

**REQUEST - ORDINARY TRIBUNAL
(SECTION 6.1 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(ww) of the 2021 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. **For requests 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 *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* (Please provide contact information by completing Appendix A located at the end of this form)

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

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

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.

Surname: _____ First Name: _____

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

Name of the organization: _____

Surname: _____ First Name: _____

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

Surname: _____ First Name: _____

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.

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).

11. Please provide a copy of the agreement to use *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
- Videoconferencing
- 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 3.7 of the Code and by the SDRCC's *Official Language Policy*).

English or French

D. CHOICE OF THE *DISPUTE RESOLUTION PROFESSIONAL*

15. From the SDRCC list available on its website at www.sdrcc.ca, please indicate your choice of *Dispute Resolution Professionals* as applicable, and indicate three choices in order of preference.

- 1. _____
 - 2. _____
 - 3. _____
- 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.

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

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

16. 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 the reasons justifying why that *Person* could be affected by the outcome of this case. (If there are more than three (3) *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:

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

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: _____

18. *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

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

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.

I. SPECIFIC REQUEST

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

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*.

K. SDRCC OBSERVER PROGRAM

24. 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 proceedings in my case be observed.
- I refuse that proceedings in my case be observed.

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 non-refundable 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 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: _____

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

Signature of the Claimant's Authorized Representative:

Name: _____ Title: _____

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

APPENDIX A - CONTACT INFORMATION (CLAIMANT AND RESPONDENT)

Please provide your contact information and that of the Respondent identified in section A of this form. (If there are more than one Claimant and/or Respondent, please attach the additional information to this form.)

CLAIMANT

Surname: _____ First Name: _____

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

Work: _____

Email Address: _____ or _____

Primary time zone from which you will join telephone proceedings:

- Checkboxes for time zones: Pacific, Mountain, Central, Eastern, Atlantic, Newfoundland.

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.

Surname: _____ First Name: _____

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

Work: _____

Email Address: _____ or _____

RESPONDENT

Name of the organization: _____

Surname: _____ First Name: _____

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

Work: _____

Email Address: _____ or _____

Respondent's Authorized Representative (If known).

Surname: _____ First Name: _____

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

Work: _____

Email Address: _____ or _____

APPENDIX B - CONTACT INFORMATION (AFFECTED PARTIES)

Please indicate, to the best of your knowledge, the contact information of any *Affected Party* identified in section E of this form. (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: _____

Name of the organization (if applicable): _____

Surname: _____ First Name: _____

Email Address: _____ Telephone: _____