**VRB application number: [NUMBER]**

**FIRSTNAME LASTNAME**

**Applicant**

**MILITARY REHABILITATON AND COMPENSATION COMMISSION**

**Respondent**

**STATEMENT OF ISSUES OF THE RESPONDENT**

**Summary of the background of the application**

1.

2.

3.

**Timeline of Commission Internal Review**

1.

2.

3.

**Outline of the Legal and Factual Issues**

1.

2.

3.

**Summary of the Commission’s position**

1.

2.

3.