

FORM "E"

PROCEDURAL ORDER NO. 1

1 PARTIES	1 PARTIES					
Claimant:						
Address:						
	.			1		
Nationality:	e-Mail:		Telephone No.:	Mobile:		
Authorized Repre	sentative:					
Address:						
Telephone No.:		Mobile:	e-Mail:			
Counsel:						
Address:						
Telephone No.:		Mobile:	e-Mail:			
Third-Party Funde	er:		•			
Address:						
Telephone No.:		Mobile:	e-Mail:			
All correspondence	ce to Claimant sha	II be sent to:				
Claimant	laimant Authorized Representative Counsel					

 $^{^{\}star}$ If there is more than one (1) claimant, add details of other claimants.



Respondent: Address: Nationality: e-Mail: Telephone No.: Mobile: Authorized Representative: Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: Counsel							
Nationality: e-Mail: Telephone No.: Mobile: Authorized Representative: Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address:	Respondent:						
Authorized Representative: Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	Address:						
Authorized Representative: Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:							
Authorized Representative: Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: e-Mail: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:							
Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: Address: Telephone No.: Address:	Nationality:	e-Mail:		Telephone No.:	Mobile:		
Address: Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: Address: Telephone No.: Address:			l				
Telephone No.: Mobile: e-Mail: Counsel: Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	Authorized Repre	sentative:					
Counsel: Address: Telephone No.: Mobile: Address: Address: Tird-Party Funder: Address: Telephone No.: Mobile: E-Mail: Telephone No.: Address: Address:	Address:						
Counsel: Address: Telephone No.: Mobile: Address: Address: Tird-Party Funder: Address: Telephone No.: Mobile: E-Mail: Telephone No.: Address: Address:							
Counsel: Address: Telephone No.: Mobile: Address: Address: Tird-Party Funder: Address: Telephone No.: Mobile: E-Mail: Telephone No.: Address: Address:							
Address: Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	Telephone No.:		Mobile:	e-Mail:			
Telephone No.: Mobile: e-Mail: Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	Counsel:						
Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	Address:	Address:					
Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:							
Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:							
Third-Party Funder: Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:				T			
Address: Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	lelephone No.:		Mobile:	e-Mail:			
Telephone No.: Mobile: e-Mail: All correspondence to Respondent shall be sent to:	Third-Party Funde	er:					
All correspondence to Respondent shall be sent to:	Address:						
All correspondence to Respondent shall be sent to:							
All correspondence to Respondent shall be sent to:							
	Telephone No.:	Mobile: e-Mail:					
	All correspondence	All correspondence to Respondent shall be sent to:					

^{*} If there is more than one (1) respondent, add details for the other respondents.



Additional Party:							
Address:							
Nationality:	e-Mail:		Telephone No.:	Mobile:			
Authorized Repre	sentative:						
Address:							
Telephone No.:		Mobile:	e-Mail:				
Counsel:							
Address:							
			<u> </u>				
Telephone No.: Mobile:			e-Mail:				
Third-Party Funde	er:						
Address:							
Telephone No.:	No.: e-Mail:						
All correspondence	ce to party shall be	e sent to:	•				
Party	Party Authorized Representative Counsel						

^{*} If there is more than one (1) additional party, add details for other additional parties.



2	2 ARBITRATION AGREEMENT						
Is the	Is there an Arbitration Agreement between the parties? Yes No						
If yes	, quote Arbit	ration Clause in th	e Arbitration/Submission Agre	emen	t below:		
If there	e is more than on	ne (1) agreement, quote	and attach copies of the other agreement	ents.			
2.1.	Place of Arbi	tration					
2.2. 1	Law of Arbitr	ration					
2.3. 1	Language of	Arbitration					
3	ARBITRA	L TRIBUNAL					
Chaiı	rman:						
Addr	ess:						
Natio	analitur	e-Mail:		1.	Talanhana Na :	Mobile:	
INALIC	onality:	e-Mail.			Telephone No.:	Wobile.	
Auth	orized Repres	sentative:				I.	
Addr	ess:						
					1		
Telep	hone No.:		Mobile:		e-Mail:		
Mem	ıber:						
Addr	Address:						
Natio	Nationality: e-Mail: Telephone No.: Mobile:					Mobile:	
	. 5.				r		



Member:					
Address:					
	T		<u> </u>	T	
Nationality:	e-Mail:		Telephone No.:	Mobile:	
Authorized Repre	sentative:				
Address:					
Telephone No.:		Mobile:	e-Mail:		
Tribunal Secreta	ry:				
Address:					
Nationality:	e-Mail:		Telephone No.:	Mobile:	
File Counsel:					
Address:					
Nationality:	e-Mail:		Telephone No.:	Mobile:	



4 CONTRACT
Title:
Date:
* If there is more than one (1) contract, add details of other contracts.
5 CLAIMS
For the Claimant -
Claim:
Amount:
Basis:
Relief sought:
* If there is more than one (1) claim, give details of each claim.
For the Respondent -
Counterclaim:
Amount:
Basis:
Relief sought:
* If there is more than one (1) counterclaim, give details of each counterclaim.
For the Additional Party -
Claim:
Amount:
Basis:
Relief sought:

 $^{^{\}star}$ If there is more than one (1) claim, give details of each claim.



6 ADMITTED FACTS
The admitted facts are:
7 ISSUES
The issues to be resolved, stated in question form, are:
8 APPLICABLE LAWS AND PROCEDURAL RULES
The applicable laws and procedural rules are:





10 WITNESSES
For the Claimant -
Name of Witness:
Summary of testimony:
* If there is more than one (1) witness, give details of other witnesses and their testimonies.
For the Respondent -
Name of Witness:
Summary of testimony:
* If there is more than one (1) witness, give details of other witnesses and their testimonies.
For the Additional Party -
Name of Witness:
Summary of testimony:
* If there is more than one (1) witness, give details of other witnesses and their testimonies.
Expert Witness Appointed by Tribunal -
Name of Witness:
Opinion sought:
* Attach relevant CV or qualifications of expert witness. If there is more than one (1) expert witness appointed by the tribunal, give details of other witnesses.



11 PROCI	EDURAL TII	METABLE				
Hearings shall	be:	In-person	Virtual	0	ral	Documents only
Proceedings				Schedule		
12 PROD	UCTION OF	DOCUMENTS				
The parties ha [date, time] at		the simultaneous p	roduction for insp	pection and photoco	pying of these do	ocuments on
From Claima						
From Respor	ident:					
From Addition	onal Parties:					
12 21 1/6	CAL EVAL	INIATION				
	CAL EXAM			مر مرا المرا ا	. [elete times] et [-l1.
The parties na	ive agreed tha	t requested on a pr	iysical examinatio	on of the following o	n [date, time] at [piace]:



14	INTERIM MEASURES OF PROTECTION
The	parties have requested the following Interim Measures of Protection:
For	Claimant:
For	Respondent:
For	Additional Parties:
1017	Additional Falties.
15	SUMMARY DISPOSITION
The	parties have applied for Summary Disposition of these issues:
For	Claimant/Respondent/Additional Parties:



16	XPEDITED PROCEDURE
Will th	Dispute be resolved under the Expedited Procedure of the PDRCI Sports Arbitration Rules?
Y	S No
If yes,	ease list down the respective proposals of the parties to date.
For Cl	mant:
For Re	pondent:
For th	Additional Party:



17 EMERGENCY ARBITRATION		
Was there any Emergency Arb	itration under the PDRCI Sports Arbitration Rules prior to the constitution c	of the Arbitral Tribunal?
Yes	No	
If yes, please state the relevan	t ruling below.	
18 FINAL AWARD		
Bracketed Option	Final Offer	
Not Reasoned	Reasoned	
Summary	Extended	
ARBITRAL TRIBUNAL		
Insert Signature Image here	Chairman	Date
Insert Signature Image here	Member Member	Date
Incort Cignoture I		Data
Insert Signature Image here	Member	Date