

**REQUEST  
(SECTION 3.4 OF THE CODE)**

This form is filed to initiate proceedings offered by the SDRCC in order to resolve a *Sports-Related Dispute* as defined in Subsection 1.1(II) of the Canadian Sport Dispute Resolution Code ("Code"). In this form, terms in italic carry the definition ascribed to them in Article 1 of the Code. **For *Doping Disputes* or *Doping Appeals*, please use the form entitled "REQUEST FOR A DOPING HEARING" or "NOTICE OF DOPING APPEAL.**

Please answer all questions. If you require more space for your answers, you may continue on additional sheets that you can attach to this form. Please note that an incomplete form will create additional delays.

Send completed forms to [tribunal@crdsc-sdrcc.ca](mailto:tribunal@crdsc-sdrcc.ca) or by fax to 514-866-1246 / 1-877-733-1246

**IMPORTANT NOTE:** The intent of this form is solely to engage the administrative process with the SDRCC. The *Claimant* is not required to submit, along with this form, all arguments and evidence relating to the dispute. The submission of arguments and evidence will take place at a later stage in the process. However, if the dispute requires a speedy resolution, it is preferable that most exhibits and documents be attached to this form.

**A. IDENTIFICATION OF THE *PARTIES***

1. ***Claimant*** (If there is more than one *Claimant*, please attach the information to this form.)

Name of the organization (if applicable): \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(s) and Fax: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

2. ***Claimant's Authorized Representative*** (i.e. lawyer, coach, parent, etc.)

***MANDATORY if the Claimant is considered a minor under the laws of his/her province of residence.***

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(s) and Fax: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

**REQUEST**

**3. Respondent** (If there is more than one *Respondent*, please attach the information to this form).

Name of the organization: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(s) and Fax: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

**4. Respondent's Authorized Representative** (If known).

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone(s) and Fax: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

**B. CLAIMANT'S STATEMENT**

**5. Please provide a brief description of the dispute including, if applicable, the facts, your arguments, and the questions to be answered.**

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

**6. If you are appealing a decision made by a sport organization, please provide the date of such decision and a copy of the decision subject to this *Request*.**

Decision attached      Date of the decision : \_\_\_\_\_

**7. If the decision being appealed cannot be attached to this *Request*, please describe it below.**

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

8. If this *Request* constitutes an appeal of a decision rendered by a sport organization, please indicate the latest date at which one of the events listed below occurred, briefly describe the circumstances and provide the names of persons involved if applicable.

a) Date at which occurred the event responsible for this dispute:

a)

OR

b) Date at which the *Claimant* was made aware of the decision which is being appealed through this *Request*.

b)

OR

c) Date of the last attempt undertaken to resolve this dispute:

c)

9. Describe the solution that you are looking for from the SDRCC and the conclusion sought. Please name possible solutions, in your opinion, to resolve this dispute.

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C. JURISDICTION OF THE SDRCC

10. Please provide the reasons why the SDRCC has jurisdiction to deal with this dispute. (The jurisdiction of the SDRCC is defined by subsection 2.1(b) of the Code).

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11. Please provide a copy of the agreement to go to *Mediation, Med/Arb* or *Arbitration*. This agreement can be found either in a contract which includes a dispute resolution clause, in an appeal policy or in a dispute resolution policy of a sport organization or in an ad-hoc agreement.

Agreement attached      Agreement date : \_\_\_\_\_

12. Please indicate which of the following resolution processes you would prefer.

- Mediation*
- Med/Arb*
- Arbitration*

13. Please indicate the privileged format for the procedures.

- Documentary Review
- Conference Call
- Video Conferencing
- In-Person Meeting; Specify location: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

14. Please indicate your preferred language for the proceedings (determination of the language for the proceedings is governed by section 3.9 of the Code and by the SDRCC's *Official Language Policy*).

- English or  French

**D. CHOICE OF THE *MEDIATOR, MED/ARB NEUTRAL OR ARBITRATOR***

15. From the SDRCC list available on its website at [www.sdrcc.ca](http://www.sdrcc.ca), please indicate your choice of *Mediator, Med/Arb Neutral or Arbitrator* as applicable, and indicate three choices in order of preference.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please feel free to contact the SDRCC if you need assistance with your choice.

**E. IDENTIFICATION OF AN *AFFECTED PARTY***

- 16. Please indicate, to the best of your knowledge, the name and contact information of any *Person* whose selection, carding, ranking, or other status, could be affected by the decision and the reasons justifying why that *Person* could be affected by the outcome of this case. (If there is more than two *Affected parties*, please attach the information to this form).

Name of the organization (if applicable): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reasons why this *Person* could be affected:

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

Name of the organization (if applicable): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reasons why this *Person* could be affected:

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

**F. URGENCY**

- 17. If there is an urgency to resolve the dispute, please indicate the absolute deadline by which it must be resolved and provide the reasons justifying an expedited procedure.

Deadline: \_\_\_\_\_

Reasons: \_\_\_\_\_

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

- 8. The *Provisional and Conservatory Measures* are requests addressed to the SDRCC in order to prevent the occurrence of irreversible consequences while waiting for the decision to be rendered after the completion of the Arbitration (see section 6.15 of the Code). If you are requesting such measures, please complete the form entitled "APPLICATION FOR PROVISIONAL AND CONSERVATORY MEASURES".

*Application for Provisional and Conservatory Measures* attached

**G. FOR A SELECTION OR CARDING DISPUTE**

19. To the best of your knowledge, indicate how many places are available on the team (quota) or how many cards are available: \_\_\_\_\_

20. Please provide, the necessary information, if available, regarding the selection or carding criteria and process, or attach a copy of the applicable selection or carding policy.

Applicable policy attached

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**H. OTHER PROCEDURES**

21. If you are aware of any other *Request* filed or other ongoing proceedings that might have an effect on the present *Request*, please provide, if possible, the name and contact information of the *Parties* involved in those proceedings.

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**I. SPECIFIC REQUEST**

22. Please indicate any other request or consideration that should be taken into account in the enforcement of the SDRCC procedures.

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**J. EXHIBITS AND EVIDENCE**

23. Please list the exhibits or other supporting documents or evidence, if any, that you intend to rely upon in support of this *Request*.

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K. SDRCC OBSERVER PROGRAM

24. The SDRCC Observer Program is a professional development opportunity offered to SDRCC arbitrators and mediators to observe proceedings conducted by their peers. Program participants are bound by *the same confidentiality rules* as appointed arbitrators and mediators and *may not discuss the case* with the appointed arbitrators or mediators until the case is closed. The Program will not be run if one of the parties does not consent to it.

I refuse that proceedings in my case be observed by other SDRCC mediators or arbitrators

L. DECLARATION AND SIGNATURE

Any *Request* filed with the SDRCC has to be signed by the *Claimant* or his/her authorized representative. If the *Claimant* is considered a minor in his/her province of residence, the *Request* must be signed by his/her parent or legal guardian.

I, the undersigned, file this *Request* under the provisions of the Canadian Sport Dispute Resolution Code and, unless there is a different agreement with the SDRCC, agree to pay the applicable filing fee of 500\$ to the SDRCC;

I, the undersigned, recognize that it is my responsibility to read and be aware of the SDRCC applicable rules and I agree in writing to observe them;

I, the undersigned, understand and accept that the SDRCC arbitral decisions are final and binding and may not be appealed;

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

Signature: \_\_\_\_\_ Date:      /      /       
Day / Month / Year

Signature of the *Claimant's* Authorized Representative:

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

Signature: \_\_\_\_\_ Date:      /      /       
Day / Month / Year