Instructions: List the issues from page 3 of the Notice of Telephone Hearing packet. Identify witnesses with first-hand information supporting or contesting each issue. This will assist you in preparing for a successful hearing. This sheet is for your personal use. Please do not mail it to the hearing officer.

Appeal issues for the hearing:

Issue 1:	
Issue 2:	
Issue 3:	
Issue 4:	
leeua 5.	
13500 0.	

Tool

Instructions: Complete the witness(es)' information and list the number of the issue(s) of which the witness can provide first-hand knowledge. Write a brief description of the information the witness can provide to support or contest the issue(s) during the hearing. Please do not mail it to the hearing officer.

First and last name: Address: City, State, Zip Code: Phone number: Issue numbers:		
Witness's first hand knowle	edge:	
First and last name: Address: City, State, Zip Code: Phone number: Issue numbers: Witness's first hand knowle	edge:	

Tool

Instructions: Complete the witness(es)' information and list the number of the issue(s) of which the witness can provide first-hand knowledge. Write a brief description of the information the witness can provide to support or contest the issue(s) during the hearing. Please do not mail it to the hearing officer.

First and last name:		
Address:		
City, State, Zip Code:		
Phone number:		
Issue numbers:		
Witness's first hand knowl	edae.	
	euge.	
First and last name:		
Address:		
City, State, Zip Code:		
Phone number:		
Issue numbers:		
Witness's first hand knowl	edge:	
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	<u> </u>	

Tool

Instructions: Complete the witness(es)' information and list the number of the issue(s) of which the witness can provide first-hand knowledge. Write a brief description of the information the witness can provide to support or contest the issue(s) during the hearing. Please do not mail it to the hearing officer.

First and last name:		
Address:		
City, State, Zip Code:		
Phone number:		
Issue numbers:		
Witness's first hand knowl	edae.	
	euge.	
First and last name:		
Address:		
City, State, Zip Code:		
Phone number:		
Issue numbers:		
Witness's first hand knowl	edge:	
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