



The Ontario Soccer Association - Appeal Request Form (For OSA Appeals Only)

*Appeals to the OSA can be sent via Mail with attention "Discipline & Appeals" or via email to
appealscasemanager@soccer.on.ca*

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.: _____
 Alternate Phone: _____

Fax Number: _____ 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 and the Rights to Appeal document.

Date Rights of Appeal Received, if Received: _____

Outstanding Fine, Fee, Bond or Penalty, if so, List Amount: _____
List any outstanding fines, fees, bonds or penalties pertaining to this appeal or other

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 five hundred dollars (\$500.00) 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 OSA Case Manager: _____

Date Assigned: _____ Leave to Appeal Granted: _____ Yes ___ No