

[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 Name] - Sleep Apnea Claim
To Whom It May Concern,

I am writing this letter in support of [Veteran's Name], my [relationship to veteran, e.g., friend, family member, fellow veteran], who is seeking a VA disability claim for sleep apnea. I have known [him/her/them] for [length of time] and have witnessed firsthand the struggles [he/she/they] faces due to this condition.

[Describe your observations regarding the veteran's sleep apnea symptoms, such as loud snoring, gasping for air during sleep, excessive daytime sleepiness, etc. Provide specific examples of how you've seen these symptoms manifest in daily life.]

Additionally, [Veteran's Name] has shared with me [his/her/their] experiences regarding the impact of sleep apnea on [his/her/their] daily activities, work performance, and overall quality of life. For example, [include specific instances where applicable, such as difficulty staying awake during the day, problems with concentration, etc.].

It is my belief that this condition significantly affects [Veteran's Name]'s ability to function on a daily basis and is a direct result of [his/her/their] [military service, if applicable].

Please feel free to contact me if you require any further information or clarification regarding my observations.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Relationship to Veteran]
[Your Contact Information]