



Horse Racing Appeal Panel
 90 SHEPPARD AVE E
 SUITE 200
 TORONTO ON M2N 0A4
 Tel: 416 326-8700 or 1 800 522-2876 toll free in Ontario
 Fax: 647 723-2198

Notice of Motion

INSTRUCTIONS AND IMPORTANT INFORMATION

- All sections of this form must be completed and submitted along with any additional information and/or documents attached as required.
- It is your responsibility to ensure your Motion complies with the Horse Racing Appeal Panel's (HRAP) Rules of Procedure, including all filing and service requirements.
- If this form is incomplete and/or documents are missing, your request for a Motion may be delayed.
- All parties have the right to representation. If you have a representative, have your representative complete the '[Declaration of Representative](#)' form and attach it to this form.

Ruling Number:

Name and Contact Information:

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

Address

| | | | | |
|--------------------------------|--------------------------------|--------------------------------|-------------|----------------------|
| Street Number | Street Name | Street Type | Direction | Suite/Floor/Apt. |
| Lot/Concession/Rural Route | City/Town/Municipality | Province/State | Country | Postal Code/Zip Code |
| Telephone Number (Home) () | Telephone Number (Cell) () | Telephone Number (Work) () | Ext. () | Fax () |
| Email | | | | |

I am the (check one):

- Appellant
- Respondent
- Added Party

I am bringing forward a Motion to request (check all that apply):

- a stay of the order, decision or ruling that I am appealing.
- review of a stay previously granted by the Panel in this matter.
- other: please outline:

(provide details of the type of order you would like the Panel to make)

Additional documents needed to consider your Notice of Motion:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have attached a copy of the order, decision or ruling this motion relates to and any related orders, decisions or rulings. |
|--------------------------|--|

Reasons You are Making this Motion:

Describe in detail why you are making this motion and provide details explaining why you believe the HRAP should grant your request.

Note: you must include an outline of the evidence in support of this Motion and the grounds to be argued.

Acknowledgement

Read carefully then check each box to confirm the statement and sign and date the form.

- I have completed all pages of this form and attached all the required documentation. I understand that if I submit an incomplete form or do not attach required documents, my motion may not be considered/scheduled.
- I have served a copy of this Notice of Motion and all additional attached documents on all other parties to the appeal.

| | | | |
|------------|------|------|-------|
| Print Name | | | |
| Signature | Date | YYYY | MM DD |
| | | | |

The Horse Racing Appeal Panel collects the personal information requested on this form under the *Horse Racing Licence Act, 2015*. This information will be used to determine appeals under this Act. After an appeal is filed, all information may become available to the public. Any questions about this collection may be directed to the Horse Racing Appeal Panel at 416 326-8700 or toll-free at 1 800 522-2876.