

**NOTICE OF DOPING APPEAL
(SECTIONS 3.4 AND 7.4 OF THE CODE)**

This form is used to file before the SDRCC a notice of *Doping Appeal* as defined in Subsection 1.1(j) 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 a *Doping Dispute*, please use the form entitled "REQUEST FOR A DOPING HEARING."**

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 / 1-877-733-1246

IMPORTANT NOTE: The intent of this form is to engage the hearing process with the SDRCC. The *Person* is not required to submit all arguments and evidence relating to the violation assertion along with this form. 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. GENERAL IDENTIFICATION (*Please provide contact information by completing Appendix A located at the end of this form*)

1. Person filing the notice of *Doping Appeal*

Name of the organization (if applicable): _____

Name: _____ First Name: _____

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

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

Name: _____ First Name: _____

B. PERSON'S STATEMENT

3. Please identify which decision you wish to appeal through this notice of *Doping Appeal*.

Appeal of the SDRCC *Doping Tribunal* decision in case number: SDRCC DT _____

OR

Appeal of the CCES Therapeutic Use Exemption Committee decision (*please attach decision*).

Date at which the decision was rendered: _____

4. Please briefly indicate the grounds of your *Appeal*.

Suspected procedural errors or unfairness made by the *Doping Tribunal*;

Failure to properly interpret and apply the *Anti-Doping Program*.

Reasons: _____

5. Please 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.

C. FORMAT OF THE PROCEDURES

6. Please indicate your preferred format for the procedures.

Documentary Review

Conference Call

Video Conferencing

In-Person Meeting; Specify location: _____

Other, specify: _____

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

D. APPOINTMENT OF THE *PANEL*

8. From the SDRCC list available on its website at www.sdrcc.ca, please indicate your choices for one *Arbitrator*, by order of preference, to sit on the *Doping Appeal Panel*.

1. _____

2. _____

3. _____

You may contact the SDRCC if you need assistance with your choice.

E. URGENCY

9. 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: _____

F. SDRCC OBSERVER PROGRAM

10. 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. 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 accept that proceedings in my case be observed by other SDRCC mediators or arbitrators

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

G. DECLARATION AND SIGNATURE

Any notice of appeal filed with the SDRCC has to be signed by the Person filing the appeal or, if the Person is considered a minor in his/her province of residence, his/her parent or legal guardian. The disregard of the SDRCC deadlines by Parties will in no way stop the hearing from proceeding nor the decision to be issued by the appointed Arbitrator(s).

I, the undersigned, file this notice of appeal 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 applicable SDRCC 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 Doping Appeal Panel 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 Authorized Representative of the Person Filing this Notice of Doping Appeal.

Name: _____ Title: _____

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

Please provide your contact information.

Person Filing the Notice of Doping Appeal

Name: _____ 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> |

Authorized Representative of the *Person Filing the Notice of Doping Appeal* (i.e. lawyer, coach, parent, etc.)
MANDATORY if the Person Filing the Notice of Doping Appeal is considered a minor under the laws of his/her province of residence.

Name: _____ First Name: _____

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

Work: _____

Email Address: _____ or _____