SCCU County Championships Appeals Form

Appeals from a decision of the County Match Controller or his nominee and any response to an appeal must be submitted on this form. The form will only be accepted if it is signed by an Officer of the Association of the County submitting the appeal. This should be an elected Officer other than the match captain who submitted the Dispute Form. The appellant must also pay any Appeal Fee. (County Match Rule 23). The appeal fee will be returned in the event of a successful appeal or at the discretion of the Appeals panel if it is considered to be of general importance.

This written appeal must be submitted to the County Match Controller **within 10 days** of notification of the ruling or decision of the County Match Controller or his nominee.

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| SECTION ONE – Match Details | | | |
| DATE | Section & Board | Home County v Away County | |
|  |  |  | |
| Home Player | | | Away Player |
|  | | |  |
| Home Claim (if known) | | | Away Claim (if known) |
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| SECTION TW0 – Decision under Appeal | |
| DATE | What decisions of the County Match Controller are under appeal ? |
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| SECTION THREE – Factual Evidence | |
| **Answer** | **Where the Appeal relates to a decision determining a dispute additional evidence will only be accepted by the Appeals Panel in exceptional circumstances.** |
|  | Does this Appeal arise from a decision determining a dispute ? |
| State concisely additional or  new relevant  facts |  |
| Where applicable state any  exceptional circumstances |  |
| SECTION FOUR - Right or Wrong  Depending on your view point state why the decision under appeal was Right or Wrong referencing applicable Laws, Rules or Guidance | | |
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| SECTION FIVE – Additional Grounds  State any other reasons to support your case referencing applicable Laws, Rules or Guidance |
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| SECTION SIX – Declaration | | |
| **Tick here** |  | |
|  | I believe that the facts stated in this form & any continuation sheet are true. | |
| **County Association Officer’s Full Name** | | **County and Office** |
| **County Association Office’s Signature** | | **Date** |