



CONSEIL INTERNATIONAL DE L'ARBITRAGE  
EN MATIÈRE DE SPORT (CIAS)  
INTERNATIONAL COUNCIL OF ARBITRATION  
FOR SPORT (ICAS)  
CONSEJO INTERNACIONAL DE ARBITRAJE  
DEL DEPORTE (CIAD)

## **Legal Aid Application Form as from 1 November 2020**

Legal aid may be granted pursuant to the Guidelines on Legal Aid before the Court of Arbitration for Sport ([www.tas-cas.org](http://www.tas-cas.org)).

It is important that the Applicant thoroughly review these Guidelines before completing this Form.

Legal aid may be granted to any natural person, on request, whose income and assets are not sufficient to allow the person to cover the costs of proceedings without drawing on that part of the person's assets necessary to support the person and the person's family.

Legal aid will be denied if it is obvious that CAS has no jurisdiction or the Applicant's claim or grounds of defence are frivolous or vexatious. Legal aid cannot be granted to sports bodies, associations, clubs or to any other legal entities. Other grounds for denying certain aspects of legal aid are set out in the Guidelines, including the Applicant not taking all necessary steps to reduce costs, including requesting a Sole Arbitrator.

The Applicant must supply all supporting information and documents required to evidence the Applicant's financial situation and update such information and documents if the Applicant's financial situation changes.

All information and documents provided will be treated as confidential.

### **USE THIS FORM TO APPLY**

For help to fill out this form:

- speak to your lawyer, or
- contact the CAS Court Office:  
Palais de Beaulieu  
Avenue Bergières 10  
CH-1004 Lausanne, Switzerland  
Tel: (41 21) 613 50 00  
Fax: (41 21) 613 50 01  
Email: [procedures\(at\)tas-cas.org](mailto:procedures@tas-cas.org)



CONSEIL INTERNATIONAL DE L'ARBITRAGE EN MATIÈRE DE SPORT (CIAS)  
INTERNATIONAL COUNCIL OF ARBITRATION FOR SPORT (ICAS)  
CONSEJO INTERNACIONAL DE ARBITRAJE DEL DEPORTE (CIAD)

**INSTRUCTIONS**

**FILLING IN THIS FORM**

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or ✗
- Where you see a box like this  ► **Go to the next question**

**SUPPORTING INFORMATION**

**1 Do you have a legal representative assisting you in this CAS procedure?**

No  You are eligible for assistance by a pro bono counsel

Yes  You are not eligible for assistance by a pro bono counsel; please indicate the name and contact details of your **legal representative**:

First name: .....

Last name: .....

Address: .....  
.....

Country: .....

Phone number: .....

Email: .....



## 2 Your Name

|  |                         |
|--|-------------------------|
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ |                         |
| First name<br>_____  | Middle name(s)<br>_____ |
| Family name<br>_____   | Nationality<br>_____    |

## 3 Your home address

|                   |                |
|-------------------|----------------|
| No. _____         | Street _____   |
| Suburb/City _____ |                |
| Country _____     | Postcode _____ |

## 4 Your postal address or address where correspondence is to be sent, if it is not the home address

|                   |                |
|-------------------|----------------|
| No. _____         | Street _____   |
| Suburb/City _____ |                |
| Country _____     | Postcode _____ |

## 5 Your contact details

Home phone number

Work phone number

Mobile phone number

Email address



**6 Gender**

Male  Female  Other.....

**7 Your date of birth**

/ /

**8 Your current relationship status**

Single  Married  Partner   
Separated  Divorced  Widowed

**9 Your sports activity?**

**10 Which language do you speak at home?**

**11 Do you need an interpreter?**

No  **Go to next question**

Yes  Which language do you need an interpreter for?

**12 In which currency have you completed this form?**



### Other assistance

- 13 **Is there anyone (e.g. a spouse, partner or relative) or any body (e.g. sports organisation, sponsor, government or other benefactor) who will assist you financially towards the cost of these proceedings?**

No  ***Go to next question***

Yes  Give details below

What is the full name of this person or body?

What is your relationship to this person or body?

What is the amount/extent of this financial help?

### YOUR INCOME

- 14 **Do you receive a wage, salary or fees?**

No  ***Go to next question***

Yes  Give details of the income received below

| Period                           | Amount                   |                          |
|----------------------------------|--------------------------|--------------------------|
|                                  | Weekly                   | <input type="checkbox"/> |
| Fortnightly                      | <input type="checkbox"/> |                          |
| Monthly                          | <input type="checkbox"/> |                          |
| Annually                         | <input type="checkbox"/> |                          |
| Other                            | <input type="checkbox"/> |                          |
| Net wage/salary/fees (after tax) |                          |                          |



CONSEIL INTERNATIONAL DE L'ARBITRAGE  
EN MATIÈRE DE SPORT (CIAS)  
INTERNATIONAL COUNCIL OF ARBITRATION  
FOR SPORT (ICAS)  
CONSEJO INTERNACIONAL DE ARBITRAJE  
DEL DEPORTE (CIAD)



You must attach a statement of your wage, salary or fees or letter from your employer/ contractor showing the periodic income and any tax paid for you.

**15 Are you currently employed or an independent contractor?**

No  ***Go to next question***

Yes  What is the basis of your employment?

Full-time  Casual   
Part-time  Self-employed  Independent Contractor



You must attach all contracts of employment for the last 12 months

**16 Have you received any payments from sponsors within the last 12 months?**

No  ***Go to next question***

Yes  Give details below

What is the name and address of the sponsor(s)?

Name \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ P.O. Box \_\_\_\_\_

Suburb/City \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Amount of sponsorship \_\_\_\_\_

**If these payments from sponsors are continuing, they must be detailed in your response to Question 18.**

***If you have more sponsors, give details in the space provided on page 16 Additional Information***



**17 Have you received any payments from sports organisations (e.g. clubs, National Olympic Committees, National Federations, International Federations) within the last 12 months?**

No  **Go to next question**

Yes  Give details below

What is the name and address of the sports organisation?

|                   |              |                |
|-------------------|--------------|----------------|
| Name _____        |              |                |
| No. _____         | Street _____ | P.O. Box _____ |
| Suburb/City _____ |              |                |
| Country _____     |              | Postcode _____ |
| Amount _____      |              |                |

**If these payments from sports organisations are continuing, they must be detailed in your response to Question 18.**

**If you are in receipt of payments from more than one sports organisation, give details in the space provided on page 16 Additional Information.**

**18 Have you received any other income or benefit within the last 12 months and which you expect will continue?**

No  **Go to next question**

Yes  Give details of the other income or benefit below

|                 | Amount within the last 12 months     | Amount continuing                    |
|-----------------|--------------------------------------|--------------------------------------|
| Period          | Weekly <input type="checkbox"/>      | Weekly <input type="checkbox"/>      |
|                 | Fortnightly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> |
|                 | Monthly <input type="checkbox"/>     | Monthly <input type="checkbox"/>     |
|                 | Annually <input type="checkbox"/>    | Annually <input type="checkbox"/>    |
| Child support   |                                      |                                      |
| Spousal support |                                      |                                      |



|   |  |  |
|---|--|--|
| Interest, dividends, trust or other distributions or income etc. from investments or trusts |  |  |
| Rent  |  |  |
| Superannuation  |  |  |
| Income from a trust   |  |  |
| Worker's compensation   |  |  |
| Covid-19, unemployment or other Government benefits   |  |  |
| Pension   |  |  |
| In-kind   |  |  |
| Commission  |  |  |
| Tips  |  |  |
| Bonuses   |  |  |
| Sponsors  |  |  |
| Sports organisations  |  |  |
| Other   |  |  |

**19 Are you self-employed or a business owner?**

No  ***Go to next question***

Yes  Give details of the income earned below

|        | Amount      |                          |
|--------|-------------|--------------------------|
| Period | Weekly      | <input type="checkbox"/> |
|        | Fortnightly | <input type="checkbox"/> |
|        | Monthly     | <input type="checkbox"/> |





|                                  |          |                          |
|----------------------------------|----------|--------------------------|
|                                  | Annually | <input type="checkbox"/> |
|                                  | Other    | <input type="checkbox"/> |
| Net wage/salary/fees (after tax) |          |                          |



You must attach copies of your income tax returns covering the last two financial years and for any business of which you are owner.

**20 Do you currently receive a Covid-19, unemployment or other Government benefits or pension?**

No  **Go to next question**

Yes  Which benefit or pension do you currently receive?

How much do you receive from your Covid-19, unemployment or other Government benefits or pension?

Amount

|  |                                 |                                      |                                  |
|--|---------------------------------|--------------------------------------|----------------------------------|
|  | Weekly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> | Monthly <input type="checkbox"/> |
|--|---------------------------------|--------------------------------------|----------------------------------|



You must attach your Income Statement from Government for these payments.

**21 Do you agree to the CAS Court Office checking the details of your benefit or pension with the Government?**

**Note:** Agreeing to this will not affect your benefit or pension.

No  **Go to next question**

Yes  Complete consent below



## Consent

This consent will be used for the sole purpose of authorising the paying Government authority to provide information to the CAS Court Office to assess your eligibility for CAS Legal Aid.

I authorise ..... (complete name of Government authority) to electronically provide a statement of information to the CAS Court Office to assist in the assessment of my entitlement for CAS Legal Aid.

- I understand that the information provided by

..... (Government authority) may include, where relevant, current or historical details of payments received, dependents, any tax or other deductions, income, assets and confirmation of my current address.

- I understand that this authority, once signed, is effective only for the period I am a recipient of CAS Legal Aid.
- I understand that this authority, which is ongoing, can be revoked at any time by giving notice to the CAS Court Office.
- I understand that I will be able to obtain a written copy of the statements at any time from the CAS Court Office.

Complete details of your Government benefit or pension, including reference numbers.

\_\_\_\_\_  
Your signature

\_\_\_\_\_

Date        /        /



## YOUR EXPENSES

### 22 Do you pay child support for any children not living with you?

No  **Go to next question**

Yes  Give details below

How many children do you pay for?

Total amount of **child support** paid

Amount

|  |   |
|--|---|
|  | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |
|--|---|

### 23 Do you pay spousal support?

No  **Go to next question**

Yes  Give details below

Total amount of **spousal support** paid

Amount

|  |   |
|--|---|
|  | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |
|--|---|

### 24 Do you have any dependents?

No  **Go to next question**

Yes  Give details of all dependents overleaf

|   |
|---|
| <p>A dependant is someone who usually relies on you for financial support e.g. your spouse, partner or child.</p> |
|---|



| First name | Last name | Date of birth | Relationship to<br>you | Living with you?   |
|------------|-----------|---------------|------------------------|--|
| 1.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 4.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 5.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 6.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 7.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 8.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 9.         |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 10.        |           | / /           |                        | No <input type="checkbox"/> Yes <input type="checkbox"/> |



If there are more than 10 dependents, give details in the space provided on page 16 Additional Information



**25 Give details of your expenses**

|  | Amount   |
|--|--|
| Period   | Weekly <input type="checkbox"/><br>Fortnightly <input type="checkbox"/><br>Monthly <input type="checkbox"/><br>Annually <input type="checkbox"/> |
| Rent   |  |
| Condominium, strata or association etc. fees                           |  |
| Mortgage   |  |
| Living expenses  |  |
| Council, water or other utility rates                                  |  |
| Gas and/or electricity   |  |
| Land or other Government property tax                                  |  |
| Child support  |  |
| Spousal support  |  |
| Loan repayments  |  |
| Other debts  |  |
| Mark this box if you do not have any expenses <input type="checkbox"/> |  |



## YOUR ASSETS

**26 Do you own the home, house, unit, apartment, condominium, flat (home) where you are currently living (including a home you are paying off)?**

No  ***Go to next question***

Yes  Give details below

Address of the **home** you are currently living in (write 'as above' if the same as your **home address** in Q3)

How much would the **home** sell for?

|                   |                |
|-------------------|----------------|
| No. _____         | Street _____   |
| Suburb/City _____ |                |
| Country _____     | Postcode _____ |

Mortgage, debt or amounts still owing on the **home**

**27 Do you own any other home, buildings or land (other real estate) (i.e. an investment property) including other real estate you are paying off?**

No  ***Go to next question***

Yes  Give details below

Address of the other **real estate**

|                   |                |
|-------------------|----------------|
| No. _____         | Street _____   |
| Suburb/City _____ |                |
| Country _____     | Postcode _____ |



How much would the **other real estate** sell for?

Mortgage, debt or amounts still owing on the **other real estate**

**28 Do you own a business?**

No  **Go to next question**

Yes  Give details below

Address of **business**

|                   |                |
|-------------------|----------------|
| No. _____         | Street _____   |
| Suburb/City _____ |                |
| Country _____     | Postcode _____ |

How much would the **business** sell for?

Debts or other amounts owing on the **business**

**29 Do you own any motor vehicles of market value, including ones you are paying off (money owing)?**

No  **Go to next question**

Yes  Give details below

| Year | Make/Model of <b>motor vehicle</b> | Market value | Money owing |
|------|------------------------------------|--------------|-------------|
|      |                                    |              |             |
|      |                                    |              |             |
|      |                                    |              |             |



**30 Do you own any other items of market value e.g. shares, stock, debentures, bonds, boats or caravans, including items you are paying off (money owing)?**

No  ***Go to next question***

Yes  Give details below

| Description of item | Market Value | Money owing |
|---------------------|--------------|-------------|
|                     |              |             |
|                     |              |             |
|                     |              |             |
|                     |              |             |
|                     |              |             |

**31 Do you have a bank or investment account or cash?**

No  ***Go to next question***

Yes  Give details below

| Bank or investment account name | Country | Account number | Amount |
|---------------------------------|---------|----------------|--------|
| 1.                              |         |                |        |
| 2.                              |         |                |        |
| 3.                              |         |                |        |
| 4.                              |         |                |        |
| <b>Cash</b>                     |         |                |        |



You must attach statements for the last 6 months for all **bank or investment** accounts you have with these financial institution(s).





**ASSISTANCE REQUIRED FROM ICAS**

**32 Information on the Procedure**

|   |
|---|
| <input type="checkbox"/> Assistance for CAS administrative costs<br><br><input type="checkbox"/> Assistance by a pro bono counsel. If the assistance of a pro bono counsel is requested and agreed by the ICAS, the CAS Court Office shall provide names of potential pro bono counsel for the Applicant to choose from<br><br><input type="checkbox"/> Assistance for the Applicant's own travel and accommodation costs in connection with any CAS Hearing, as well as the travel and accommodation costs of any witnesses/experts authorized by the CAS Panel, as well as interpreters and pro bono counsel, as applicable |
|---|

**33 The Applicant is a:**

- claimant/appellant**
- respondent**

Name of the opposing party(ies) \_\_\_\_\_  
\_\_\_\_\_

Brief summary of the facts of the case and what is at stake in the procedure  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CONSEIL INTERNATIONAL DE L'ARBITRAGE  
EN MATIÈRE DE SPORT (CIAS)  
INTERNATIONAL COUNCIL OF ARBITRATION  
FOR SPORT (ICAS)  
CONSEJO INTERNACIONAL DE ARBITRAJE  
DEL DEPORTE (CIAD)

## APPLICANT'S DECLARATION

### 34 Declaration

I declare that all the information I have given is true and correct.

I understand that it is an offence to make a false or misleading oral or written statement in relation to this application.

Your signature


Date

### 36 Where do I send this form?

You can deliver the form by post or email to the **CAS Court Office**:

**Palais de Beaulieu**  
**Avenue Bergières 10**  
**CH-1004 Lausanne, Switzerland**

Email: [procedures@tas-cas.org](mailto:procedures@tas-cas.org)

 You must make sure that you have completed the form and attach all relevant documents



