



The North Carolina Democratic Party
The Council of Review: **Petition for Removal from Office Form**
(Arising under **Section 10** of the Plan of Organization)

Party Officer sought to be removed: _____

Petitioner 1: _____

Mailing Address: _____

E-mail Address: _____

Phone Numbers: _____

Petitioner 2: _____

Mailing Address: _____

E-mail Address: _____

Phone Numbers: _____

Petitioner 3: _____

Mailing Address: _____

E-mail Address: _____

Phone Numbers: _____

[Petitioners must be from the jurisdiction of the office or committee from which the officer or committee member against whom the Petition is filed]

[If there are additional petitioners, attach similar information for each. If any petitioner is represented by an attorney, attach similar information about the attorney]

Respondent: _____

Mailing Address: _____

E-mail Address: _____

Telephone Numbers: _____

Grounds for Removal: _____

[Attach additional pages here, if needed.]

Evidence in support of petition: _____

Most Relevant Witnesses: _____

[Attach Similar Information for each witness listed as requested for petitioners.]

List of attachments, including a copy of a draft of the minutes of any relevant meetings, if available. If a draft of the minutes of the relevant meetings are not available, attach name, address, e-mail address, and telephone number of persons responsible for providing the minutes of the relevant meetings.

Signature of Petitioner 1

Signature of Petitioner 2

Signature of Petitioner 3

Date: _____

[Attach additional signatures of additional petitioners]

File this petition with the Chair of the North Carolina Democratic Party at 220 Hillsborough Street, Raleigh, North Carolina 27603 or P.O. Box 1926, Raleigh, North Carolina 27602.



The North Carolina Democratic Party
The Council of Review: **Grievance Form**
(Arising under **Section 9.06** of the Plan of Organization)

Party Meeting or Convention: _____

Date: _____ Place : _____

Petitioner: _____

Mailing Address: _____

Email Address: _____

Telephone Numbers: _____

[If there are additional petitioners, attach similar information for each. If any petitioner is represented by an attorney, attach similar information about the attorney]

Respondent: _____

Mailing Address: _____

E-mail Address: _____

Telephone Numbers: _____

Grievance: _____

[Attach additional pages here, if needed]

Action Requested of Council of Review: _____

Evidence in support of Petition: _____

Most Relevant Witnesses: _____

[Attach similar information for each witness listed as requested for petitioner]

List of attachments, including a copy of a draft of the minutes of any relevant meetings, if available. If a draft of the minutes of the relevant meetings are not available, attach name, address, e-mail address, and telephone number of persons responsible for providing the minutes of the relevant meeting.

Signature of Petitioner

Date: _____

[Attach additional signatures of additional petitioners.]

File this petition with the Chair of the North Carolina Democratic Party at 220 Hillsborough Street, Raleigh, North Carolina 27603 or P.O. Box 1926, Raleigh, North Carolina 27602.