

**UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS**

**DECLARATION OF FINANCIAL HARDSHIP**

\_\_\_\_\_, Appellant/Petitioner,

v.

No. \_\_\_\_\_

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 required by Rule 3(e) or 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

\*\*\*\*\*

Accepted for filing:

\_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

***INSTRUCTIONS***  
***Send this Declaration (original only) to:***  
  
***Clerk, US Court of Appeals for Veterans Claims***  
***625 Indiana Avenue, NW, Suite 900***  
***Washington, DC 20004-2950***  
  
***or FAX to (202) 501-5848***