

Request for Veteran Disability Payment Evaluation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Department of Veterans Affairs

[Department Address]

[City, State, Zip Code]

Dear [Recipient's Name or Title],

I hope this letter finds you well. My name is [Your Name], a veteran of [branch of service], and I am writing to formally request an evaluation for veteran disability payments.

During my service from [start date] to [end date], I experienced [briefly describe your condition or injury] which I believe warrants a reevaluation of my disability status. My current disability rating is [current rating], and I feel that my condition has [improved/worsened] since my last evaluation.

In support of my request, I have included the following documentation:

- [Document Name or Description]
- [Document Name or Description]
- [Document Name or Description]

I kindly ask for an appointment to discuss my situation further and to have my condition evaluated at your earliest convenience. Please feel free to contact me at [your phone number] or [your email address] to schedule an appointment or if any additional information is required.

Thank you for your time and consideration. I look forward to your prompt response regarding my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]