

Application for Provisional Suspension in Anti-Doping Rule Violation Matter

1. Details of the Applicant

Name	TITLE	FIRST NAME	SURNAME
Postal Address	STREET		SUBURB
	CITY		
	POSTCODE		

Contact Person for this application

Name	TITLE	FIRST NAME	SURNAME
Position			
Telephone (Wk)		Mobile	
Facsimile (Wk)			
Email			

2. Details of the Athlete

Please provide the last known contact details of the person against whom you allege may have or has committed an Anti-Doping Rule Violation ("the Athlete").

Name	TITLE	FIRST NAME	SURNAME
Postal Address	STREET		SUBURB
	CITY		
	POSTCODE		
Telephone (Wk)		(Hm)	
Facsimile (Wk)		Mobile	
Email			

3. Details of Representative

Please insert the details of your legal representative or other person, if any, who will be representing the Applicant in these Proceedings.

Name of Representative			
Firm/Company			
Postal Address	STREET		SUBURB
	CITY		
	POSTCODE		

Contact Person for this application

Name	TITLE	FIRST NAME	SURNAME
Position			
Telephone (Wk)		Mobile	
Facsimile (Wk)			
Email			

4. Jurisdiction

Provide jurisdiction for provisional suspension.

5. Alleged Anti-Doping Violation

(a) Give details of the alleged anti-doping violation.

(b) Give details of the article or rule in the WADA Code, Sports Anti-Doping Rules or other relevant constitutional or regulatory provision which the Athlete has allegedly infringed.

(c) Summarise the reasons which apply to provisional suspension.

6. Notification of Adverse Analytical Finding attached

Please provide with this Application a copy of the Notification of the Adverse Analytical Finding. Please ensure all relevant documents received such as laboratory analysis results and doping control forms etc are included.

Is the Notification of the Adverse Analytical Finding attached?

Yes

No

7. Known Sporting Activities

(a) Do you know if the athlete plays or otherwise participates in other sports, apart from the sport to which the alleged anti-doping violation applies?

Yes

No

If so please provide details of those sports below:

(b) If known, please provide details of the athlete's sporting commitments over the next 6 months below:

(c) Please provide any other information you think may be relevant about the athlete's sporting activities:

Authority

Name

by signing this application certifies that the signatory is authorised to sign this application on behalf of the Applicant

Signed

Position

Date

Filing and Service Instructions

1. This application should be signed and filed with the Registrar of the Sports Tribunal at the address given below.
2. The application should be accompanied by a copy of the applicable constitution, rules or policies which give the Applicant the basis for applying for provisional suspension.
3. A copy of this application and supporting documents is to be served on the NSO or on Drug Free Sport New Zealand (If Drug Free Sport New Zealand is not the applicant).
4. The Applicant is to personally serve a copy of this application and attachments on the Athlete as soon as practical after the original has been filed with the Tribunal and will forthwith after service forward to the Tribunal Notice of Service on the form attached.
5. The Tribunal has the right to hear such an application, notwithstanding that service has not been affected on the athlete.

The Registrar
Sports Tribunal
PO Box 3338
WELLINGTON

Ph: 0800 55 66 80
Fax: 0800 55 66 81

Email: info@sportstribunal.org.nz
Web: www.sportstribunal.org.nz

Notice of Service

(to be attached to Form 6)

I,

TITLE	FIRST NAME	SURNAME
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hereby certify that on the

DAY

 day of

MONTH

 20

YEAR

I served upon the Athlete, a true copy of the Application for Provisional Suspension and supporting documents.

Attached hereto is a copy of the Application for Provisional Suspension and supporting documents which I served on the Athlete. I have initialled each page of the Application for Provisional Suspension and supporting documents as evidence that these are true copies of the documents so served.

A copy of all the aforesaid documents was forwarded to Drug Free Sport New Zealand (if Drug Free Sport New Zealand is not the Applicant).

Dated the

DAY

 day of

MONTH

 20

YEAR

Signed

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