



**ENGAGEMENT AGREEMENT AND POWER OF ATTORNEY**

I wish to be represented by a lawyer before the U.S. Court of Appeals for Veterans Claims through The Veterans Consortium Pro Bono Program (the "Program"). I understand that to find out if I qualify for a pro bono (free) representative under the Program, my case must first be evaluated. I agree to be represented by the Program for the limited purpose of evaluating my case. I understand that I will not be charged a fee and I can withdraw from the Program in writing at any time.

Consent to Release of Information: I give my consent for the Program, or an attorney(s) participating in the Program as my representative, to review, and make copies of any material contained in my claims file in the custody of the Department of Veterans Affairs; and/or the custody of the U.S. Court of Appeals for Veterans Claims. I also authorize the aforementioned persons participating in the Program to obtain copies of documents or files maintained by the national veterans service organization (if any) that assisted me with my claim(s) at either the VA Regional Office or the Board of Veterans' Appeals. I further authorize my representative to accept such materials and documents in any format, to include computer discs and other digital or electronic formats. If this material includes information (protected under 38 U.S.C. § 7332) about drug abuse, infection with the human immunodeficiency virus (HIV), alcoholism or alcohol abuse, or sickle cell anemia, I specifically consent to that disclosure as well. To permit this, and for no other purpose, I waive my rights under the Privacy Act, 5 U.S.C. § 552a(b), and under any other federal or state law or regulation that controls access to my records.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Veterans Service Organization I was assisted by at the Board: \_\_\_\_\_  
(DAV, TAL, PVA, VVA or other). Representative's Name: \_\_\_\_\_

Six Digit Court Of Appeals Docket Number: \_\_\_\_ - \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Your E-Mail Address (Optional) \_\_\_\_\_

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INSTRUCTIONS

If you want to be considered for representation under the Veterans Consortium Pro Bono Program, you must complete and sign this form. Send it, along with the Financial Disclosure Form and Demographic Information to:

The Veterans Consortium Pro Bono Program  
701 Pennsylvania Avenue, NW, Suite 131  
Washington, DC 20004

**Do Not Send This Form To The Court**