

# FORM 11

## STATEMENT OF DEFENCE TO APPEAL AGAINST DECISION DENYING THERAPEUTIC USE EXEMPTION (TUE)

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### 1. Parties

Name of Appellant	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Respondent	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### 2. Response to Appeal

In response to the Appeal, the Respondent says that:

- (a) it does / does not (strike out as applicable) consider the Tribunal has jurisdiction to hear and determine this appeal, and if it does not, see its reasons specified below;
  - (b) its response to the grounds of appeal stated in the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE) are set out below.
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### 3. Jurisdiction of Tribunal

The Respondent does not accept that the Tribunal has jurisdiction to hear and determine this appeal for the following reasons:

(Complete this section only if you object to the Tribunal's jurisdiction)

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#### **4. Response to the Grounds of Appeal set out in the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE)**

In response to the Appellant, the Respondent says that:

Please set out in detail your response to the Appellant's statement of why and how the Appellant considers the decision being appealed was wrong or incorrect as contained in the Notice of Appeal from Decision Denying Therapeutic Use Exemption (TUE). Continue on a separate page if necessary.

Please note that if you have objected to the Tribunal's jurisdiction you will still need to complete this section. This will not be taken as acceptance of such jurisdiction.

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## 5. Signature of Respondent

The Respondent's representative may sign on behalf of it, and in so doing undertakes s/he has the authority to do so.

Name of Appellant	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Respondent	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Day / Month / Year		
	<input type="text"/>		

### Filing and Service Instructions

1. This Statement of Defence to Appeal against Decision Denying Therapeutic Use Exemption (TUE) should be signed and filed with the Registrar of the Sports Tribunal at the email address given below within seven days of the Respondent receiving the Notice of Appeal against Decision Denying Therapeutic Use Exemption (TUE).
2. The Statement of Defence to Appeal against Decision Denying Therapeutic Use Exemption (TUE) should be accompanied by copies of all documents upon which the Respondent relies.
3. The Respondent is to serve a copy of this Statement of Defence to Appeal against Decision Denying Therapeutic Use Exemption (TUE) and documents upon which the Respondent relies to the Appellant at the address shown on the Notice of Appeal at the same time as they are filed with the Tribunal. After serving the documents on the Appellant, the Respondent shall inform the Registrar of service by email or on the Notice of Service form to the Tribunal.

The Registrar  
Sports Tribunal of New Zealand  
PO Box 3338  
Wellington 6140

Phone: 0800 55 66 80  
Email: [info@sportstribunal.org.nz](mailto:info@sportstribunal.org.nz)  
Website: [www.sportstribunal.org.nz](http://www.sportstribunal.org.nz)