Testimony Template

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| Name: | Date: |
| Town: | Phone number: |
| Email: | This testimony is regarding Bill # |

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| 1. Introduction | State your name and home town. Briefly explain how you or your family are affected by any mental health conditions. |
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| 1. State which bill or topic you are speaking about, and whether you are in support or opposition. | Be specific and brief. |
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| 1. (Optional) State a limited number of relevant facts that support your position. | See NAMI NH, NIMH, SAMHSA or AFSPA for starters. If possible, share something that will inspire others. Briefly describe how this bill could impact your family, community, or the state, using a positive concept. |
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| 1. Conclude on a positive note. | Restate your position, ask for specific action, and thank your listeners. |
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| In addition to testifying yourself, please allow NAMI NH to keep your comments on file for potential future use.  Please forward to [Advocacy@NAMINH.org](mailto:Advocacy@NAMINH.org).  We will contact you. You will be asked to complete the NAMI NH Media Release for Written Story**.** | |