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## DON-NAVY-2020-001340 Request Details

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### Contact Information

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<b>Full Name</b>	Mr. Michael J Little	<b>Mailing Address Location</b>	United States/US Territories
<b>Organization</b>	Sea Service Family, Foundation	<b>Address Line 1</b>	1750 Delaware Avenue
<b>Email Address</b>	michael@seaservicefamily.com	<b>Address Line 2</b>	Apt B
<b>Phone Number</b>	8589269903	<b>City</b>	Cape May
<b>Fax Number</b>	8126108297	<b>State/Province</b>	NJ
		<b>Zip Code/Postal Code</b>	08204

### Request Information

<b>Agency</b>	Board for Correction of Naval Records	<b>Fee Category</b>	
<b>Will Pay Up To</b>	\$25.00	<b>Request Track</b>	Expedited
<b>Date Submitted</b>	11/08/2019	<b>Request Phase</b>	Submitted
<b>Estimated Date of Completion</b>	TBD	<b>Final Disposition</b>	Undetermined

### Description

**Description** I am ABH2 Michael Joseph Little, I am requesting the following information that pertain directly to my IDES case. 1.) On 17 March 2016, I appeared before a formal physical evaluation board at Washington Navy Yard. I would like to have a copy of the taped hearing sent to me. I would also like all the documents used in this case by the board, to help them make their decision. 2.) On 19 August 2019, The BCNR meet in executive session, to review my case, Docket No. 3160-19. I would like to have a copy of all the documents that the Board used to consider their decision in my case.

### Request Expedited Processing

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**Made Request?** Yes  
**Expedited Justification** I would like to have consideration for expedited processing due to the nature of this case, and the deadline I will need to meet should I file an appeal.

### Request a Fee Waiver

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**Made Request?** Yes  
**Expedited Justification** I am a 100% VA Disabled Veteran, currently a full time student. I would like to request a fee waiver because of the nature of this request being directly related to me personally.

### Supporting Files

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Download	Attached File Name	Size (MB)	File Type
No attachments have been added.			

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