

SHORT JUDGMENT FORM 2 YELLOW CARDS CB



Match		CB	
Club's Level		Competition	
Date of Match		Match Venue	

Particulars of Offence					
Player's Surname			Date of Birth		
Forename(s)			Plea	Admitted	Not Admitted
Club name			RFU ID No.		
Type of Offence	2 x Foul play yellow card	1 x Foul play, 1 x Technical yellow card	2 x Technical yellow cards		
Law 9 Offence	Law 9.27 - 2 Yellow cards				
Sanction	Sending off sufficient		One week suspension		

Hearing Details	
Hearing Date	
Hearing venue	
Panel Members	
Panel Secretary	

Summary of Essential Elements of Referee Report:

Summary of any mitigating and aggravating features

Number of weeks allowed in mitigation

Number of weeks added on

Sanction

NOTE: PLAYER ORDERED OFF ARE PROVISIONALLY SUSPENDED PENDING THE HEARING OF THEIR CASE, SUCH SUSPENSION SHOULD BE TAKEN INTO CONSIDERATION WHEN SANCTIONING

Total sanction	
Date sanction commences	
Date sanction concludes	
Date free to play	
Final date to lodge appeal	
Costs	

Sending off sufficient

Signature of JO

Date

Signature of Secretary

Date added to

NOTE: YOU HAVE THE RIGHT OF APPEAL AGAINST THIS DECISION AS SET OUT IN REGULATION 19.12 OF THE DISCIPLINARY REGULATIONS. YOUR ATTENTION IS SPECIFICALLY DRAWN TO THE TIME LIMIT AND DIRECTIONS/REQUIREMENTS RELATING TO AN APPEAL SET OUT IN REGULATION 19.12.9

ANY PERSON SUSPENDED UNDER THESE REGULATIONS IS REMINDED THAT UNDER RFU REGULATION 19.11.16 THE SUSPENDED PERSON MAY NOT PLAY THE GAME (OR ANY FORM THEREOF) OR BE INVOLVED IN ANY ON-FIELD MATCH DAY ACTIVITIES ANYWHERE WHICH INCLUDES (BUT IS NOT LIMITED TO) ACTING AS WATER CARRIER/ RUNNING ON A TEE ETC



Red Card Report Levels 5 and Below

To be completed and returned CB Discipline Secretary and Referee Society Discipline Officer
WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH

Please ensure **ALL** fields are completed
Please e-mail as an attachment

Player's Name:	
Player's Club:	
Player's No:	

Home Team	Final Score	Away Team

Law 9 Offence:				
League/Competition:				
Period Incident Occurred: (1st Half/2nd Half/ET)				
Elapsed Time in Half:		Proximity of Official to Incident:		
Did Match Official have a clear view:	Yes	No	Was match recorded:	Yes No
Score at Time:				

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

ADDITIONAL FACTORS

Weather conditions and state of the pitch. General pattern of play/temper of game.
Any other cards issued? Was there any injury/medical attention? Any other related information.

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DETAILED REPORT OF INCIDENT

Name:

Signature:

Date: