| Name: | Date: | |
|--------------|--------------|--------------|
| CLAIM: | | |
| REASON A: | REASON B: | REASON C: |
| EVIDENCE A1: | EVIDENCE B1: | EVIDENCE C1: |
| EVIDENCE A2: | EVIDENCE B2: | EVIDENCE C2: |
| EVIDENCE A3: | EVIDENCE B3: | EVIDENCE C3: |

