

**INTERVENTION
(SECTION 6.13 OF THE CODE)**

This form is filed by any *Person* (other than the *Claimant* or *Respondent*) wishing to take part in proceedings before the SDRCC in order to resolve a *Sports-Related Dispute*, either because he/she could be affected or impacted by the decision to be rendered (*Affected Party*) or because he/she has an interest in the *Arbitration* and his/her presence can be useful to the proper adjudication of the dispute (*Intervenor*). Pursuant to the Canadian Sport Dispute Resolution Code ("Code"), this *Person* must ask the SDRCC for permission to intervene in such case. In this form, terms in italic carry the definition ascribed to them in Article 1 of the Code.

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 request will create additional delays.

Send completed forms to 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 *Affected Party* or *Intervenor* 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 *Intervention* is filed pursuant to the *Request* involving the following *Parties*:

Claimant (Person who filed the *Request*): _____

Respondent (Person named in the *Request*): _____

Date at which you were made aware of the *Request*: _____

B. IDENTIFICATION OF THE *PARTIES*

2. Are you filing this form as an *Affected Party* or as an *Intervenor*?

Affected Party or *Intervenor*

3. *Affected Party* or *Intervenor*

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 _____

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4. **Affected Party or Intervenor's Authorized Representative** (i.e. lawyer, coach, parent, etc.)
MANDATORY if the Affected Party or Intervenor 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 _____

C. AFFECTED PARTY OR INTERVENOR'S STATEMENT

5. Please provide a brief description of the reasons why you wish to intervene in the *Request* (i.e. your significant interest, the reasons why the decision to be rendered could affect you, the added benefit from your participation toward an appropriate settlement of the dispute, etc.)

6. Please provide a brief description of the facts and legal matters (your claims), including a list of issues that, in your opinion, should be considered, and that you intend to invoke during the hearing.

7. A reprieve from execution is a delay that may be granted to the *Affected Party* or *Intervenor* in order for the decision, which is subject to the *Request*, not to be executed until a final decision is rendered by the *Arbitrator* responsible for hearing the dispute. If you wish to make an application for a reprieve from the execution of the decision subject to the present *Request*, please state the grounds for such application request.

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

8. Do you agree with the *Mediator(s), Med/Arb Neutral(s)* or *Arbitrator(s)* proposed by the *Claimant*?

Yes or No

If not, please propose other *Mediator(s), Med/Arb Neutral(s)* or *Arbitrator(s)* as applicable from the SDRCC list available on its website at www.sdrcc.ca, and indicate your 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* TO THE *INTERVENTION*

9. Other than the *Parties* already named in this case, please indicate the name and contact information of any *Person* who could be affected by this *Intervention* and the reasons justifying why that *Person* could be affected. (If there is more than one *Affected Party*, 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:

F. EXHIBITS AND EVIDENCE

10. 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 other *Parties* in support of their position.

G. SDRCC OBSERVER PROGRAM

11. 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 the proceedings in my case be observed by other SDRCC mediators or arbitrators

H. DECLARATION AND SIGNATURE

Any *Intervention* filed with the SDRCC has to be signed by the *Affected Party* or his/her authorized representative and has to be sent to the SDRCC within the deadline specified in its letter entitled "Letter to the Affected Party". The *Intervenor* must file his/her *Intervention* form as soon as possible. **If the *Affected Party* or *Intervenor* is considered a minor in his/her province of residence, the *Intervention* must be signed by his/her parent or legal guardian.** If a *Med/Arb* or *Arbitration*, the absence of an *Intervention* form from the *Affected Party* or *Intervenor* will in no way stop the appeal from proceeding nor the decision to be issued by the *Arbitrator(s)*.

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

Name: _____ Date: _____
Day / Month / Year

Signature: _____

Signature of the *Affected Party* or *Intervenor's* Authorized Representative:

Name: _____ Title: _____

Signature: _____ Date: _____
Day / Month / Year