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| FORM 9 (Rule 31) | | | | | | |
| **Clergy Discipline Measure 2003** | | | | | | |
| **Response to an Application to the Registrar of Tribunals** | | | | | | |
|  | | | | | | |
|  | | | *Box for use only by the Registrar of Tribunals* | | | *Complaint number:* |
|  | | |  |
|  | | | *Application by:* |
|  | | |  |
|  | | | *Date of application:* |
|  | | | | | | |
|  | **To the Registrar of Tribunals** | | | | | |
|  | | | | | | |
|  | **In the matter of the complaint** | | | | | |
|  |  | | | | | |
| *Enter the complainant’s name.* | made by……………………………………………………………………... | | | | | |
|  | | | | | | |
| *Enter the respondent’s name.* | against……………………………………………………..………………… | | | | | |
|  | | | | | | |
|  | **In response to an application dated**……………………………………..... | | | | | |
| **made by**……………………………………………………………….……. | | | | | |
|  | | | | | | |
| *\*Delete if inapplicable.* | **I, \*[on behalf of] the respondent** | | | | | |
|  |  | | | | | |
| **\*\*** | | |  | **consent to the application** | |
|  | | |  | |
|  | | |  |  | |
| *\*\*Tick* ***one*** *box only.* | **\*\*** | | |  | **wish to oppose all of the application** | |
|  |  | | |  | |
|  | | |  |  | |
| **\*\*** | | |  | **wish to oppose part of the application** | |
|  | | |  | |
|  | | | | | | |
|  | **for the following reasons:** | | | | | |
|  | | | | | | |
| *Give your reasons in brief for your response above, and if you oppose only part of the application, state which part.* | | ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ………………………………………………………………………………. | | | | |

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|  | ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ……………………………………………………………………………….  ………………………………………………………………………………. | | |
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|  | I would prefer the application to be dealt with: | | |
|  | | |
| **\*** |  | at a hearing, or |
|  |  |
|  |  |  |
| *\*Tick* ***one*** *box only.* | **\*** |  | by telephone hearing, or |
|  |  |  |
|  |  |  |
| **\*** |  | in writing |
|  |  |
|  | | | |
| ***You must send a copy to the Designated Officer.*** | **I am sending a copy of this response to the Designated Officer.** | | |
|  | | | |
|  | My address including postcode is**:** | | |
| *Enter your own address and postcode.* | ……………………………………………………………………………….  ……………………………………………………………………………….  ………………………………………………………………………………. | | |
| *Enter your details here as applicable.* | My telephone no. is……...………………………………………………….. | | |
|  | | | |
|  | My DX no. is………………………………………………………………... | | |
|  | | | |
| *Providing an e-mail address is optional.* | My e-mail address is………………………………………………………... | | |
|  | | | |
| *The application must be signed by the respondent or the representative of the respondent - state whether you are the respondent, or the representative of the respondent.* | **Signed:** | | |
|  | | |
| **Dated:** | | |
|  | | |
| **Capacity:** | | |