

			NOTICE O	F OBJEC	TION		
то):	The CODA (of	f the relevant U	Init)			
ΑN	ID TO:	The Other tea	m(s) affected				
RE	i:						
DΑ	TE:						
1.	YOUR	CONTACT DETA	ILS:				
Na	me:						
Те	Tel. No:						
En	Email:						
Ad	dress:						
Cli	Club / County:						
Pla	Player / Club / County you are objecting on behalf:						
2.	OBJE	CTION DETAILS					
Ва	sis of C	Objection (please	tick)				
1.	Match	result					
2.	Player	transfer					
3.	3. Player eligibility						
		gedly breached specified)					



OFFICIAL USE ONLY

Name of Competition/ player:		
Clubs/counties/provinces inv	rolved	
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			



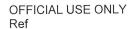
RESPONSE TO OBJECTION The CODA (of the relevant Unit) TO: The Other team(s) affected AND TO: RE: DATE: 1. YOUR CONTACT DETAILS: Name: Tel. No: Email: Address: ____ Club / County: _____ Player / Club / County you are responding on behalf: 2. OBJECTION DETAILS Date Objection received: Name of Objector: Rule allegedly breached: Name of Competition: Time & Date of Match:

Competition Organiser (must be the Notice Party)

Match Venue:



. RESPONSE DETAILS			
Response (use separate sheet if required)			
Evidence relied on Please see Schedule 1)			
ndividual(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

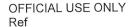
(If you are supplying supporting documentation please insert "A" etc on front page of actual supporting document with brief description below)
Document A Enclosed – Brief Description
Desument B England Print Description
Document B Enclosed – Brief Description
Document C Enclosed – Brief Description
Document D Enclosed – Brief Description



NOTICE OF COUNTER-OBJECTION

TO:	The Objector
10.	The Objector
AND TO:	The CODA (of the relevant Unit-county board level/Provincial Level or higher)
RE:	
DATE:	
1. YOUR C	ONTACT DETAILS:
Name:	
Tel. No:	
Club / Coun	nty:
Player / Clu	b / County you are counter-objecting on behalf:
2. COUNTI	ER-OBJECTION DETAILS
Date of rece	eipt of Objection:
(brief descrip	punter-Objection ption) te sheet if req'd)
Rule allege (must be spe	dly breached: ecified)

Appendix 3 – Counter Objection Form





Evidence relied on: (Please see Schedule 1)		
Name of Competition:		
Time & Date of Match:		
Match Venue:		
Competition Organiser (mu	ıst be the Notice Party):	
Individual(s) / Club(s) / Tea	m(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

ΤО:	The CODA (of the relevant Unit)	
AND TO:	The Other individual(s) / team(s) affected	
RE:		
DATE:		
1. YOUR C	ONTACT DETAILS:	
Name:		
Tel. No: _		
Email: _		
Address: _		
Club / Cour	nty:	
Player / Clu	b / County you are objecting on behalf:	
2. OBJECT	TION DETAILS	
Date Count	er-Objection received	
Date of Obj	ection	
Name of Co	Name of Counter-Objector	
	odly breached nter-Objection) competition:	
Time & Dat	e of Match:	
Match Ven	ue:	
-	n Organiser(must be the Notice Party): Response to Counter Objection Form	





3. REPLY DETAILS	
Reply (use separate sheet if required.)	
Evidence relied on (Please see Schedule 1)	
Individual(s) / Club(s) / Team(s) / Counties affected in your response:	
Signed	
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)			
Oocument A Enclosed – Brief Description			
Document B Enclosed – Brief Description			
Document C Enclosed – Brief Description ETC			



NOTICE OF REFERRAL TO HEARING FROM CODA TO RESPONDENT

то:	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 [bri	ef summary of incident].
(ii) Date (iii) Loca (iv) Ever (v) Sand	e:e of alleged infraction:ention of the alleged breach:ent/competition:
I confirm th Gaelic Foot am referring	at following consideration of a recent alleged breach under the Ladies ball Association Objections, Complaints & Discipline Rules I advise that the following matter to the Hearings Committee.



3. Rule(s) alleged to have been breached	
	:I: A ction to be initiated
County/Club/Team/Member against whom Dis or against whom the objection is made:	scipilinary Action to be illitiated
4. Respondent Contact Details:	
Name:	
Tel. No:	
Email:	
Address:	
persons, to be legally responsible o	n behalf of that unit:
5. List what Remedy or Remedies is/are clai	imed (use additional sheet if
required):	
(i)	
(ii)	
6. I enclose a copy of the written objection documents. (For example: Notice of Objection, Reply to Objection, Counter	
1	
Appendix 5- Notice of referral to hearing from CODA to Resp	ondent & 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).

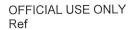
Under the Ladies Gaelic Football Association Objections, Complaints & Disciplinary Rules, the Hearings Procedure is outlined under Rule 7 of the "Procedures" and the possible Sanctions are detailed in Schedule 1 of the "Rules" (copy attached).

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	

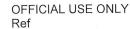


NOTICE OF COMPLAINT				
то:	The CODA (of the relevant Unit)			
RE:				
DATE:				
1. YOUR	CONTACT DETAILS:			
Name: _				
ГеІ. No: _				
Email: _				
\ddress: _				
Club (or yo	our Childs Club)			
Contact No	o:			
	ne (if applicable)			
2. COMPL	_AINT DETAILS			
VVI	hen completing this section, please give as much (A more detailed description can be provided i	information as possible. n Section 3 below)		
Event/Incid	dent:			
Location:				
Time & Da	te:			
Party(ies)	Involved:			
Name	Club	U18?		
Name	Club	U18?		





Name	Club	U18?
Name	Club	U18?
3. DESCRIPTION OF COMPI	LAINT (complete on separate page	if necessary)
When completing this sectio provided maybe checked for	n, please provide precise inform verification by the CODA in due	ation. Any information course.
Evidence relied on (please attach at Schedule 1)		
4. ANY OTHER INFORMATI	ION YOU FEEL IS RELEVANT	





Fee (€100) paid	Yes	No	
Signed			
Capitals			
Dated [must be within 28 days of incident complained]	ed 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
го:	The CODA (of the relevant Unit)
AND TO:	The Complainant
RE:	
DATE:	
1. YOUR	CONTACT DETAILS:
Name: _	
Tel. No: _	
Email: _	
Address: _	
Club (or yo	our Childs Club)
Contact No	o:
Childs Nar	me (if applicable)
2. COMPI	LAINT DETAILS
	Note: Must deliver response to CODA within 7 days of receipt
Date comp	olaint received from CODA
Name of C	Complainant:
Rule alleg	edly breached (if any):
	(s) / Club(s) / Team(s) / Counties affected in your response:



3. DESCRIPTION OF RESPONSE (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.
Evidence relied on(please attach at Schedule 1)
4. ANY OTHER INFORMATION YOU FEEL IS RELEVANT
Signed
Capitals
Dated Imust be within 7 days of incident complained ofl

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 :	: T peals Officer		(Objections,	Complaints,	Disciplinary	and	
AN	D TO: T	he Respon	dent				
RE	:						
DA	TE:						
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						e 	

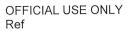


Respondent Contact Details:	
Name:	_
Tel. No:	_
Email:	_
Address:	
If the Respondent is a Unit of the Association please no	ominate a person, or
persons, to be legally responsible on beha	ılf of that unit:
Second Respondent Contact Details:	
Name:	_
Tel. No:	_
Email:	_
Address:	
If the Respondent is a Unit of the Association please persons, to be legally responsible on beh	nominate a person, or nalf 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 Comp	olaint Form



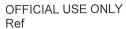


affected:		of any <i>furth</i>				
1) Name:						
_						
(2) Name:						
Геl. No:						
Email:						
Address:_						
2						
Brief state	ment explain s (<i>use additi</i> d	ning why the	Respondent required):	(s) are in b	reach of the	e rules/ la
	Address:_2) Name: Tel. No:	Address:	Address: 2) Name: Fel. No: Email: Address: List the Rules of the Association of Respondent(s) is/are in breach (use 1. 2. 3. 4. Brief statement explaining why the	Address:	Address: 2) Name: Cel. No: Email: Use additional sheet for any further names) List the Rules of the Association or laws or entitlements of 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 (use additional sheet if required 1.	Address: 2) Name: Fel. No: Email: List the Rules of the Association or laws or entitlements of which it is Respondent(s) is/are in breach (use additional sheet if required): 1. 2. Brief statement explaining why the Respondent(s) are in breach of the





	st what Remedy or Remedies is/are claimed (use additional sheet if required):
1.	
Li	st any Interim Temporary Remedies sought and state reasons why:
1.	
2.	
Н	ave any matters been agreed in relation to the complaint? If yes, please specify
_	
_	
D	o you require copies of any documents in the possession or power o
R	espondent(s) or any other parties concerned? Yes* / No* (*delete as appropriat
R	espondent(s) or any other parties concerned? Yes* / No* (*delete as appropriate
If	espondent(s) or any other parties concerned? Yes* / No* (*delete as appropriate 'Yes', list the documents or categories of documents sought (use additional si
Iff	





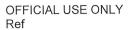
I/We hereby certify that the facts stated above are true and I/we acknowledge that if any of these facts is proved to be false, my/our Complaint may be dismissed immediately without further consideration.

l 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 1^{st} 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 2 nd 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

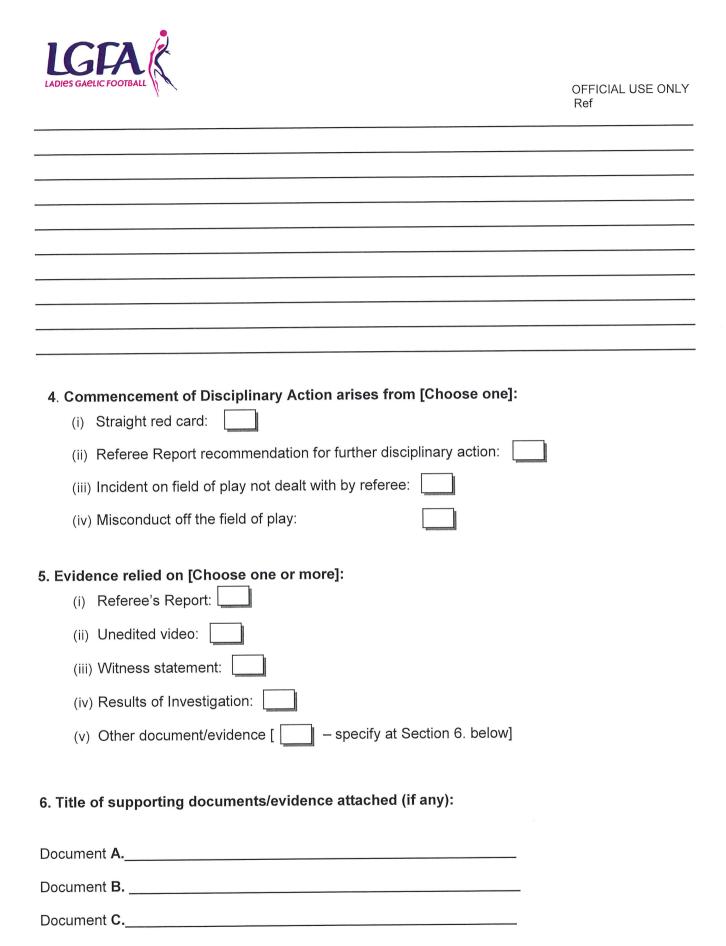






DISCIPLINARY REPORT

		*Must be complete	ed by an Official o	of the relevant Uni	t .	
TO:	The CC	DDA (of the releva	ant Unit)			
RE:						
DATE:						
COMPLETE	D BY:					
ROLE:	-					
1. REPOR	Γ DETAILS					
Date of alle	ged breac	h:				
Name of Re	espondent					
Name of Re	espondent	t's Club / County:				
Location/Ev	ent of the	alleged breach:				
2. Rule(s) all	egedly bre	eached:				
3. Descriptio	n of Offen	ice / Incident:				







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	



INVESTIGA	ATION 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 Hearing Procedure is outlined under Rule 7 of the "Procedures" and the possible Sanctions are detailed in Ru 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: (Na	ame)
Respondent:	-and- (Name)
Officer	peal must be delivered to the relevant Objections, Complaints, Disciplinary and Appeals (CODA) by email within three (3) days of receipt of the Hearing Committee's written in the subject of the appeal.
An App	peal must be accompanied by payment of a €300 fee.
• This co	empleted Notice of Appeal form should be returned to the CODA
1. YOUR	CONTACT DETAILS
Name:	
Parent/Guardi (If under 18)	ian
Address:	
Tel No:	
Email:	
Club:	





Ref

2. APPEAL DETAILS

When completing this section, <u>please</u>	e give as much information as possible.	
Date of written decision(s) appealir	ng :	
Date of receipt of written Decision	:	
Date of hearing:		
Specific decision(s) being appeale	ed:	
Name/Club of respondent		
3. GROUNDS OF APPEAL		
You <u>must</u> specify the exact details	s and reasons of the grounds of your appeal(s):	



OFFICIAL	USF	ONI	Y

Ref

				·
				•
				•
				•
				•
				•
				-
4. SUPPORTING DOCU	MENTATION			
You <u>must</u> supply a copy of further supporting docume	the written decision t ntation, please set ou	hat you are appe t a description o	ealing. If you are of each documer	supplying any it relied on here:
Document A				
Document B				
Document C				
Document D				
Fee (€300) paid	Yes	No	1	



OFFICIAL USE ONLY

Ref

Signed	
Capitals	
Dated	
[must be within 3 c	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 having read the documents and heard and parties we prefer the evidence of [
We decide that the allegation is proven/not	proven to our satisfa	ction.
Accordingly we find rule(s) [] to have be	een breached.	
Further and having regard to the gravity of aggravating and mitigating circumstance <i>J with immediate effect OR we do not important</i>	es, we impose the	
This Decision was taken pursuant to Rule Disciplinary Rules & Procedures:	e 8 of the LGFA Obje	ections, Complaints &
Decisions issued by the Appeals Committee The Disputes Resolution Authority (DF delivery of the Notice of Decision of the arbitration in accordance with	RA) arbitration withi Appeals Committee,	n seven (7) days of for final and binding



OFFICIAL USE ONLY

(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:	
Decision(s) being challenged
Decision I	Making body:
Date of de	ecision:
Details of	decision/procedure(s) being challenged
Respond	ent Contact Details:
Name:	
Tel. No:	
Email:	

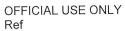


2

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, persons, to be legally responsible on behalf of that un
(Use additional page for further Respondents)
Names and addresses of any further persons/committees/bodies concerned
affected:
(1) Name:
Tel. No:
Email:
Address:
(2) Name:
Tel. No:
Email:
Address:
(use additional sheet for any further name



List the Rules of the Association or laws or entitlements of which it is clair 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 rule entitlements (use additional sheet if required): 1. 2. 3. List what Remedy or Remedies is/are claimed (use additional sheet if required): 1. 2. 3. List what Remedy or Remedies is/are claimed (use additional sheet if required): 3. 3.		
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 rule entitlements (use additional sheet if required): 1. 2. List what Remedy or Remedies is/are claimed (use additional sheet if required): 1. 2. List what Remedy or Remedies is/are claimed (use additional sheet if required): 2. 2.	L ist t	
2. 3. 4. Brief statement explaining why the Respondent(s) are in breach of the rule entitlements (use additional sheet if required): 1. 2. 3. 4. List what Remedy or Remedies is/are claimed (use additional sheet if required): 1. 2. 2.		
3. Brief statement explaining why the Respondent(s) are in breach of the rule entitlements (use additional sheet if required): 1. 2. 3. List what Remedy or Remedies is/are claimed (use additional sheet if required): 1. 2.	1.	
4. Brief statement explaining why the Respondent(s) are in breach of the rule entitlements (use additional sheet if required): 1	2.	
Brief statement explaining why the Respondent(s) are in breach of the rule entitlements (use additional sheet if required): 1	3.	
Brief statement explaining why the Respondent(s) are in breach of the rule entitlements (use additional sheet if required): 1	4.	
4 List what Remedy or Remedies is/are claimed (use additional sheet if required) 2	entitl	statement explaining why the Respondent(s) are in breach of the rul ements (use additional sheet if required):
4List what Remedy or Remedies is/are claimed (use additional sheet if required)	entitl 1 2	statement explaining why the Respondent(s) are in breach of the rul ements (use additional sheet if required):
1	entitl 1 2	statement explaining why the Respondent(s) are in breach of the rul ements (use additional sheet if required):
1 2	entitl 1 2 3	statement explaining why the Respondent(s) are in breach of the rul ements (use additional sheet if required):
2.	entitl 1 2 3	statement explaining why the Respondent(s) are in breach of the rul ements (use additional sheet if required):
	2 3 4	statement explaining why the Respondent(s) are in breach of the rulements (use additional sheet if required): what Remedy or Remedies is/are claimed (use additional sheet if required)
	entitl 1 2 3 4 List 1	statement explaining why the Respondent(s) are in breach of the rulements (use additional sheet if required): what Remedy or Remedies is/are claimed (use additional sheet if required)





	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
I/We her	eby confirm that I/we have exhausted all available avenues of appeal under the uide.
	eby certify that the facts stated above are true and I/we acknowledge that if any of ets is proved to be false, my/our Claim may be dismissed immediately without further ation:
Signed _ (Claiman	t/or on behalf of the Claimant)
Capitals	
Dated	



OFFICIAL USE ONLY

- 1. Attach a copy of any Rules of the Association relevant to the Claim to the original and each copy of the Claim Form.
- 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

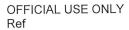
If you dispute any of the contents of this Claim, or deny any of the reliefs sought by the Claimant then you should complete the attached Reply, send a copy of it to the Claimant and to each Respondent as well as to Árd Stiúrthóir C.L.G., and send the original to the Secretary of the DRA. If you do not 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 1 st 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 2 nd 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

Appendix 15 - Notice of Request for DRA Arbitration





(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