
NOTICE OF OBJECTION

TO: *The CODA (of the relevant Unit)*

AND TO: *The Other team(s) affected*

RE:

DATE:

1. YOUR CONTACT DETAILS:

Name: _____

Tel. No: _____

Email: _____

Address: _____

Club / County: _____

Player / Club / County you are objecting on behalf:

2. OBJECTION DETAILS

Basis of Objection (please tick)

- | | | |
|-----------------------|--------------------------|-------|
| 1. Match result | <input type="checkbox"/> | _____ |
| 2. Player transfer | <input type="checkbox"/> | _____ |
| 3. Player eligibility | <input type="checkbox"/> | _____ |

Rule allegedly breached
(must be specified)

Name of Competition/ player: _____

Clubs/counties/provinces involved _____

Time & Date of Match: _____

Match Venue: _____

Competition Organiser: _____

Brief Descriptions including Parties affected:

Evidence relied on

(Please see Schedule 1)

Fee (€100) paid

Yes

☐

No

☐

Signed _____

Capitals _____

Dated _____

[must be within 48 hours of conclusion of match result]

NB For an Objection to be valid, a completed copy of this form along with payment of the fee must be delivered within 48 hours of the end of the relevant match.

SCHEDULE 1

(If you are supplying supporting documentation please insert "A" etc... on front page of actual supporting document with brief description below)

Document **A** Enclosed – Brief Description

Document **B** Enclosed – Brief Description

Document **C** Enclosed – Brief Description

RESPONSE TO OBJECTION

TO: *The CODA (of the relevant Unit)*

AND TO: *The Other team(s) affected*

RE:

DATE:

1. YOUR CONTACT DETAILS:

Name: _____

Tel. No: _____

Email: _____

Address: _____

Club / County: _____

Player / Club / County you are responding on behalf:

2. OBJECTION DETAILS

Date Objection received: _____

Name of Objector: _____

Rule allegedly breached: _____

Name of Competition: _____

Time & Date of Match: _____

Match Venue: _____

Competition Organiser (must be the Notice Party) _____

3. RESPONSE DETAILS

Response (use separate sheet if required)

Evidence relied on
(Please see Schedule 1)

Individual(s) / Club(s) / Team(s) / Counties affected in your response:

Signed _____

Capitals _____

Dated _____

[must be within 48 hours of receipt of the Objection]

The Objections, Complaints & Disciplinary Bodies shall keep all information disclosed to them confidential and no disclosure of any detail shall be made to any third party unless in the administration of the disciplinary function or a requirement by law.

SCHEDULE 1

SUPPORTING DOCUMENTATION

(If you are supplying supporting documentation please insert "A" etc... on front page of actual supporting document with brief description below)

Document **A** Enclosed – Brief Description

Document **B** Enclosed – Brief Description

Document **C** Enclosed – Brief Description

Document **D** Enclosed – Brief Description

NOTICE OF COUNTER-OBJECTION

TO: *The Objector*

AND TO: *The CODA (of the relevant Unit–county board level/Provincial Level or higher)*

RE:

DATE:

1. YOUR CONTACT DETAILS:

Name: _____

Tel. No: _____

Address: _____

Email: _____

Club / County: _____

Player / Club / County you are counter-objecting on behalf:

2. COUNTER-OBJECTION DETAILS

Date of receipt of Objection: _____

Basis of Counter-Objection

(brief description)

(use separate sheet if req'd)

Rule allegedly breached:

(must be specified)

Evidence relied on:
(Please see Schedule 1)

Name of Competition:

Time & Date of Match:

Match Venue:

Competition Organiser (must be the Notice Party):

Individual(s) / Club(s) / Team(s) / Counties affected:

Signed: _____

Capitals: _____

Date: _____

For a Counter-Objection to be valid, a completed copy of this form along with a completed copy of the Response to Objection Form must be delivered to the Objector and the CODA within 48 hours receipt of the Notice of Objection.

The Objections, Complaints, Disciplinary and Appeals Bodies shall keep all information disclosed to them confidential and no disclosure of any detail shall be made to any third party unless in the administration of the disciplinary function or a requirement by law.

SCHEDULE 1

SUPPORTING DOCUMENTATION

(If you are supplying supporting documentation please insert "A" etc... on front page of actual supporting document with brief description below)

Document **A** Enclosed – Brief Description

Document **B** Enclosed – Brief Description

Document **C** Enclosed – Brief Description ETC...

REPLY TO COUNTER-OBJECTION

TO: *The CODA (of the relevant Unit)*

AND TO: *The Other individual(s) / team(s) affected*

RE:

DATE:

1. YOUR CONTACT DETAILS:

Name: _____

Tel. No: _____

Email: _____

Address: _____

Club / County: _____

Player / Club / County you are objecting on behalf:

2. OBJECTION DETAILS

Date Counter-Objection received _____

Date of Objection _____

Name of Counter-Objector _____

Rule allegedly breached _____
(in the Counter-Objection)

Name of Competition: _____

Time & Date of Match: _____

Match Venue: _____

Competition Organiser(must be the Notice Party): _____

3. REPLY DETAILS

Reply (use separate sheet if required.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Evidence relied on
(Please see Schedule 1)

Individual(s) / Club(s) / Team(s) / Counties affected in your response:

Signed _____

Capitals _____

Dated _____

[must be within 24 hours of receipt of the Counter-Objection]

The Objections, Complaints, Disciplinary and Appeals Bodies shall keep all information disclosed to them confidential and no disclosure of any detail shall be made to any third party unless in the administration of the disciplinary function or a requirement by law.

SCHEDULE 1

SUPPORTING DOCUMENTATION

(If you are supplying supporting documentation please insert "A" etc... on front page of actual supporting document with brief description below)

Document **A** Enclosed – Brief Description

Document **B** Enclosed – Brief Description

Document **C** Enclosed – Brief Description ETC...

NOTICE OF REFERRAL TO HEARING FROM CODA TO RESPONDENT

TO: The Respondent(s)
AND TO: The Hearings Committee
FROM: CODA
RE: Notice of referral of Objection / Disciplinary Action to Hearings Committee
DATE:

A Chara,

I refer to [brief summary of incident].

1.

- (i) **Name:** _____
- (ii) **Date of alleged infraction:** _____
- (iii) **Location of the alleged breach:** _____
- (iv) **Event/competition:** _____
- (v) **Sanction proposed** _____

**(v) above only applies to incidences involving a straight red card*

I confirm that following consideration of a recent alleged breach under the Ladies Gaelic Football Association Objections, Complaints & Discipline Rules I advise that I am referring the following matter to the Hearings Committee.

2. Description of incident

3. Rule(s) alleged to have been breached

3. County/Club/Team/Member against whom Disciplinary Action to be initiated or against whom the objection is made:

4. Respondent Contact Details:

Name: _____

Tel. No: _____

Email: _____

Address: _____

If the Respondent is a Unit of the Association please nominate a person, or persons, to be legally responsible on behalf of that unit:

5. List what Remedy or Remedies is/are claimed (*use additional sheet if required*):

- (i) _____
- (ii) _____
- (iii) _____

6. I enclose a copy of the written objection/disciplinary report/supporting documents.

(For example: Notice of Objection, Reply to Objection, Counter-objection, Referees report etc...)

1. _____

Appendix 5- Notice of referral to hearing from CODA to Respondent & Hearings Committee

2. _____
3. _____
4. _____

Under Ladies Gaelic Football Association Objections, Complaints & Disciplinary Procedures, on receipt of the CODA Disciplinary Report the LGFA and LGFA President will select a Hearings Committee to hear the above alleged infraction (in the case of an internal Club issue the Club Chairperson will select a Hearings Committee).

Under the Ladies Gaelic Football Association Objections, Complaints & Disciplinary Rules, the Hearings Procedure is outlined under Rule 7 of the "Procedures" and the possible Sanctions are detailed in Schedule 1 of the "Rules" (copy attached).

In due course you will be directed to attend the Hearing and have the right of being accompanied by one adult member of LGFA. You will also have the opportunity of calling witnesses if you wish. Non-attendance without reasonable cause at the Hearing by you shall not prevent the Hearings Committee from proceeding.

Signed _____

Capitals _____

Date _____

NOTICE OF COMPLAINT

TO: *The CODA (of the relevant Unit)*

RE:

DATE:

1. YOUR CONTACT DETAILS:

Name: _____

Tel. No: _____

Email: _____

Address: _____

Club (or your Childs Club) _____

Contact No: _____

Childs Name (if applicable) _____

2. COMPLAINT DETAILS

When completing this section, please give as much information as possible.
(A more detailed description can be provided in Section 3 below)

Event/Incident: _____

Location: _____

Time & Date: _____

Party(ies) Involved:

Name _____ **Club** _____ **U18?** _____

Name _____ **Club** _____ **U18?** _____

Name _____ Club _____ U18? _____

Name _____ Club _____ U18? _____

3. DESCRIPTION OF COMPLAINT (complete on separate page if necessary)

When completing this section, please provide precise information. Any information provided maybe checked for verification by the CODA in due course.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Evidence relied on
(please attach at
Schedule 1)**

4. ANY OTHER INFORMATION YOU FEEL IS RELEVANT

Fee (€100) paid

Yes

☐

No

☐

Signed _____

Capitals _____

Dated _____

[must be within 28 days of incident complained of]

The Objections, Complaints & Disciplinary Bodies shall keep all information disclosed to them confidential and no disclosure of any detail shall be made to any third party unless in the administration of the disciplinary function or a requirement by law.

SCHEDULE 1

SUPPORTING DOCUMENTATION

(If you are supplying supporting documentation please insert "A" etc... on front page of actual supporting document with brief description below)

Document **A** Enclosed – Brief Description

Document **B** Enclosed – Brief Description

Document **C** Enclosed – Brief Description

REPLY TO COMPLAINT

TO: *The CODA (of the relevant Unit)*

AND TO: *The Complainant*

RE:

DATE:

1. YOUR CONTACT DETAILS:

Name: _____

Tel. No: _____

Email: _____

Address: _____

Club (or your Childs Club) _____

Contact No: _____

Childs Name (if applicable) _____

2. COMPLAINT DETAILS

Note: Must deliver response to CODA within 7 days of receipt

Date complaint received from CODA _____

Name of Complainant: _____

Rule allegedly breached (if any): _____

Individual(s) / Club(s) / Team(s) / Counties affected in your response:

When completing this section, please provide precise information. Any information provided maybe checked for verification by the CODA in due course.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Dated _____

The Objections, Complaints & Disciplinary Bodies shall keep all information disclosed to them confidential and no disclosure of any detail shall be made to any third party unless in the administration of the disciplinary function or a requirement by law.

SCHEDULE 1

SUPPORTING DOCUMENTATION

(If you are supplying supporting documentation please insert "A" etc... on front page of actual supporting document with brief description below)

Document **A** Enclosed – Brief Description

Document **B** Enclosed – Brief Description

Document **C** Enclosed – Brief Description

REQUEST FOR HEARING

TO: **The CODA** (*Objections, Complaints, Disciplinary and Appeals Officer*)

AND TO: **The Respondent**

RE:

DATE:

1 **Complaint**

Brief summary of complaint being made, including any relevant dates and decision-making bodies

(Please include a copy of the Notice of Complaint)

2 **Reason for Request for Hearing**

Brief summary, including any steps taken to resolve matter to date

Respondent Contact Details:

Name: _____

Tel. No: _____

Email: _____

Address: _____

If the Respondent is a Unit of the Association please nominate a person, or persons, to be legally responsible on behalf of that unit:

Second Respondent Contact Details:

Name: _____

Tel. No: _____

Email: _____

Address: _____

If the Respondent is a Unit of the Association please nominate a person, or persons, to be legally responsible on behalf of that unit:

(Use additional page for further Respondents)

Reply to Complaint Form

Completed by Respondent? No ☐ Yes ☐

Please attach a copy of any completed Reply to Complaint Form

2 Names and addresses of any *further* persons/committees/bodies concerned or affected:

(1) **Name:** _____

Tel. No: _____

Email: _____

Address: _____

(2) **Name:** _____

Tel. No: _____

Email: _____

Address: _____

(use additional sheet for any further names)

List the Rules of the Association or laws or entitlements of which it is claimed the Respondent(s) is/are in breach *(use additional sheet if required)*:

1. _____

2. _____

3. _____

4. _____

Brief statement explaining why the Respondent(s) are in breach of the rules/ laws/ entitlements *(use additional sheet if required)*:

1. _____

2. _____

3. _____

3. List what Remedy or Remedies is/are claimed (*use additional sheet if required*):

1. _____
2. _____
3. _____

4. List any Interim Temporary Remedies sought and state reasons why:

1. _____
2. _____

5. Have any matters been agreed in relation to the complaint? If yes, please specify:

6. Do you require copies of any documents in the possession or power of the Respondent(s) or any other parties concerned? Yes* / No* (*delete as appropriate)

If 'Yes', list the documents or categories of documents sought (*use additional sheet if required*):

1. _____
2. _____
3. _____

I/We hereby certify that the facts stated above are true and I/we acknowledge that if any of these facts is proved to be false, my/our Complaint may be dismissed immediately without further consideration.

I attach the following:

Notice of Complaint together with any supporting documentation

☐

Reply to Complaint and any supporting documents

☐

Fee of €300 made payable to the relevant Unit

☐

Signed _____
(Complainant/or on behalf of the Complainant)

Capitals _____

Dated _____

Confirmation of Service

I hereby certify and confirm that I served a true copy of the within Request for Hearing on the 1st Respondent by

(insert method of service, e.g. handing, posting etc.)

to

(insert name of Person to whom Complaint was sent)

on

(insert date of service)

and on the 2nd Respondent by

(insert method of service, e.g. handing, posting etc.)

to

(insert name of Person to whom Complaint was sent)

on

(insert date of service)

and on the Hearing Committee by

(insert method of service, e.g. handing, posting etc.)

to

(insert name of Person to whom Complaint was sent)

on

(insert date of service)

Signed _____

Capitals _____

Dated _____



OFFICIAL USE ONLY
Ref

DISCIPLINARY REPORT

**Must be completed by an Official of the relevant Unit*

TO: *The CODA (of the relevant Unit)*

RE:

DATE:

COMPLETED BY: _____

ROLE: _____

1. REPORT DETAILS

Date of alleged breach: _____

Name of Respondent: _____

Name of Respondent's Club / County: _____

Location/Event of the alleged breach: _____

2. Rule(s) allegedly breached:

3. Description of Offence / Incident:

4. Commencement of Disciplinary Action arises from [Choose one]:

- (i) Straight red card: ☐
- (ii) Referee Report recommendation for further disciplinary action: ☐
- (iii) Incident on field of play not dealt with by referee: ☐
- (iv) Misconduct off the field of play: ☐

5. Evidence relied on [Choose one or more]:

- (i) Referee's Report: ☐
- (ii) Unedited video: ☐
- (iii) Witness statement: ☐
- (iv) Results of Investigation: ☐
- (v) Other document/evidence [☐] – specify at Section 6. below

6. Title of supporting documents/evidence attached (if any):

Document **A.** _____

Document **B.** _____

Document **C.** _____

7. Recommended next steps (to be completed LGFA OCDO only)

(i) Further investigation: ☐

(ii) No case to answer: ☐

(iii) Propose sanction: ☐

(iv) Send forward for hearing: ☐

Signed _____

Capitals _____

Date _____

INVESTIGATION REPORT

RE:

DATE:

(i) Incident details: _____

(ii) Basis for investigation: _____

(iii) Steps taken in investigation _____

(iv) Results of investigation: _____

(v) Evidence being relied on: _____

(vi) Recommended next steps:

- further investigation ☐

- no case to answer ☐

- propose sanction ☐

- send forward for hearing ☐

Signed _____ **CODA**

Capitals _____

Date: _____

NOTICE OF HEARING

TO:

RE:

DATE:

Dear Sir/Madam,

I refer to the following form / report recently received from the LGFA Objections, Complaints, Disciplinary and Appeals Office (CODA).

Objection Form ☐

Complaint Form ☐

Disciplinary Report ☐

I attach a copy of the relevant form / report and background documents.

I have been selected as Chairman of the Hearings Committee and wish to advise details of your Hearing as follows:

1. Hearing Details

(i) **Time:** _____

(ii) **Date:** _____

(iii) **Venue:** _____

2. Composition of Committee

3. Parties at the hearing

4. Brief description of allegation made

5. Rule(s) allegedly breached

6. Possible sanction(s) if breach proven

Under the Ladies Gaelic Football Association Objections, Complaints & Disciplinary Rules, the Hearings Procedure is outlined under Rule 7 of the "Procedures" and the possible Sanctions are detailed in Rule 3 of the "Rules" (copy attached).

7. Documents received from CODA to date

8. Fundamental rights

- (i) Right to be accompanied
- (ii) Right to know allegation made against you
- (iii) Right to call witnesses
- (iv) Right to produce evidence
- (v) Right to make submissions

(vi) Right to a reasoned decision

9. Non-attendance

Non-attendance without reasonable cause at the Hearing by you shall not prevent the Hearings Committee from proceeding to hear evidence and to make a decision in your absence.

If you wish to:

- produce documents, or
- details of evidence being relied on, or
- written submissions, or
- seek any further clarification;

please contact the Hearings Committee three days prior to the Hearing.

Signed _____
Chairperson Hearings Committee

Capitals _____

Date: _____

c.c. Objections, Complaints, Disciplinary and Appeals Officer

NOTICE OF APPEAL

TO: *The CODA (of the relevant Unit)*

AND TO: *The Respondent*

RE:

DATE:

BETWEEN:

Appellant: (Name)

-and-

Respondent: (Name)

- An Appeal must be delivered to the relevant Objections, Complaints, Disciplinary and Appeals Officer (CODA) by **email within three (3) days** of receipt of the Hearing Committee's written decision the subject of the appeal.
- An Appeal must be accompanied by payment of a €300 fee.
- This completed Notice of Appeal form should be returned to the CODA

1. YOUR CONTACT DETAILS

Name:

Parent/Guardian
(If under 18)

Address:

Tel No:

Email:

Club:

2. APPEAL DETAILS

When completing this section, please give as much information as possible.

Date of written decision(s) appealing : _____

Date of receipt of written Decision : _____

Date of hearing: _____

Specific decision(s) being appealed:

Name/Club of respondent _____

3. GROUNDS OF APPEAL

You must specify the exact details and reasons of the grounds of your appeal(s):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. SUPPORTING DOCUMENTATION

You must supply a copy of the written decision that you are appealing. If you are supplying any further supporting documentation, please set out a description of each document relied on here:

Document A

Document B

Document C

Document D

Fee (€300) paid

Yes ☐No ☐



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Ref

Signed

Capitals

Dated

[must be within 3 days of written decision, the subject matter of the appeal]

NOTICE OF DECISION OF HEARINGS COMMITTEE

TO:

AND TO:

DATE:

RE:

A Chara,

Having heard the parties and having heard and/or reviewed the evidence relied and having read the documents and heard and/or reviewed the submissions made by the parties we prefer the evidence of [] over [].

We decide that the allegation is *proven/not proven* to our satisfaction.

Accordingly we find rule(s) [] *to have been/not to have been* breached.

Further and having regard to the gravity of the offence(s) and taking into account the aggravating and mitigating circumstances, we *impose the following sanction* [] *with immediate effect OR we do not impose any sanction on* []

Details of Decision and Sanctions, if applicable.

This Decision was taken pursuant to Rule 7 of the LGFA Objections, Complaints & Disciplinary Rules & Procedures:

Decisions issued by the Hearings Committee may be appealed exclusively to the Appeals Committee of the Next Highest Unit, within seven (7) days of delivery of the Notice of Decision of the Hearings Committee. The appeal must be accompanied by an appeal fee of €300 made payable to the Next Highest Unit. Any appeal to the Appeals Committee of the Next Highest Unit shall be a fresh appeal as if the first hearing before the Hearings Committee never took place.

Yours faithfully,

Chair of the Hearings Committee

(Chairperson Hearing Committee)

Capitals _____

Dated _____

NOTICE OF DECISION OF APPEALS COMMITTEE

TO:

AND TO:

RE:

DATE:

A Chara,

Having heard the parties and having heard and/or reviewed the evidence relied and having read the documents and heard and/or reviewed the submissions made by the parties we prefer the evidence of [] over [].

We decide that the allegation is proven/not proven to our satisfaction.

Accordingly we find rule(s) [] to have been breached.

Further and having regard to the gravity of the offence(s) and taking into account the aggravating and mitigating circumstances, *we impose the following sanction [] with immediate effect OR we do not impose any sanction on []*

This Decision was taken pursuant to Rule 8 of the LGFA Objections, Complaints & Disciplinary Rules & Procedures:

Decisions issued by the Appeals Committee may be solely challenged before

The Disputes Resolution Authority (DRA) arbitration within seven (7) days of delivery of the Notice of Decision of the Appeals Committee, for final and binding arbitration in accordance with the **Dispute Resolution Code**

(<http://www.sportsdra.ie/the-code/>). The decision of the Appeals Committee shall remain in effect pending any decision of the DRA. Any challenge to the DRA will be limited to a legal challenge on the legality of the decision(s) made or the procedure(s) used. It will not be a fresh re-hearing.

Yours faithfully,

Chair of the Appeals Committee

Capitals _____

Dated _____

NOTICE OF REQUEST FOR D.R.A. ARBITRATION

TO: An Coras Éadrána (*The Dispute Resolution Authority*)

AND TO:

RE:

DATE:

1 **Decision(s) being challenged**

Decision Making body: _____

Date of decision: _____

Details of decision/procedure(s) being challenged

Respondent Contact Details:

Name: _____

Tel. No: _____

Email: _____

Address: _____

If the Respondent is a Unit of the Association please nominate a person, or persons, to be legally responsible on behalf of that unit:

Second Respondent Contact Details:

Name: _____

Tel. No: _____

Email: _____

Address: _____

If the Respondent is a Unit of the Association please nominate a person, or persons, to be legally responsible on behalf of that unit:

(Use additional page for further Respondents)

- 2 Names and addresses of any *further* persons/committees/bodies concerned or affected:

(1) **Name:** _____

Tel. No: _____

Email: _____

Address: _____

(2) **Name:** _____

Tel. No: _____

Email: _____

Address: _____

(use additional sheet for any further names)

- 3 Is an extension of time sought for the submission of the Claim under Section 2.2 of the Disputes Resolution Code? If the answer is Yes please set out reasons.

- 4 List the Rules of the Association or laws or entitlements of which it is claimed the Respondent(s) is/are in breach (*use additional sheet if required*):

1.

2.

3.

4.

- 5 Brief statement explaining why the Respondent(s) are in breach of the rules/ laws/ entitlements (*use additional sheet if required*):

1.

2.

3.

4.

5.

6.

7.

- 6 List what Remedy or Remedies is/are claimed (*use additional sheet if required*):

1.

2.

3.

- 7 List any Interim Temporary Remedies sought and state reasons why:

1.

2. _____

8 Have any matters been agreed in relation to the dispute? If yes, please specify:

9 Does the Claimant have any proposals for the carrying out of the hearing (e.g. whether an urgent hearing is necessary, what location is suitable etc.)? Yes*/No*
(*delete as appropriate)

If yes, please specify:

10 Do you require copies of any documents in the possession or power of the Respondent(s) or any other parties concerned? Yes* / No* (*delete as appropriate)
If 'Yes', list the documents or categories of documents sought (*use additional sheet if required*):

1. _____
2. _____
3. _____

I/We hereby confirm that I/we have exhausted all available avenues of appeal under the Official Guide.

I/We hereby certify that the facts stated above are true and I/we acknowledge that if any of these facts is proved to be false, my/our Claim may be dismissed immediately without further consideration:

Signed _____
(Claimant/or on behalf of the Claimant)

Capitals _____

Dated _____

1. Attach a copy of any Rules of the Association relevant to the Claim to the original and each copy of the Claim Form.
2. Send original Claim to the Secretary of the DRA together with a deposit of €1,000 paid by
 - a) Cheque
 - b) Cash
 - c) Electronic Transfer or Lodgement to Disputes Resolution Authority, Bank of Ireland, Dunshaughlin, Co. Meath. A/C No. **92285815** Branch No. **903437**
3. Attach a blank Reply Form to each copy of the Claim being sent to a Respondent

To the Respondent

If you dispute any of the contents of this Claim, or deny any of the reliefs sought by the Claimant then you should complete the attached Reply, send a copy of it to the Claimant and to each Respondent as well as to Árd Stiúrthóir C.L.G., and send the original to the Secretary of the DRA. If you do not complete and serve a Reply in this manner then you may not be permitted to contest the Claimant's Claim which may be allowed by default.

Confirmation of Service

I hereby certify and confirm that I served a true copy of the within Claim on the 1st Respondent by

(insert method of service, e.g. handing, posting etc.)

to

(insert name of Person to whom Claim was sent)

on

(insert date of service)

and on the 2nd Respondent by

(insert method of service, e.g. handing, posting etc.)

to

(insert name of Person to whom Claim was sent)

on

(insert date of service)

and on Árd Stiúrthóir C.L.G. by



OFFICIAL USE ONLY
Ref

(insert method of service, e.g. handing, posting etc.)

to

(insert name of Person to whom Claim was sent)

on

(insert date of service)

Signed _____

Capitals _____

Dated _____