

**NOTICE OF APPEAL TO THE NSW HARNESS RACING APPEAL PANEL
(FOR APPEALS AGAINST A PERIOD OF SUSPENSION OF 4 WEEKS OR LESS)**

This form **must be** completed and lodged with the Appeals Co-ordinator within **1 day** of the Appellant being notified of the decision being appealed against by email to appeals@hmsw.com.au

Pursuant to the provisions of NSWLR 181B and/or 34B(1) of the Harness Racing Act 2009, I hereby appeal to the NSW Harness Racing Appeal Panel against the decision specified hereunder on the grounds set out in this Notice of Appeal:

Appellant name:

Address:

Phone:

Email:

DECISION APPEALED AGAINST

Decision of the Steward to suspend/disqualify/fine:

(Name of licensed person)

For a breach of:

of the Rules of Harness Racing on:

(Insert Rule)

(Date of decision)

And the penalty being:

(Insert penalty details)

Will you be seeking leave under NSWLR181D(4) to be **legally represented**? Yes No Give details:

Name:

Phone:

Email:

Is your **appeal against conviction**? Yes No Is your **appeal against penalty**? Yes No

State your **grounds of appeal** (reasons why you say the original decision was wrong):

1.

2.

3.

4.

Will you produce **additional evidence** to what was given at the proceedings before the stewards? Yes No
If yes, give details of what that evidence will be (e.g. Statement of (person), report of (expert))

*Note: You **must ensure** that all documents referred to above are lodged with the Appeals Co-ordinator **at least 5 clear days** prior to the date set down for the hearing of the Appeal. For witness evidence to be given orally, a **written statement** outlining the evidence to be given must be provided. Failure to lodge the above described documents in time may result in an application to have that evidence excluded at the hearing.*

Do you require the presence of any witness for cross-examination at the Appeal hearing who was present at the original hearing of the matter (e.g. a steward or other witness). If so, who?

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 Appeal Panel.

Appellant signature:

Date:

[Office use only] Received by:

Date: