

COMBATting HOSTILE INFLUENCE RULE/ACT 998 RESPONSE FORM

To be filed with:
Arkansas Secretary of State
State Capitol, 500 Woodlane Street
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

I) Identification

Individual/ Organization Name:

_____	_____	_____
First	Last	Middle Initial
Phone: () - _____		
Address Line 1: Street _____		Zip: _____
Address Line 2: City: _____		State: _____
Email: _____		

Any other Contact Information:

II) Response (check one of the following):

A) Individual:

I, _____, admit the allegations made in the matter against myself and/or my organization in the complaint Case Number listed above. By this admission, I hereby waive my right to a hearing on this matter under the Arkansas Administrative Procedure Act, Ark. Code Ann. § 25-15-201, *et. seq.* ____

I, _____, deny or partially deny the allegations made in the complaint labeled by the Case Number listed above and I will provide a response to the allegation and agree to provide the names of witnesses and any other relevant evidence in my favor prior to any hearing or final decision made in this matter I believe is helpful to my case. ____.

B) Organization

I, _____, a duly authorized representative of the Respondent-Organization, admit the allegations listed in the Complaint in the Case Number listed above. ____

I, _____, a duly authorized representative of the Respondent-Organization, deny all or part of the allegations listed in the Complaint in the Case Number listed above. I agree to provide all evidence in my organization's defense prior to the hearing or final determination made by the Secretary of State. ____.

III) Hearing

I request a hearing under the Administrative Procedure Act, Ark. Code Ann. § 25-15-201, *et. seq.* ____.

IV) Statement in Response

(if needed, please attach a summary to this complaint form prior to submission)

V) Witnesses

A) Witness 1:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

B) Witness 2:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

C) Witness 3:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

D) Witness 4:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

E) Witness 5:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

F) Witness 6:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

G) Witness 7:

Name: _____

First

Last

Middle Initial

Phone: () - _____

Address Line 1: Street _____

Zip: _____

Address Line 2: City: _____

State: _____

Email: _____

Nature of information provided by witness:

VI) List of Attachments Provided

- 1)
- 2)
- 3)
- 4)
- 5)