

**ANSWER
(SECTION 3.7 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(II) 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 doping-related disputes and doping appeals, please use the form entitled "ANSWER (DOPING)" instead.**

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 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 *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*

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

Name of the organization (if applicable): _____

Name: _____ First Name: _____

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

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 _____

4. **Respondent's Authorized Representative.**

MANDATORY if the Respondent 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. **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 No

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

Documentary Review

Conference Call

Video Conferencing

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 3.9 of the Code and by the SDRCC's *Official Language Policy*).

Yes or No

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

11. 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 three choices in order of preference.

1. _____

2. _____

3. _____

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

F. IDENTIFICATION OF AN *AFFECTED PARTY*

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 the name and contact information 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): _____

Name: _____ First Name: _____

Email Address: _____ Telephone: _____

Reasons why this *Person* could be affected:

Name of the organization (if applicable): _____

Name: _____ First Name: _____

Email Address: _____ Telephone: _____

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. The *Provisional and 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 6.15 of the Code). If you are requesting such measures, please complete the form entitled "APPLICATION FOR PROVISIONAL AND CONSERVATORY MEASURES".

Application for Provisional and 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 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

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 *Request* 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, 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 *Respondent's* Authorized Representative:

Name: _____ Title: _____

Signature: _____ Date: _____
Day / Month / Year