

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

[Recipient's Name]  
[Recipient's Title]  
[Department of Veterans Affairs]  
[Address]  
[City, State, Zip Code]

Subject: Buddy Letter for [Veteran's Name] - Sleep Apnea Claim

Dear [Recipient's Name],

I am writing this letter on behalf of my buddy, [Veteran's Name], who served in the [Branch of Service] from [Start Date] to [End Date]. I am providing this account to support his claim for service-connected sleep apnea.

During our time together, I observed the following regarding [Veteran's Name]'s health:

1. [Describe symptoms observed, such as loud snoring, gasping for air during sleep, excessive daytime sleepiness, etc. Provide specific instances if possible.]
2. [Mention any specific incidents where sleep apnea affected daily activities or performance, such as unable to stay awake during duty or increased irritability.]
3. [Detail any similarities or circumstances in deployment that may have contributed to the development of sleep apnea, such as exposure to hazardous environments or stress.]

I have known [Veteran's Name] for [duration of your relationship] and can personally attest to the negative impact that sleep apnea has had on his quality of life.

Thank you for considering this information in support of [Veteran's Name]'s claim. Please feel free to contact me if you require further information.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Relationship to the Veteran]