SHOALHAVEN DISTRICT FOOTBALL ASSOCIATION INC.

**Written Statement by a Club - Mistaken Identity in a match Official’S** **Send Off / Expulsion Report.**

**Unkess a Team Official has indicated on the team sheet that a Participant has been mistakenly Idenfied, the challenge will not be accepted.**

Club Officials Details **Form 03**

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| Full Name: FFA Number: |
| Club Name: |
| Date: |

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| Role/Position at Club: |

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| 1.I am authorised to make this statement on behalf of the club.  2. I declare that there has been a case of Mistaken Identity in relation to the following Fixture. |

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| Opposition Team: |

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| Grade: |

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| Date: Kick Off Time: |

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| 1. I declare that the Participant referred below **was not responsible** for the RED Card Offence issued by a Match Official during the Fixture. |
| Participant’s Name:  FFA Number: |

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| 1. I declare that the Participant referred to below was responsible for the Red Card Offence issued by a Match Official uring the Fixture and should be issued with the suspension.   Participant’s Name:  FFA Number: |

1. I declare that the information in this statement is accurate and to the best of my knowledge.
2. I acknowledge that the Club and I may be charged with Misconduct if it is established that contents of this statement are incorrect and amount to an abuse of process.

**Submitter’s Details**

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| Name:  Phone: Email: |

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| Signature:  I Certify that the information above is true and correct and was entered by myself. |

NOTES:

1. This statement has to be presented to SDFA within (24) hours after completion of the match,
2. Participant’s MUST submit Form 1 Written Statement By Participant Challangening A Decision on the Basis of Mistaken Idenity, at the same time as submitting this form.

3. If SDFA does not receive properly completed forms by the specified time, he Participant issued with the suspension shall serve that suspension.

4. Clubs should read and consider the rule 9.10 in full Mistaken Identity prior to signing and Lodging this form with SDFA.