United States Tennis Association Incorporated (USTA)

Suspension Appeal Form

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 Address ___________________________
City ___________________________ State ________ Zip Code _______________________
Phone __________ Email ____________ State ________ Zip Code _______________________
Position (Player, Parent, Coach, Trainer) ___________________________

USTA Membership Number of Appellant: ___________________________

You must have an active, current 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 basis and duration: ___________________________

Provide Information About the Appeal – Please provide sufficient information for the USTA Grievance Committee to make a decision related to your pending suspension from play. Should you identify a Tournament Director, Referee, or other individual with information related to your appeal, please provide the contact information. If you have any supporting documents, please submit with this Suspension Appeal Form*. Attach additional pages, if necessary.

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*This Suspension Appeal Form and supplemental information submitted will not be held as confidential. The USTA will transmit information electronically and is not responsible for the privacy of personal information submitted.

The USTA Bylaws, Rules, and Regulations govern this process. Please see USTA Bylaw 43 and the USTA Rules and Regulations as identified in Friend at Court, for additional information as to jurisdiction, timing, filing, notice, etc. of suspensions and eligibility. These publications are available on www.usta.com, along with this Suspension Appeal Form and other resource materials and information.

Should this matter fall under the jurisdiction of a USTA Sectional Association, this Suspension Appeal Form will be forwarded to the Section’s Junior Competition Director.

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USTA Legal Department Only

Date Received ___________________________ Date Closed ___________________________
Date of Initial Decision / Hearing ___________________________ Date of Appeal Decision ___________________________
Date of Appeal ___________________________ Date of Appeal Decision ___________________________
Date Closed ___________________________ Reassigned to Section ___________________________

Suspension Appeal Form (USTA National)