

NOTIFICATION OF DISFELLOWSHIP OR DISASSOCIATION

(Please type or print neatly in ink.)

Last	First (Individual's full name)	Middle	Date of Birth	Date of announcement of disfellowshipping or disassociation
Congregation Number	Congregation name		Town	County

Tick if applicable: Elder Ministerial servant Regular pioneer (If so include S-202 with this form.) Special pioneer
 Listed with the Society as the person to receive literature and/or magazine shipments to congregation.

FOR OFFICE USE ONLY:

PRE-COMMITTEE INVESTIGATION

- a. Did the individual disassociate himself? Yes No If so: Did he submit a *signed* letter of resignation? Resign orally?
- b. Was the individual invited to meet with the committee? Yes No
- c. Was the individual informed of the nature of the allegations? Yes No N/A
- d. Was allegation denied? Yes No N/A If so, was the individual invited to present witnesses on his behalf? Yes No
 Did the individual have any objections to those who were to sit on the committee? Yes No N/A
 If yes, was the person or persons to whom the individual objected replaced? Yes No

THE COMMITTEE HEARING

- f. Did the individual meet with the committee? Yes No If no, did he explicitly decline to meet? Yes No
 If no meeting with the individual was held, how many invitations were given, or how many attempts to meet were made? _____
- g. At any point, did the individual confess to the committee? Yes No N/A
 If no, were there at least two eyewitnesses to the wrong conduct or his confession? Yes No N/A
 Was the individual invited to question the witnesses through the chairman? Yes No N/A
- h. Was the individual invited to present evidence and call his witnesses? Yes No N/A
- i. Did the individual present witnesses? Yes No If yes, state how many _____

THE DECISION

- j. Was there sufficient evidence of wrongdoing? Yes No N/A
- k. Were Society guidelines followed in determining whether repentance existed? Yes No N/A
 Was the individual informed of the procedure to appeal? Yes No
- m. Was the individual informed of the steps needed for reinstatement? Yes No
- n. Did the individual appeal your decision? Yes No N/A (If so, follow the instructions on the reverse side regarding appeals.)

If the individual was previously disfellowshipped or disassociated show:

Person's full name at that time _____	Date of previous action _____
Congregation that took the action _____	Date of previous reinstatement _____
Name of congregation	Town
	County

Each member of the appointed committee should sign this form, the S-77a and any additional sheets. (Type names below each signature.)

CHAIRMAN: _____

THE APPEAL HEARING (If applicable, this section is to be completed by appeal committee)

- o. Do you agree with the decision to disfellowship? Yes No

Each member of the appeal committee should sign this form and their letter. (Type name and congregation below each signature.)

CHAIRMAN: _____

Reinstated
 Deceased Date: _____
(Day, Month, Year) (Signature of secretary)

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