United States Tennis Association Incorporated (USTA) <u>Suspension Appeal Form</u>

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 Addre	ess
City	State	Zip Code
City Email Phone Email Position (Player Parent Coach Trainer)		Age Division
1 obition (1 layer, 1 archit, couch, 1 lamer)		
USTA Membership Number of Appellant: You must have an active, curr		
You must have an active, curr	rent USTA Membership to	appeal a suspension of play.
Date of Suspension Letter or Letter of Ineligibility If you are requesting a stay, please provide your ba	/:	
If you are requesting a stay, please provide your ba	asis and duration: _	
Provide Information About the Appeal – Please		
to make a decision related to your pending sus		
Referee, or other individual with information rela	ated to your appeal	, please provide the contact information. If you
have any supporting documents, please submit	with this Suspensi	ion Appeal Form*. Attach additional pages, if
necessary.	•	
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*This Suspension Appeal Form and supplemental information submi		
not responsible for the	he privacy of personal info	rmation submitted.
The USTA Bylaws, Rules, and Regulations govern this process.		
in Friend at Court, for additional information as to jurisdiction with this Suspension Appear		
available on www.usta.com, along with this Suspension Appe	ear Form and other resor	arce 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. Sho		
appropriate entity.		
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US	STA Legal Department Onl	y
Date Received Date of Initial Decision / Hearing	Date	Closed
Date of Appeal	Date	Closed of Appeal Decision
Date Closed	Reass	igned to Section