

WRITTEN STATEMENT BY PARTICIPANT CHALLENGING A DECISION ON THE BASIS OF MISTAKEN IDENTITY IN A MATCH OFFICIAL INCIDENT REPORT (Appendix A 1C j)

Prescribed Form 07

Го:	Judiciary Committee
	MWFA
	admin@mwfa.com.au

Full Name:	Click here to enter text.
FFA Number:	Click here to enter text.
Club:	Click here to enter text.
Date of Fixture:	Click here to enter text.
Time of Fixture:	Click here to enter text.
League:	Click here to enter text.
Grade:	Click here to enter text.
Opposition Team:	Click here to enter text.

I declare that the following Participant of my Club was responsible for the Offence and the Suspension issued against
me should be transferred across to the Participant mentioned below:

Full Name:	Click here to enter text.
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- 2. I declare that the information in this statement is accurate and to the best of my knowledge.
- 3. I acknowledge that I may be charged with Misconduct if it is established that the contents of this statement are incorrect and amount to an abuse of process.

Notes:

- 1. Please return a signed copy of this written statement to admin@mwfa.com.au by 4pm the next working day after the issuance of the notification of the Incident Report.
- 2. In addition to submitting this written statement, please submit the following documents at the same time:
 - a. A signed written statement (**Prescribed Form 08**) by the Participant actually responsible for the Offence OR a signed written statement (**Prescribed Form 09**) by your Club identifying the Participant responsible for the Offence; and
 - b. Any other evidence which may support your challenge.
- 3. Participants should read and consider Appendix A 1C j (i) prior to signing and lodging this form with the Judiciary Committee.
- 4. If MWFA does not receive properly completed written statements by the time specified in paragraph 1, you are deemed to have committed the Offence and will be issued with a Notice of Suspension.
- 5. Capitalised words used in this document are defined in the Regulations.

Insert your full name: Click here to enter text.

By checking this box you are giving your digital signature \square

Date: Click here to enter text.