

# CHALLENGE FORM

Name of challenger (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Jurisdiction (insert name or numbers): \_\_\_\_\_

Congressional District: \_\_\_\_\_ County Unit/Senate District: \_\_\_\_\_ Precinct: \_\_\_\_\_

**If there is more than one challenger, please provide the contact information for each on additional signed form(s).**

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Type of challenge (check at least one):  Delegate/ Alternate election  Endorsement  Affirmative Action  
 Platform/Resolutions  Other (specify): \_\_\_\_\_

Grounds for challenge (check at least one):  Improper procedure  Dishonesty  Fraud  Member of another political party  
 Other (specify): \_\_\_\_\_

Detailed explanation of challenge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific remedy sought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of person(s) or action(s) challenged: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address and telephone number of person(s) challenged (if available): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All challenges must be in writing and must be postmarked, hand delivered or arrive by fax or e-mail within 10 calendar days after the date the challenged action occurred. File with the State DFL Chair, 255 East Plato Blvd., St. Paul, MN 55107, by e-mail at [chair@dfll.org](mailto:chair@dfll.org) or by fax 651-251-6325. For assistance or further information, call 651-293-1200 or call toll free 1-800-999-7457.

**Use additional sheets as needed.**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_