

Instructions

If you have 25 or more people employed by the same employer, please have each person who wants to be part of the C&D letter complete the Intake Form for C&D for Attorney, attached here: One person only should be the contact between the group and NMStandsUp. That person should email all the forms attached as a scan to one email, to NMStandsUp@protonmail.com. A volunteer will reach out to the lead contact person to discuss further, and a customized C&D letter on our letterhead signed by an attorney will be done for the group.

PLEASE COMPLETE THIS SO NMSTANDSUP! CAN SEND CEASE & DESIST LETTER

Full Legal Name: _____

Email: _____

Mailing Address: _____

County in which you reside: _____

Name, mailing Address of Employer:

Immediate Supervisor name and email:

HR head name and email:

What is employer attempting to mandate? C-19 Shots: _____ Masks _____ PCR Testing _____

Written mandate must be attached- either email, memo, HR dept bulletin, etc.

A little about you:

Position:

How long in this position?

How long with this employer if different?