

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[VA Regional Office Address]
[City, State, Zip Code]

Subject: Buddy Letter in Support of [Veteran's Full Name] Sleep Apnea Claim

To Whom It May Concern,

I am writing this letter in support of [Veteran's Full Name]'s claim for service-connected compensation for sleep apnea. I have known [Veteran's First Name] for [number of years] years and can attest to the challenges he/she faces due to this condition.

[Describe your relationship with the veteran and how you know about their sleep apnea. Include specific instances where you witnessed symptoms or impacts on their daily life. Use clear examples, such as snoring, gasping during sleep, excessive daytime fatigue, or how it affects his/her mood and activities.]

[Optional: Mention any relevant personal experiences you have with the veteran regarding their health condition, such as accompanying them to appointments or helping them manage their symptoms.]

In conclusion, I hope this letter provides the necessary support for [Veteran's Full Name]'s claim. Should you require any further information or clarification, please feel free to contact me at [phone number] or [email address].

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]