



## MOTION FORM

Who is making this motion? \_\_\_\_\_ Date \_\_\_\_\_

- Individual
- Sub-committee
- HomeGroup

Who Seconded this Motion \_\_\_\_\_

What Part of Policy Will Be Affected? Page #: \_\_\_\_\_ Section # \_\_\_\_\_

**What Is A Motion?**

*A motion is the statement of an idea made by a member or group describing a specific practice that the member/group wants the Area to put into place.*

**STATE MOTION:**

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**What Is Intent?**

*The intent of a motion describes why or how the motion will improve policy, simplify a process, or provide something needed by a committee to fulfill their service commitment.*

**DESCRIBE INTENT:**

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**SECRETARY USE ONLY:**

DISPOSITION OF MOTION	YES	NO	ABSTAIN
( ) CARRIED			
( ) FAILED			
( ) TABLED			
( ) TIE: INDICATE THE CHAIR'S DECISION			
( ) RE-SUBMIT TO GROUPS			
( ) SUBMIT TO SUBCOMMITTEE			
( ) OTHER( ie: rescind,Adhoc committee Formed)			



**NEW GROUP/ GROUP UPDATE FORM**

**ADD NEW HOME GROUP:**

When was this group formed? (Month/Year): \_\_\_\_\_

What is the 1<sup>st</sup> month your group is attending Area Service? (Month/Year): \_\_\_\_\_

Group has ? : **Secretary**( ) YES ( ) NO **Treasurer** ( ) YES ( ) NO **GSR** ( ) YES ( ) NO

**ADD/UPDATE MEETING INFORMATION**

What is the Home Group's new name?: \_\_\_\_\_

Day(s) Group meet: ( ) MON ( ) TUES ( ) WED ( ) THURS ( ) FRI ( ) SAT ( ) SUN

What time does the meeting start?: \_\_\_\_\_ End?: \_\_\_\_\_

At what location does the group meet? (Facility name, street address, city, state, zip code):

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

Additional Direction for meeting location? (e.g. parking, where to find meeting entrance, etc):

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

What is the FORMAT of your Home Group's meetings? (Check all that apply):

( ) Open ( ) Closed ( ) Basic Text ( ) Beginner ( ) Literature ( ) Speaker ( ) Steps ( ) Topic

( ) Discussion ( ) Traditions ( ) Format Varies ( ) Candlelight ( ) No Pets

( ) No Children ( ) Spanish Speaking ( ) Wheelchair/Handicap Accessible

**ADD/UPDATE CONTACT INFORMATION**

GSR Name: \_\_\_\_\_

GSR Phone #: \_\_\_\_\_

GSR or homegroup Email: \_\_\_\_\_



**SUBCOMMITTEE MONTHLY REPORT TO AREA**

Subcommittee Name: Policy Committee 2-1-2026  
 Chair: Barbara Jean Phone#: 302-750-2993  
 Co-Chair: Jess G. Phone#: 302-373-1254  
 Meeting Day: 1st Sunday of month Time: 7-8:30pm  
 Location: Via Zoom 849 3986 9838 - password - recovery  
 Events planned for two months out:

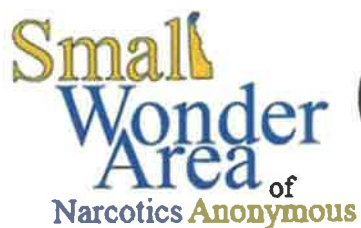
None  
 Subcommittee Update/Problems: (Please be concise and legible)  
 Subcommittee discussed the following:  
 Using Robert's Rule of Order (RRO) in ASCM?  
 Is the area using Robert's Rule of Order or consensus?  
 SWANA ASC is supposed to be using Robert's Rule of Order but it is not currently in policy.  
 Reviewed Guide to Local Services, which does include Robert's Rule of Order.

The Convention body no longer shares storage with SWANA, which requires SWANA to pay for storage that could be used for all of the SWANA archives.  
 Where are archives kept? A large portion of SWANA archives was previously lost. We talked about having a place to store our archives.  
 Policy Chair will discuss at next ASCM  
 Please join us either by attending our next meeting or letting us know how you would like to be a part of the process.  
 Next Meeting via Zoom 1st Sunday 3/1/2026.

**Financial Report**

	<u>Actual</u>	<u>Budget</u>
Monies on hand	0	0
Expenses to be reimbursed:	0	0
Monies returned to Area	0	0

Love & Respect Barbara Jean 2/18/2026  
 Signature Date



**REQUISITION FOR FUNDS FORM**

(Note: All requests for funds should be approved by Area prior to submission.)

Date: \_\_\_\_\_ Subcommittee: \_\_\_\_\_

Subcommittee Chair: Chair Phone #: (\_\_\_\_) \_\_\_\_\_

Amount Requested? \$ \_\_\_\_\_

What are funds being requested for? \_\_\_\_\_

Was a motion passed by the Area approving your request for funds? YES NO

Who should check be made out to? \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – TREASURER ONLY



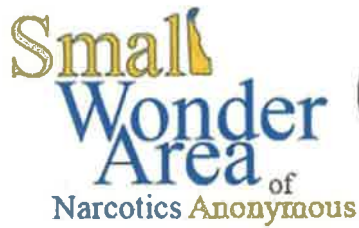
Date of check request: \_\_\_\_\_ Check number: \_\_\_\_\_

Date issued (if different): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

] - PLEASE STAPLE RECEIPTS HERE (if applicable)



ASC Nomination Form

Name: \_\_\_\_\_

Position Nominated For: \_\_\_\_\_

Clean Date and Clean Time: \_\_\_\_\_

Please put a check/ X next to the following questions:

- Do you have an NA sponsor?       Yes       No
  - Do you do step work with your sponsor?       Yes       No
  - Do you do tradition work with your sponsor?       Yes       No
  - Do you sponsor others?       Yes       No
  - Do you have a Home Group that you attend regularly?       Yes       No
  - Are you available, able, and willing to serve?       Yes       No
  - Have you held previous NA service positions?       Yes       No
- If yes, which position(s): **WHEN AND WHAT AREA**

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

Have you stepped down - been removed - from a position  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like considered before your nomination is voted upon?

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

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



## PRO/ CON SUBMISSION FORM

Who is submitting this form?

NA Member: \_\_\_\_\_

Home Group: \_\_\_\_\_

Subcommittee: \_\_\_\_\_

Phone #: (optional) \_\_\_\_\_

What is the Motion?

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Please check one:            ( ) Pro (for the motion)            ( ) Con (against the motion)

Please explain why you are for or against the motion:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Flyers**

**Home Group Reports**

**Nomination Forms**

**Motions**