

Suspension Appeal Form

Please utilize this Suspension Appeal Form in the filing of an appeal from a suspension of play. *While this Suspension Appeal Form is not mandatory, its use is encouraged. Please print legibly.*

Filed By (Appellant)

Name _____ Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____ Age Division _____
Position (Player, Parent, Coach, Trainer) _____
USTA Membership Number of Appellant: _____

You must have an active, current USTA Membership to appeal a suspension of play.

Date of Suspension Letter or Letter of Ineligibility: _____

Should you wish to request a stay of the suspension, consistent with **USTA Bylaw 43.b.iv.**, please provide your basis for the request and duration in order for the Committee Chair to review and make a determination regarding the same:

Provide Information About the Appeal – Please provide sufficient information for the USTA Grievance Committee to make a decision related to your pending suspension from play. Should you identify a Tournament Director, Referee, or other individual with information related to your appeal, please provide the contact information. If you have any supporting documents, please submit with this Suspension Appeal Form*. Attach additional pages, if necessary.

[illegible]

*This Suspension Appeal Form and supplemental information submitted will not be held as confidential. The USTA will transmit information electronically and is not responsible for the privacy of personal information submitted.

The USTA Bylaws, Rules, and Regulations govern this process. Please see USTA Bylaw 43, USTA Bylaw 62, and the USTA Rules and Regulations as identified in *Friend at Court*, for additional information as to jurisdiction, timing, filing, notice, etc. of suspensions and eligibility. These publications are available on www.usta.com, along with this Suspension Appeal Form and other resource materials and information.

Should this matter fall under the jurisdiction of a USTA Sectional Association, this Suspension Appeal Form will be forwarded to the Appellant's Sectional Association's Executive Director. Should this matter be governed by the USOPC, ITF, ATP, or WTA, please contact the appropriate entity.

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USTA Legal Department Only

Date Received _____
Date of Initial Decision / Hearing _____
Date of Appeal _____
Date Closed _____

Date Closed _____
Date of Appeal Decision _____
Reassigned to Section _____