



**United States Service Conference
of Narcotics Anonymous**

MOTION FORM

MAKER OF MOTION: _____

REGISTERED VOTING GROUP, AREA, REGION: _____

VOTING MEMBER SECOND'S NAME: _____

REGISTERED VOTING GROUP, AREA, REGION: _____

MOTION TO READ AS FOLLOWS:

INTENT OF MOTION:

FINANCIAL IMPACT: _____

DEFERRED TO GUARDIAN COMMITTEE: YES _____ **NO** _____

USSCNA VOTED: YES _____ **NO** _____

USSCNA: CARRIED _____ **FAILED** _____ **TABLED** _____

DATE SUBMITTED: _____ **DATE VOTED** _____