



## Eastern Ontario District Soccer Association - Appeal Request Form (For EODSA Appeals Only)

### Contact Information of Individual Requesting Appeal

Your Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City Province Postal Code

Phone: (    ) \_\_\_\_\_ Alternate Phone: (    ) \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Your Status:     Administrator                       Coach                       Game Official                       Player

### Registrant/Registered Organization requesting an Appeal (Appellant)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City Province Postal Code

Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Registrant No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Alternate Phone: (    ) \_\_\_\_\_ Web Address: \_\_\_\_\_

Status:     District     League     Club     Administrator     Coach     Game Official     Player

### Grounds for the Appeal

*\*The Appellant must provide clear and substantial evidence to prove one or more of the grounds for appeal listed below. Simply not agreeing with the decision being appealed is not grounds for appeal and will not be heard.\**

- \_\_\_\_\_ The decision made is beyond the authority and jurisdiction of the decision maker as set out in applicable governing documents.
- \_\_\_\_\_ New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.
- \_\_\_\_\_ The decision maker failed to properly interpret the relevant Published Rules.
- \_\_\_\_\_ The decision maker failed to follow procedures as described in the relevant Published Rules.
- \_\_\_\_\_ The decision was influenced by bias, where bias is defined as a lack of neutrality to such an extent that the decision-maker is unable to consider other views.
- \_\_\_\_\_ The decision is excessive of the guidelines established related to fines, fee, penalties or bonds.

### Appeal Information

Request for Leave to Appeal a Decision of: \_\_\_\_\_ (Respondent)  
District, League or Club (Governing Organization)

Date of Decision: \_\_\_\_\_ Date Decision was Received, if Received: \_\_\_\_\_  
\*Appeal must be filed within 14 days of receipt of the decision being appealed.\*

Date Rights of Appeal Received, if Received: \_\_\_\_\_

Outstanding Fine, Fee, Bond or Penalty, if so, List Amount: \_\_\_\_\_

Remedy Requested: \_\_\_\_\_

### Evidence that Supports the Grounds of Appeal Checked Above

*\*Note: Please provide all evidence that supports your application for leave to appeal. You will not be able to resubmit any new evidence or a submission after this application is submitted. Copies of your appeal and the Respondents responses will be provide to both parties by the OSA. . Additional pages may be attached.*

### Supporting Evidence

*\*Please describe and attach in numerical order all documents and evidence that support your argument for leave to appeal including, but not limited to relevant pages of, Constitutions, By-Laws, Game Sheets, Reports, Statements and Player Books.\**

- 1.
- 2.
- 3.
- 4.
- 5.

### Witness List

*\*Please list all individuals you intend to bring as a witness (if any) to testify on your behalf.*

- 1.
- 2.
- 3.

### Appeal Registration Check List and Signature

*\*Please ensure the following tasks have been completed or your Appeal Application is not complete.\**

1. Complete OSA Appeal Request Form.
2. Provide A copy of the decision being appealed or your (the Appellant's) understanding of the decision if the decision has not been received or provided.
3. Enclose a payment of one hundred (\$100.00) in the form of a certified cheque or postal money order. Your leave to appeal will be denied if payment it is not received.
4. Attach Submissions, Evidence and Attachments in their entirety.
5. Complete your Witness List.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Appeal Fee Received: \_\_\_\_\_ Case No.: \_\_\_\_\_

Appeal Request Form Complete: \_\_\_ Yes \_\_\_ No If No, Missing Documents: \_\_\_\_\_

Assigned to EODSA Appeal Committee Member: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Leave to Appeal Granted: \_\_\_ Yes \_\_\_ No