

**ANSWER - ORDINARY TRIBUNAL
(SECTION 6.4 OF THE CODE)**

This form is filed by any *Person* identified as *Respondent* to a *Request* received by the SDRCC in order to resolve a *Sports-Related Dispute* as defined in Subsection 1.1(yy) of the 2023 Canadian Sport Dispute Resolution Code ("Code"). In this form, terms capitalized and in italic carry the definition ascribed to them in Article 1 of the Code. **To answer a request to the *Doping Tribunal*, the *Safeguarding Tribunal* or the *Appeal Tribunal*, please use the relevant form found at <http://www.crdsc-sdrcc.ca/eng/dispute-resolution-forms>.**

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 form to tribunal@crdsc-sdrcc.ca or by fax to 514-866-1246

IMPORTANT NOTE: The intent of this form is solely to engage the administrative process with the SDRCC. The *Respondent* 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. CASE

1. **This form represents my *Answer* to the *Request* filed under case number:** (Please refer back to the heading found on the SDRCC's letter entitled "Acknowledgement of Receipt of a Request".)
SDRCC : _____

B. IDENTIFICATION OF THE *PARTIES* (Please provide required contact information by completing Appendix A located at the end of this form)

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

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

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

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

4. ***Respondent's Authorized Representative*** (i.e. lawyer, coach, parent, etc.)

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

Surname: _____ First Name: _____

C. RESPONDENT'S STATEMENT

5. Please provide a brief description of the dispute including, if applicable, the facts, the questions to be answered, and the arguments on which you base your defence.

6. 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.

D. JURISDICTION OF THE SDRCC

7. Do you intend to challenge the jurisdiction of the SDRCC and if so, on what grounds? (An objection to the jurisdiction occurs when the *Respondent* is of the opinion that the dispute brought forward by the *Claimant* should not be heard by the SDRCC. The jurisdiction of the SDRCC is defined by subsection 2.1(b) of the Code.)

8. Do you agree with the process (*Mediation, Med/Arb or Arbitration*) proposed by the *Claimant*?

Yes or No

If not, please indicate which of the following resolution process you would prefer:

Mediation

Med/Arb

Arbitration

9. Do you agree with the format for the procedures proposed by the *Claimant*?

Yes or Partly or Not at all

If partly or not, please indicate the privileged format for the procedures:

Documentary Review

Conference Call

Videoconferencing

In-Person Meeting; Specify location: _____

Other, specify: _____

10. Do you agree with the language of the procedures proposed by the *Claimant*? (Determination of the language for the proceedings is governed by section 3.7 of the Code and by the SDRCC's *Official Languages Policy*).

Yes or No

E. CHOICE OF THE *DISPUTE RESOLUTION PROFESSIONAL*

11. Do you agree with the *Dispute Resolution Professional(s)* proposed by the *Claimant*?

Yes or Partly or Not at all

If not, please propose other *Dispute Resolution Professionals* as applicable from the SDRCC list available on its website at www.sdrcc.ca, and indicate three choices in order of preference.

1. _____	If you have no specific preference or if the case is time-sensitive, you may indicate "Rotating List" for the SDRCC to appoint the next available professional.
2. _____	
3. _____	

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

F. IDENTIFICATION OF AN *AFFECTED PARTY* (Please provide required contact information by completing Appendix B located at the end of this form)

12. Do you agree with the participation of the *Affected Party(ies)* as identified by the *Claimant* in the *Request* form?

Yes or No

If not, please indicate the reasons motivating your disagreement:

13. If applicable, please indicate, to the best of your knowledge and referring to subsection 1.1(a) for the definition of an *Affected Party*, the name of any *Person* whose selection, carding, ranking or other status could be affected by the decision and provide 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): _____

Surname: _____ First Name: _____

Reasons why this *Person* could be affected:

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Reasons why this *Person* could be affected:

G. URGENCY

14. 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: _____

15. *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 6.7 of the Code). If you are requesting such measures, please complete the form entitled "APPLICATION FOR CONSERVATORY MEASURES".

Application for Conservatory Measures attached

H. FOR A SELECTION OR CARDING DISPUTE

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

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

Applicable policy attached

I. OTHER PROCEDURES

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

J. SPECIFIC REQUEST

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

K. EXHIBITS AND EVIDENCE

20. Please list the exhibits or other supporting documents or evidence, if any, that you intend to rely upon in support of this proceeding, other than the ones already identified or submitted by the *Claimant* in support of the *Request*.

L. SDRCC OBSERVER PROGRAM

21. The SDRCC Observer Program is a professional development opportunity offered to SDRCC Dispute Resolution Professionals to observe proceedings conducted by their peers. Program participants are bound by *the same confidentiality rules* as Dispute Resolution Professionals appointed to the case and *may not discuss the case* with them until it is closed. Observers will have access to all documents and personal information contained on the Case Management Portal for the case. The Program will not be run if one of the parties does not consent to it.

- I agree that the proceedings in my case be observed.
- I refuse that the proceedings in my case be observed.

M. DECLARATION AND SIGNATURE

Any Answer filed with the SDRCC has to be signed by the Respondent or his/her authorized representative and has to be sent to the SDRCC within the deadline specified in the SDRCC's letter entitled "Acknowledgement of Receipt of a Request". If the Respondent is considered a minor in his/her province of residence, the Answer must be signed by his/her parent or legal guardian. If a Med/Arb or Arbitration, the disregard of the SDRCC deadline by the Respondent will in no way stop the appeal from proceeding nor the decision to be issued by the appointed Arbitrator(s).

I, the undersigned, file this Answer under the provisions of the Canadian Sport Dispute Resolution Code;

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 further agree and take full responsibility to ensure that my authorized representative(s), if any, will comply with the applicable rules regarding confidentiality and I further agree that I will be responsible for any breaches which may occur on the part of my authorized representative(s);

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

I, the undersigned, understand and accept that the SDRCC collects, uses and discloses personal information in respect of parties to SDRCC proceedings and their authorized representative(s) in compliance with the SDRCC's Protection of Privacy Policy, as amended from time to time, in particular, personal information that is necessary for its operations and for the purpose of my participation in the SDRCC's dispute resolution services.

I, the undersigned, consent to:

1. My personal information and that of my authorized representative(s), including last names, given names and email addresses be collected, used and shared with other individuals involved in this proceeding;
2. The collection, use and disclosure of certain personal information and/or sensitive information including, but not limited to, health information and criminal offences obtained through the evidentiary record and submissions filed in the course of dispute resolution proceedings, as outlined in the SDRCC's Protection of Privacy Policy, and to
3. The collection and use of my personal information, in particular, IP addresses, sections of the Case Management Portal consulted and information downloaded, for the purposes of troubleshooting technical issues with the Case Management Portal and detecting possible fraudulent attempted use.

Name: _____ Title: _____

Signature: _____ Date: ____/____/____
Day / Month / Year

Signature of the Respondent's Authorized Representative:

Name: _____ Title: _____

Signature: _____ Date: ____/____/____
Day / Month / Year

APPENDIX A - CONTACT INFORMATION (RESPONDENT)

Please provide the contact information that the SDRCC can use to communicate with you regarding this case. (If there are more than one *Respondent*, please attach the additional information to this form.)

Respondent

Surname: _____ First Name: _____

Telephone(s): _____ Home: _____ Cellular: _____

Work: _____

Email Address: _____ or _____

Primary time zone from which you will join telephone proceedings:

- | | |
|---|---|
| <input type="checkbox"/> <i>Pacific (most of British Columbia and Yukon)</i> | <input type="checkbox"/> <i>Eastern (most of Ontario and Quebec, and part of Nunavut)</i> |
| <input type="checkbox"/> <i>Mountain (Alberta, Northwest Territories and parts of British Columbia and Nunavut)</i> | <input type="checkbox"/> <i>Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Labrador)</i> |
| <input type="checkbox"/> <i>Central (Manitoba, Saskatchewan and parts of Ontario and Nunavut)</i> | <input type="checkbox"/> <i>Newfoundland (Island of Newfoundland)</i> |

Respondent's Authorized Representative (i.e. lawyer, coach, parent, etc.)

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

Surname: _____ First Name: _____

Telephone(s): _____ Home: _____ Cellular: _____

Work: _____

Email Address: _____ or _____

APPENDIX B - CONTACT INFORMATION (AFFECTED PARTIES)

Please indicate the contact information of any *Affected Party* identified in section F of this form and of those identified in section E of the *Request* form filed by the *Claimant*. (If there are more than six (6) *Affected Parties*, please attach the additional information to this form.)

Name of the organization (if applicable): _____
Surname: _____ First Name: _____
Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____
Surname: _____ First Name: _____
Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____
Surname: _____ First Name: _____
Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____
Surname: _____ First Name: _____
Email Address: _____ Telephone: _____

Name of the organization (if applicable): _____
Surname: _____ First Name: _____
Email Address: _____ Telephone: _____

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Surname: _____ First Name: _____
Email Address: _____ Telephone: _____