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| **A.** | **CASE** |
| **1.** | **This form represents my *Answer* to the Notice of Appeal of a Doping-related Decision** **filed under case number:**  |
|  | SDRCC AT:  |       |  |  |

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

|  |  |
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| **2.** | ***Person* filing this *Answer:*** |
|  | Name of the organization: |       |
|  | Surname: |       | First Name: |       |
| **3.** | **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.* |
|  | Surname: |       | First Name: |       |

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| **C.** | **STATEMENT OF THE CCES OR OF THE INTERESTED SPORT ORGANIZATION** |
| **4.** | **Please provide a brief description of your position including, if applicable, the facts, the questions to be answered, and the arguments on which you base such position.** |
|  |       |
|  |       |
|  |       |

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| **5.** | **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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| **D.** | **FORMAT OF PROCEEDINGS** |
| **6.** | **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: |        |

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| **E.** | **CHOICE OF THE *ARBITRATOR*** |
| **7.** | **From the SDRCC list available on its website at** [**http://www.crdsc-sdrcc.ca/eng/dispute-resolution-arbitrators#AT**](http://www.crdsc-sdrcc.ca/eng/dispute-resolution-arbitrators#AT)**, please indicate your choices for one *Arbitrator*, by order of preference, to sit on the *Appeal Panel*.**  |
|  | 1. |       |  |  |  |
|  | 2. |       |  |  |  |
|  | 3. |       |  |  |  |

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| **F.** | **URGENCY** |
| **8.** | **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: |       |
|  |       |

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| **G.** | **OTHER PROCEDURES** |
| **9.** | **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 possible, the name and contact information of the *Parties* involved in those proceedings.** |
|  |       |
|  |       |
|  |       |
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| **H.** | **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 |

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| **I.** | **DECLARATION AND SIGNATURE** |
| **Any *Answer* filed with the SDRCC has to be signed by the Person filing it or by an authorized representative or, if the *Person* is considered a minor in his/her province of residence, his/her parent or legal guardian, and must be sent to the SDRCC within the deadline specified by the SDRCC. 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 *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 decisions of the SDRCC *Appeal Panel* 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 to3. 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.  |
| I, the undersigned, declare that I am duly authorized to sign on behalf of the CCES or the interested sport organization;  |
| **Signature of the *Person* filing this *Answer* or his/her Authorized Representative:** |
| Name: |       | Title: |        |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       /       /      Day / Month / Year |

**Please provide your contact information.**

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| ***Person* filing this *Answer*** |
| Surname: |       | First Name: |       |
| Telephone(s): | Work: |       | Cellular: |       |
|  | Home: |       |  |  |
| Email Address: |       | or |       |
| Primary time zone from which you will join telephone proceedings: |
| [ ]  | *Pacific (most of British Columbia and Yukon)* | [ ]  | *Eastern (most of Ontario and Quebec, and part of Nunavut)* |
| [ ]  | *Mountain (Alberta, Northwest Territories and parts of British Columbia and Nunavut)* | [ ]  | *Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Labrador)* |
| [ ]  | *Central (Manitoba, Saskatchewan and parts of Ontario and Nunavut)* | [ ]  | *Newfoundland (Island of Newfoundland)* |
| **Authorized Representative of the *Person* filing this *Answer***(i.e. lawyer, coach, parent, etc.)*MANDATORY if the Person filing this Answer is considered a minor under the laws of his/her province of residence.* |
| Surname: |       | First Name: |       |
| Telephone(s): | Work: |       | Cellular: |       |
|  | Home: |       |  |  |
| Email Address: |       | or |       |