FORM 10

2.

3.

Email

Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE)

1.	Details of the	Applicant	(person	appealing	the decision	denying TUE))
						. , , ,	

Details of the F	thhireaut (h	cison appearing ti	ne decision denying	g IOL)
Name	TITLE	FIRST NAME	SURNAME	
Postal Address	STREET		SUBURB	
	CITY			
			POSTCODE	
Contact Person for	this applicatio	on		
Name	TITLE	FIRST NAME	SURNAME	
Position				
Telephone (Wk)		M	lobile	
Facsimile (Wk)				
Email				
Note: the Respond Name Postal Address	dent will usually	y be Drug Free Sport N	New Zealand SURNAME	
i ustai Auditess	STREET		SUBURB	
	CITY			
			POSTCODE	
Telephone (Wk)		(F	Hm)	
Facsimile (Wk)		M	lobile	
Email				
Details of Repr Please insert the complicant in these Name of Represent	details of your le Proceedings.	egal representative or o	other person, if any, who	o will be represent
Firm/Company				
Postal Address	STREET		SUBURB	
	CITY			
			POSTCODE	
Contact Person for	this applicatio	n		
Name	TITLE	FIRST NAME	SURNAME	
Position				
Telephone (Wk)		M	lobile	
Facsimile (Wk)				

4. Interested Parties

Are there any other persons or organisations who or which may be directly affected by, or who has a sufficiently close interest in, the outcome of these Proceedings? If so please insert their contact details. Continue on a separate page if necessary.

Name	TITLE	FIRST NAME	SURNAME
Postal Address	STREET		SUBURB
	CITY		
			POSTCODE
Contact Person	(if an organisati	on)	
Name	TITLE	FIRST NAME	SURNAME
Position			
Telephone (Wk)			Mobile
Facsimile (Wk)			
Email			
Reason person(s	s) may be affect	ed or have a su	fficiently close interest in outcome:
(i.e. give details	of the relevant of the Sports A	rules or regulat	right to appeal the decision denying the TUE. ions which give a right of appeal to the Sports Tribunal. es 2009. If there is some other jurisdictional basis for the
			nould be heard on an urgent basis? Yes No vou consider there is urgency in hearing the appeal.

5.

6.

Please p	on being appealed provide details of the decision which you are appealing against, including which committee o within the Respondent made the decision, the date it was made, and the nature of the decisi						
Please a	lso attach a copy of t	he decision being ap	pealed to this applica	tion.			
Specify specify	why or how you cons	sider the decision of	are appealing the de f the Respondent was	wrong or inc	orrect (contin		
	e from your witnesse		tach to this Notice of oits and documents w				
	ne Sought pecify the outcome y	ou are seeking from	the appeal.				
Signed				Date	DAY / MONTH / YEAR		

Filing and Service Instructions

- 1. This application should be signed and filed with the Registrar of the Sports Tribunal at the address given below.
- 2. The application should be accompanied by a copy of the applicable rules or regulations which give the Appellant jurisdiction to bring the appeal to the Sports Tribunal as well as a copy of the decision of the respondent denying the TUE which is being appealed against. Copies of all supporting documents upon which the Appellant relies (including witness statements) should also be attached to this application.
- 3. The Appellant is to serve a copy of this Application and attachments on the Respondent as soon as practical after the original has been filed with the Tribunal. After serving the documents on the Respondent, the Appellant is to complete and forward the Notice of Service (attached to this Form) to the Tribunal.

The Registrar Sports Tribunal PO Box 3338 WELLINGTON Ph: 0800 55 66 80 Email: info@sportstribunal.org.nz Fax: 0800 55 66 81 Web: www.sportstribunal.org.nz

Notice of Service

(to be attached to Form 10)

١,	TITLE	FIRST NAME	SUI	RNAME					
he	reby certify that	t on the	DAY	day of	MONTH	20	YEAR		
Ex	I served upon the Respondent named in the attached Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) a true copy of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents.								
Attached hereto is a copy of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents which I served on the Respondent. I have initialled each page of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) and supporting documents as evidence that these are true copies of the documents so served.									
Da	ted the	DAY	day of	MONTH	20	YEAR			

Signed

Notice to be Endorsed on Notice of Appeal From Decision Denying Therapeutic Use Exemption (TUE) Served on Respondent

То			(Respondent)
Address	STREET	SUBURB	
	CITY		
		POSTCODE	

This is a copy of the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) filed by the Appellant with the Sports Tribunal.

You have seven working days from the date the Notice of Appeal From Decision Denying Therapeutic Use Exemption (TUE) is served on you to file a Statement of Defence To Appeal From Decision Denying Therapeutic Use Exemption (TUE) (Form 11) with the Sports Tribunal.

If you have questions regarding this matter, please contact the Registrar of the Sports Tribunal on 0800 55 66 80 or email on info@sportstribunal.org.nz.