



\_\_\_\_\_  
VA File Number

\_\_\_\_\_  
Last Name- First Name- Middle Name of Veteran

### INCOMPETENCY NOTICE RESPONSE

Do you agree with our proposal to rate you incompetent for VA purposes? Do you waive your response time? If so, please sign the bottom of this form and send it to the **address of the Fiduciary Hub** referenced in your letter. **Please make sure that this sheet is placed on top so that this claim can be identified and routed correctly.**

By using this form, you can help us identify what action you want us take more quickly and efficiently. Please be sure that you return this form without any additional correspondence on any other issue. Use this form only to address the proposed action we wrote to you about in the attached letter. If you have additional things you would like to tell us about, please send in that correspondence separately.

Please keep in mind that the VA does understand that several people elect to have a Power of Attorney; however, we do not recognize Power of Attorneys. We require the veteran or his/her surviving spouse to sign all paperwork and correspondence for the VA until we appoint a guardian or fiduciary.

#### RESPONSE

I elect one of the following:

- I **AGREE** with your proposal to rate me incompetent. I would like to waive my due process rights. Please consider appointing the following person as my Fiduciary provided they meet VA requirements, and decide my claim as soon as possible.

\_\_\_\_\_  
(Name and address of desired Fiduciary)

\_\_\_\_\_  
(Relation)

\_\_\_\_\_  
(Phone Number)

- I **DO NOT AGREE** with your proposal to rate me incompetent. I will send more information or evidence to support my claim. VA will wait 60 days from the date of this letter to make a final determination.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date