

**ANSWER - DOPING TRIBUNAL  
(ARTICLE 7 OF THE CODE)**

This form is filed in response to a *Request* for a hearing before the SDRCC's Doping Tribunal as defined in Subsection 1.1(t) of the 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 *Sports-Related Disputes* not doping-related, please use the form simply entitled "ANSWER" 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 form to [tribunal@crdsc-sdrcc.ca](mailto:tribunal@crdsc-sdrcc.ca) or by fax to 514-866-1246 / 1-877-733-1246

**IMPORTANT NOTE:** The intent of this form is to engage the hearing process with the SDRCC. The *Person* is not required to submit all arguments and evidence relating to the violation assertion along with this form. 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 header of the SDRCC's letter entitled "Information Letter".)

SDRCC DT: \_\_\_\_\_

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

2. *Person* against whom an anti-doping rule violation is asserted.

Name of the organization (if applicable): \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

3. *Person* filing this *Answer*.

Name of the organization: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

4. Authorized Representative.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

**C. STATEMENT OF THE CCES OR OF THE INTERESTED SPORT ORGANIZATION**

5. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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**D. CHOICE OF THE *ARBITRATOR***

7. Do you agree with the *Arbitrator(s)* proposed in the *Request* for a doping hearing?

Yes or  Partly or  Not at all

If not, please propose other *Arbitrator(s)* from the SDRCC list available on the website at <http://www.crdsc-sdrcc.ca/eng/dispute-resolution-arbitrators#DT>, and indicate three choices in order of preference.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**E. 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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9. If you are aware of a *Provisional Suspension* imposed on or voluntarily accepted by the *Person* against whom an anti-doping rule violation is asserted, please indicate the date at which the *Provisional Suspension* took effect.

*Provisional Suspension* Date effective: \_\_\_\_\_

**F. OTHER PROCEDURES**

10. 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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**G. SPECIFIC REQUEST**

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

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**H. SDRCC OBSERVER PROGRAM**

12. 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

**I. DECLARATION AND SIGNATURE**

**Any *Answer* filed with the SDRCC has to be signed by an authorized representative and has to 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*.**

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 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.

I, the undersigned, declare that I am duly authorized to sign on behalf of the CCES or the interested sport organization;

**Signature of the Authorized Representative of the *Person* filing this *Answer*.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

**APPENDIX A - CONTACT INFORMATION (PERSON FILING THIS ANSWER)**

**Please provide your contact information.**

***Person filing this Answer:***

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

Primary time zone from which you will join telephone proceedings:

- |   |   |
|---|---|
| <input type="checkbox"/> <i>Pacific (most of British Columbia and Yukon)</i>  | <input type="checkbox"/> <i>Eastern (most of Ontario and Quebec, and part of Nunavut)</i>             |
| <input type="checkbox"/> <i>Mountain (Alberta, Northwest Territories and parts of British Columbia and Nunavut)</i> | <input type="checkbox"/> <i>Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Labrador)</i> |
| <input type="checkbox"/> <i>Central (Manitoba, Saskatchewan and parts of Ontario and Nunavut)</i>                   | <input type="checkbox"/> <i>Newfoundland (Island of Newfoundland)</i>                                 |

**Authorized Representative of the *Person* filing this Answer.**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_