**FORM 0064N – Hearing Certification**

HEARING CERTIFICATION

Check appropriate line(s)

\_\_\_\_\_ I was aware of the hearing held by (Chapter/colony name) Chapter

at (location of hearing) on (date) at (time) regarding (charges) charges

against me.

\_\_\_\_\_ I chose not to attend.

\_\_\_\_\_ I was unaware of the expulsion hearing on (date).

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Charged Member