|  |
| --- |
| FORM A6 (Rule 33) |
| **Clergy Discipline Measure 2003** |
| **Response to an application in the course of appeal proceedings** |
|  |
|  | Complaint reference No. |
|  | Appeal No. |
|  |
| *\*Delete as appropriate.* | **In the \*Arches Court of Canterbury / \*Chancery Court of York** |
| ***NOTE: in the case of an appeal from the Vicar-General’s court for a province, it is the Provincial Registrar of the OTHER PROVINCE to whom the response must be sent.*** |  |
| **To the Provincial Registrar for the province of \*Canterbury / \*York** |
|  |
| **In the matter of an appeal against the decision of:** |
|  |
| *\*Complete and delete as appropriate.* | **\*the bishop’s disciplinary tribunal for the diocese of** …………...……...……………………………………………………………………………… |
|  | ***or*** |
|  |
|  | **\*the court of the Vicar-General for the province of****\*Canterbury/ \*York** |
|  |
| *Insert the name of the respondent to the complaint.* | **concerning a complaint against**.…………………………………….…… |
|  |
|  | **In response to an application dated** ……………………………. **made** **by**……………………………………...**I, \*[on behalf of] the respondent** |
|  |
| *Tick* ***one*** *box only****.*** |  | **consent to the application** |
|  |  |  |
|  |  | **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.* | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

|  |  |
| --- | --- |
|  | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
|  |
|  | **I would prefer the application to be dealt with:** |
|  |
| *Tick* ***one*** *box only* |  | **at a hearing** |
|  |  |  |
|  |  | **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** |
|  |
| *Enter your own address and postcode.* | My contact address including postcode is:………………………………………………………………………………………………………………………………………………………………………………………………… |
|  |
| *\*\*Respondent’s e-mail details are optional, but it could be helpful to the Provincial Registrar to have them.* | My telephone number is:…………………………………………………... |
| \*\*My e-mail address is:……………………………………………………. |
|  |
| *Put DX no. if applicable.* | My DX number is:…………….……….…………………………………... |
|  |
|  | **I believe that the facts of this response are true** |
|  |
| *The response must be signed by the respondent or the representative of the respondent.* | **Signed:** |
|  | **Dated:** |
|  |
| *State whether you are the respondent, or the representative for the respondent.* | **Capacity:** |