



This form may be attached to an Appeals Form (Self-Representation) or Appeals Form (Third Party Representation) if an appellant believes that someone may benefit his or her case in serving as a witness. One form should be submitted for each witness proposed. Proposed witnesses should be able to directly attest to relevant facts without relying on hearsay. **This form does not have to be submitted if an appellant does not wish to propose a witness for his or her appeal.**

This form should be submitted alongside an appeal to the Financial Assistance Appeals Tribunal. Later submissions of this form may be allowed on the discretion of the Appeals Tribunal. If you submit this form physically and run out of space in any field, please continue on a separate sheet of paper and attach it to this form.

Application ID

or Case ID

Name of appellant

Name of witness

Contact Number of witness

Email Address of witness

A copy of the witness' ID must be attached. Please select the legally recognized ID document that is being provided:

Driver's License Voter Registration Card Passport Other _____

Please describe the proposed witness' relevance to the appeal:

Would this witness provide a report containing expert evidence (e.g. a doctor who can testify to an appellant's disability or another professional with expert knowledge relevant to the case)?

Yes No

If the answer to the above question is yes, please provide a number estimate of the costs that would be incurred in soliciting the services of such an expert, if any, and specify the field in which the expert evidence is required and the issues which the expert evidence would address. An official quote or invoice may be necessary to prove costs.

To be signed by the witness:

I, _____, confirm that I am willing to appear in a hearing before the Financial Assistance Appeals Tribunal and give factual testimony.

To be signed by the appellant or the appellant's representative:

I, _____, confirm that I wish for the named person to testify at any hearing regarding this appeal.

Witness Signature

Date

Appellant/Representative Signature

Date

Thank you for completing this form. This form can be submitted via email to faatribunal@gov.ky or deposited in the Financial Assistance Appeals Tribunal drop box in the lobby of the Government Administration Building at 133 Elgin Avenue