

FEE: \$250

RACING APPEALS TRIBUNAL
NEW SOUTH WALES

NOTICE OF APPEAL TO RACING APPEALS TRIBUNAL

*This form **must be** completed and lodged with the Appeals Secretary within **7 days** of the Appellant being notified of the decision being appealed against.*

Under the provisions of Clause 9 of the *Racing Appeals Tribunal Regulation 2010*, I hereby appeal to Racing Appeals Tribunal against the decision set out below on the grounds set out in this Notice of Appeal:

Name of Appellant: _____

Address of Appellant: _____

Telephone No: _____ **Fax:** _____ **Mobile:** _____

Email: _____

Decision appealed against:

- Decision of: The Greyhound Welfare and Integrity Commission (**Commission**); or
 A Steward appointed by the Commission; or
 A greyhound racing club
[select one]

on _____
[date]

Affecting _____
[name of licensed person]

for breach of _____ of the Greyhound Racing Rules
[insert Rule]

for _____

[details of decision]

Please attach a copy of the Decision to this Notice of Appeal

The Tribunal may grant leave for you to be represented by a member of the legal profession. Will you be represented at your Appeal?

YES/NO (Please circle one)

If "Yes", please provide the following details:

Name of practitioner and law firm/Chambers of barrister:

Phone No: _____ **Fax No:** _____

Email: _____

Is your appeal against **conviction/guilt**?

YES/NO (Please circle one)

Is your appeal against the **decision** imposed?

YES/NO (Please circle one)

Is your appeal against conviction/guilt **and** the decision imposed?

YES/NO (Please circle one)

You must answer the following questions before lodging this Notice with the Appeals Secretary:

1. Do you wish to produce additional evidence to that was presented to the original decision-maker?

YES/NO (Please circle one)

2. If you answered "Yes" to Question 1, you **must provide notice** of what evidence you will rely upon at the Appeal Hearing. Such notice **must be in writing** to the Appeals Secretary and must attach copies of any documents you intend to rely upon, including any witness statement. If you intend to rely upon oral evidence, you **must notify** the Appeals Secretary in writing of the persons you will call and provide an outline of the evidence of those witnesses. You **must ensure** that all documents and any outline are lodged with the Appeals Secretary **within no less than 7 days** of the day scheduled for your hearing. Failure to lodge the required

information/documents in time may result in an application to have that evidence excluded at the hearing.

3. Do you require any person who made or was involved in the decision appealed against for cross-examination at the Appeal hearing?

YES/NO (Please circle one)

If you answered "Yes" to Question 3, please advise which person/s you require in writing to the Appeals Secretary **not less than 7 days** prior to the day scheduled for the hearing of your Appeal.

4. Do you wish to apply for a **Stay of Proceedings**?

YES/NO (Please circle one)

If you answered "Yes" to Question 4, please complete and attach an Application for Stay Form with this Notice of Appeal.

Grounds of Appeal:

Please note that if the decision you are appealing against was made by an Inquiry by the Commission, **within 7 days of receiving the transcript** of evidence of the Inquiry, **you must lodge** with the Appeals Secretary a written notice of your **Grounds of Appeal**. This is in addition to your Notice of Appeal. The appeal is limited to the grounds set out by you in your Grounds of Appeal, except by leave of the Tribunal. Your Grounds of Appeal **must set out**:

- (1) why, in your opinion, the decision is incorrect;
- (2) the basis on which you say that the decision should be altered/set aside;
- (3) what action you would like the Tribunal to take in the circumstances.

How to Pay Appeal Fee:

CREDIT CARD	EFTPOS
Please phone 1800 951 755 or visit the Commission's head office at Level 1, 230 Howick Street Bathurst.	Account name: Greyhound Welfare & Integrity Commission Bank: Westpac BSB: 032-001 Account Number: 180927 Reference: RAT – (your name)



DECLARATION:

I, the undersigned, declare that all information provided by me is true and correct. I understand that an appeal fee of \$250 must accompany this Notice of Appeal and that this may be forfeited at the complete discretion of the Tribunal.

Signature of Appellant: _____

Date: __/__/__

Received By: _____

Date: __/__/__