

Standards Committee determinations

FORM A

Please enter the number of any paragraph where you disagree with the findings of fact in the ESO's report, and give your reasons and your suggested alternative.

Member's response to the evidence set out in the ESO's report

Paragraph number from the ESO's report	Reasons for disagreeing with the findings of fact provided in that paragraph	Suggestion as to how the paragraph should read

Please attach separate sheets if necessary

FORM B

Please set out below, using the numbered paragraphs, any other evidence you feel is relevant to the allegation made about you.

Other evidence relevant to the allegation

Paragraph number	Details of evidence
1	
2	
3	
4	
5	

Please attach separate sheets if necessary

FORM C

Representations to be taken into account if a member is found to have failed to follow the Code of Conduct

Please set out below, using the numbered paragraphs, any factors that the Standards Committee should take into account if it finds that a member has failed to follow the Conduct.

Please note that no such finding has been made yet.

Paragraph number	Factors for the Standards Committee to take into account when deciding whether or not to order any censure, restriction of resources or allowances, suspension or partial suspension
1	
2	
3	
4	
5	

Please attach separate sheets if necessary

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FORM D

Arrangements for the Standards Committee hearing

Please tick the relevant boxes

<p>1</p>	<p>The proposed date for the standards Committee hearing will be notified shortly. Are you planning to go to the hearing?</p> <p>If 'No', please explain why.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Reason:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2</p>	<p>Are you going to present your own case?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>3</p>	<p>If you are not presenting your own case, will a representative present it for you?</p> <p>If 'Yes' please state the name of your representative.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Name:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>4</p>	<p>Is your representative a practising solicitor or barrister?</p> <p>If 'No', please go to question 5.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5</p>	<p>Does your representative have any connection with the case?</p> <p>If 'Yes', please give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

6	<p>Are you going to call any witnesses?</p> <p>If 'Yes', please fill in Form E.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
7	<p>Do you, your representative or your witnesses have any access difficulties (for example, is wheelchair access needed)?</p> <p>If 'Yes', please give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
8	<p>Do you, your representative or witnesses have any special needs (for example, is an interpreter needed)?</p> <p>If 'Yes' please give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
9	<p>Do you want any part of the hearing to be held in private?</p> <p>If 'Yes', please give reasons referring to Part VA of the Local Government Act 1972.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Reasons:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
10	<p>Do you want any part of the relevant documents to be withheld from public inspection?</p> <p>If 'Yes', please give reasons referring to Part VA of the Local Government Act 1972.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Reasons:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

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FORM E

Details of proposed witness to be called

Please tick the relevant boxes

Name of witness or witnesses		1
		2
		3
WITNESS 1			
a	Will the witness give evidence about the allegation? If 'Yes' please provide an outline of the evidence the witness will give.	Yes <input type="checkbox"/>	Outline of evidence:
		No <input type="checkbox"/>	
b	Will the witness give evidence about what action the Standards Committee should take if it finds that the Code of Conduct has not been followed? If 'Yes' please provide an outline of the evidence the witness will give.	Yes <input type="checkbox"/>	Outline of evidence:
		No <input type="checkbox"/>	

WITNESS 2			
a	<p>Will the witness give evidence about the allegation?</p> <p>If 'Yes' please provide an outline of the evidence the witness will give.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Outline of evidence:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
b	<p>Will the witness give evidence about what action the Standards Committee should take if it finds that the Code of Conduct has not been followed?</p> <p>If 'Yes' please provide an outline of the evidence the witness will give.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Outline of evidence:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
WITNESS 3			
a	<p>Will the witness give evidence about the allegation?</p> <p>If 'Yes' please provide an outline of the evidence the witness will give.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Outline of evidence:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
b	<p>Will the witness give evidence about what action the Standards Committee should take if it finds that the Code of Conduct has not been followed?</p> <p>If 'Yes' please provide an outline of the evidence the witness will give.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Outline of evidence:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Please attach separate sheets if necessary.