				Form #E-7
Board or State Association				
Address	City	State	Zip	
Challenge to	Qualifications by Pa	arties to Ethics P	roceeding	
I (we), as party to the matter inhereby challenge the qualification of the fo following reasons. (NOTE: Unsubstantiate	llowing named individual(s)	who may be appointed	as a member(s) of the	ne Tribunal* for the
Panel Member Challenged:				
Reason:				
Panel Member Challenged:				
Reason:				
Panel Member Challenged:				
Reason:				
Type/Print Name of Party:				
Signed:			Date:	
Type/Print Name of Party:				
Signed:			Date:	
Type/Print Name of Party:				
Signed:			Date:	

<sup>\*</sup>Members of ethics Hearing Panels or the Board of Directors.

<sup>\*\*</sup>Use additional pages as required to list additional challenges to the qualifications of individuals who have been or may be selected to serve as member(s) of a Tribunal in an ethics proceeding to which you are a party.