

Thank you for your attention to this matter.

Sincerely,



Alexandra M. Jackson

AMJ/rad
Enc.

cc: Stanley Kressin (w/o enc.)



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 use (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 personal 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 disclosing 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 and 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.whitehouse.gov/omb/library/OMB/INV.VA.EPA.html#VA. 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)
STANLEY C. KRESSIN

3. ADDRESS OF CLAIMANT (No. And street or rural route, city or P.O., State and ZIP Code)

[REDACTED ADDRESS]

4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN
Kressin Stanley C.

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
Alexandra M. Jackson (POA # FIOJ)

7B. INDIVIDUAL IS (check appropriate box)
 ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 (Specify organization below)
 SERVICE ORGANIZATION REPRESENTATIVE
*See required statement below. Signatures are required in Items 7C and 7D.
_____ POA # FIOX _____

*INDIVIDUALS PROVIDING THE 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) authorized the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38CFR 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 NAME IN ITEM 7A
XX

7D. SIGNATURE OF CLAIMANT NAMED IN ITEM 2
XX

8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. And street or rural route, city or P.O., State, and ZIP code)
238 Western Avenue, South Portland, Maine 04106

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 related to drug abuse, Alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure 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 LIMITATION

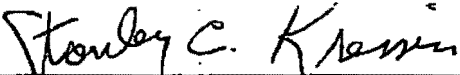
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS
 Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

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 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.

CONDITIONS OF APPOINTMENT

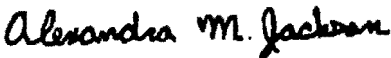
I, the claimant named in Item 2, hereby appoint the individual named in Item 7A as my representative to prepare, present, and prosecute my claims for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 4. If the individual named in Item 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: Brittany Demmons,, Francis M. Jackson, Sherri Stone, Murrough O'Brien, Jordan Zoretic, Bradford Hillman, Elizabeth Valentine, Walter Morse and Kristian Terison

Signed and accepted subject to the foregoing conditions.

<p>12. SIGNATURE OF CLAIMANT</p> 	<p>13. DATE OF SIGNATURE</p> <p>5-31-18</p>	<p>14. CLAIMANT'S RELATIONSHIP TO VETERAN <i>(If other than the veteran)</i></p>
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16. LIMITATION ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY *(Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney)*

NO LIMITATION

<p>16. SIGNATURE OF REPRESENTATIVE</p> 	<p>17. DATE OF SIGNATURE</p> <p>6/4/18</p>
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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.

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) requires individuals to provide written consent before documents or other information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0025 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Office (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. Send comments only. Do not send this form or requests for benefits to this address.

TO	Dt Department of Veterans Affairs - WI Evidence Intake Center P.O. Box 4444 Janesville, WI 53547	NAME OF INDIVIDUAL (Type or print) Stanley C. Kressin	
		VA FILE NO. (include prefix) [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
 Jackson & MacNichol
 238 Western Avenue
 South Portland, ME 04106

VETERAN'S REQUEST

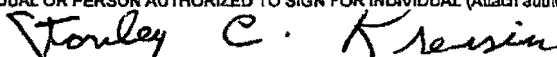
I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency or individual named hereon:	NAME: Jackson & MacNichol
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INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

I hereby authorize the VA to provide a copy of my official VA claims folder to my attorney under the provisions of 38 C.F.R. 1.526, and agree to pay a charge, if so required.

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.
 Pending claim for Veteran's benefits.

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA) 	DATE 5-31-18
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