



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

Oral Argument Request Form

Name of complainant: _____

Docket Number of Complaint: _____

Oral arguments are held during regular monthly meetings. Meetings are held on the third Friday of the month at 1:00pm. You can find the list of upcoming meetings at www.nh.gov/gal.

Please list your preferred meeting dates for your oral argument.

- a. The Board requests that oral arguments occur no later than 3 months from dismissal.
- b. You will receive a letter confirming the date and time of your oral argument within ten days of receipt of this request.
- c. You will be allowed one rescheduling, unless good cause shown, or you will waive your right to an oral argument.
- d. Times are at the discretion of the Board.

1st Choice: _____

2nd Choice: _____

By signing below, I hereby certify that:

1. The information provided on the request form is true and accurate, to the best of my knowledge.
2. I have read and will abide by the rules of an oral argument as written in GAL 203.03(e);
3. I understand that once I receive the letter confirming the time and date of my oral argument I must call the office within ten days of the date of this letter if I am unable to attend and need to reschedule. I understand that I will be allowed one rescheduling, unless good cause shown, or I will waive my right to an oral argument.
4. I acknowledge that, pursuant to RSA 641:3, knowingly making a false representation on the oral argument request form is punishable as a misdemeanor.

Signature

Date

Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law