

WITNESS WILL-SAY FOR "MERNAGH PLUS WHY" CHALLENGE

Name: _____

Address: _____

Phone/fax number: _____

Email: _____

ACMPR MCR#: _____

I WILL SAY on the motion challenging the constitutional validity of the MMAR-ACMPR marijuana medical exemption regimes:

On _____, _____, Doctor _____ refused to participate in the cannabis regime because

_____.

On _____, _____, Doctor _____ refused to participate in the cannabis regime because

_____.

On _____, _____, Doctor _____ refused to participate in the cannabis regime because

_____.

Dated at _____ on _____ 2018.

On _____, _____, Doctor _____ refused to participate in the cannabis regime because

_____.

Dated at _____ on _____ 2018.

On _____, _____, Doctor _____ refused to participate in the cannabis regime because

_____.

Dated at _____ on _____ 2018.

Signature