



**Massachusetts Hockey
Discipline Committee**



NOTICE OF HEARING

DATE: _____
TO: _____
TO PHONE #: _____
TO E-MAIL: _____
FROM: _____
FROM PHONE #: _____
FROM E-MAIL: _____
RE: _____

This is your Notice of Hearing under USA Hockey Bylaw 10 and Massachusetts Hockey Bylaw Article XIV to determine whether you will be suspended or otherwise disciplined as a result of

Which occurred on _____ (*date*) at _____ (*location*).
The Hearing is scheduled to take place on _____ (*date*), _____ (*time*)
at _____ (*location*).

IF THE HEARING PANEL FINDS THAT A VIOLATION HAS OCCURRED, YOU MAY BE SUSPENDED OR DISCIPLINED AT THE DISCRETION OF THE HEARING PANEL.

EACH PERSON RECEIVING THIS NOTICE IS REQUIRED TO ATTEND THIS HEARING.

Failure to attend this hearing may result in disciplinary action being taken without you being present.



Massachusetts Hockey

Discipline Committee



The Hearing will be conducted in accordance with USA Hockey and Massachusetts Hockey requirements. The persons who will serve on the hearing panel are:

_____	CHAIR	_____
_____		_____
_____		_____

If you object to any of these members, please contact no later than 24 hours prior to hear the basis of the objection.

You will have an opportunity to present your facts to the Hearing Panel. Please contact me immediately if you would like any witnesses present at the hearing.

The Hearing Panel will deliberate in closed session following the hearing. A decision will be rendered in a timely manner.

Following the Hearing and delivery of the decision to you, you have the right to appeal any adverse decision to the Massachusetts Hockey Discipline Committee.

Please contact me if you have any questions regarding this matter.



Massachusetts Hockey Discipline Committee



DISCIPLINARY HEARING REPORT

DATE OF REPORT: _____

DATE OF HEARING: _____

DATE OF INCIDENT: _____

NATURE OF INCIDENT: _____

NAME OF PERSON SUBJECT TO HEARING: _____

ADDRESS OF PERSON: _____

(Street) (City/Town) (State) (Zip)

PHONE NUMBER OF PERSON: _____

E-MAIL OF PERSON: _____

STATUS OF PERSON: _____
(Player, Coach, Parent, etc.)

TEAM & PROGRAM/LEAGUE AFFILIATION: _____

HEARING PANEL MEMBERS: CHAIR _____

MEMBER _____ **MEMBER** _____

MEMBER _____ **MEMBER** _____

Clearly state the issue to be decided by the Panel:

Clearly state the Conclusion/Decision/Penalty decided by the Panel:

SEND COPY TO:

NAME: Christine Mayer, Chair of Massachusetts Hockey Discipline Committee

ADDRESS: 44 Skyline Drive, Wellesley, MA 02482

E-MAIL: cmayer@mahockey.org **PHONE #:** (617) 429-2103



Massachusetts Hockey

Discipline Committee



NOTICE OF DISCIPLINARY ACTION AND RIGHT TO APPEAL

DATE: _____
TO: _____
TO PHONE #: _____
TO E-MAIL: _____
FROM: _____
FROM PHONE #: _____
FROM E-MAIL: _____

RE: Hearing conducted on _____ at _____
(Date) (Place of hearing)

Dear _____,

Pursuant to USA Hockey and Massachusetts Hockey Bylaws, Rules and Regulations, a hearing was conducted at the above noted date and place.

The findings of the committee are attached.

You have the right to appeal this decision in writing in accordance with Massachusetts Hockey Bylaws Article XIV. The form that may be used to request an appeal is enclosed with this letter.

Please be advised that in the case of a suspension of an individual or program, said individual or program is suspended from all Massachusetts Hockey activities. Any program or coach who knowingly allows a suspended individual to participate during this suspension period is automatically suspended for one year.

SEND COPY TO:

NAME: Christine Mayer, Chair of Massachusetts Hockey Discipline Committee
ADDRESS: 44 Skyline Drive, Wellesley, MA 02482
E-MAIL: cmayer@mahockey.org **PHONE #:** (617) 429-2103



Massachusetts Hockey Discipline Committee



REQUEST FOR APPEAL FORM

Massachusetts Hockey Bylaws Article XIV states the basis for appeal from Hearing Panel Decisions. Note that all requests for appeal must be in writing and received by the Massachusetts Hockey Discipline Committee Chair within 10 days of the date of the decision of the Hearing Panel.

NAME OF PERSON REQUESTING APPEAL: _____

ADDRESS OF PERSON:

(Street) (City/Town) (State) (Zip)

PHONE NUMBER OF PERSON: _____

E-MAIL OF PERSON: _____

BASIS OF APPEAL:
(State why the disciplinary action should be overruled or reversed. See Massachusetts Hockey Bylaws Article XIV for the basis of appeal. Attach additional pages as needed.)

(Signature of appealing party) (Date)

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