

# Application to refer a Mediation to a Tribunal

The Tribunal Section  
Residential Tenancies Board  
PO Box 47  
Clonakilty  
Co Cork

Tel: 0818 30 30 37 or 01 702 8100

Fax: 0818 30 30 39

E-mail: tribunals@rtb.ie

Website: www.rtb.ie

## Please read carefully before completing this form.

1. A referral to a Tribunal must be made within the time period calculations set out below.

### 2. Calculation of the referral period

#### Mediation

Where one or either of the parties who participated in the mediation process wishes to refer the case to a Tenancy Tribunal they must do so **on or within 10 calendar days of the completion of the mediation**. The 10 days is inclusive of Sundays and Bank Holidays. If day 10 falls on a Sunday or Bank Holiday, then the form, if posted, must be posted prior to the 10 day deadline. For example, if day 10 is on a Sunday, then the last day you can post it is on the Friday before, so it will be received by the RTB on the Monday. Where an appeal form arrives after day 10, a certificate of postage will have to be provided proving it was posted before day 10.

The onus is on parties to ensure the application, including the fee, is received by the RTB within the permitted period. Please note that the RTB will only grant a late appeal in exceptional circumstances with supporting evidence.

3. Pages 2 - 4 (Sections 2, 3 & 4) can be photocopied as required if more than two applicants are completing this form.

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### Insert case reference number

Dispute Reference **DR**

**RTB OFFICE STAMP**

(DATE RECEIVED)

**2 - Details of person making the referral:** *(Please use CAPITAL LETTERS)*

Mr.  Mrs.  Ms.

(insert TICK in appropriate box)

First Name

Surname

If a Company insert Company Name (ensure the full and correct Company Name is inserted)

  

Address

Eircode

Telephone No.

Mobile

Email

PPSN (Personal Public Service Number) **OR** CRO (Company Registration Number):

 

RTB AHB Reference Number (if appellant is an Approved Housing Body landlord):

**3 - Details of additional person making the referral:** (Please use CAPITAL LETTERS)

Mr.  Mrs.  Ms.

(insert TICK in appropriate box)

First Name

Surname

If a Company insert Company Name (ensure the full and correct Company Name is inserted)

<input type="text"/>
<input type="text"/>

Address

Eircode

Telephone No.

Mobile

Email

PPSN (Personal Public Service Number) **OR** CRO (Company Registration Number):

<input type="text"/>	<input type="text"/>
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RTB AHB Reference Number (if appellant is an Approved Housing Body landlord):

<input type="text"/>
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**4 - Agent / Receiver / Representative Details (if there is one):**

*(Please use CAPITAL LETTERS)*

Mr.  Mrs.  Ms.

(insert TICK in appropriate box)

First Name

Surname

If a Company insert Company Name (ensure the full and correct Company Name is inserted)

Address

Eircode

Telephone No.

Mobile

Email

## 5 - Please indicate if you are Tenant(s), Landlord(s), Agent / Representative or Third Party

(insert TICK in appropriate box and insert details at relevant sections below)

Tenant(s)  Private Landlord(s)  Third Party

Approved Housing Body (AHB)  Receiver  Agent / Representative

I confirm I have the authority to act on behalf of the applicant(s) and my clients have full knowledge of an application being made on their behalf

## 6 - Language and / or special requirements / accessibility requests for the day of the hearing

Do you require an interpreter/translator? **Yes**  **No**  (insert TICK in appropriate box)

If **Yes**, please state what language:

Do you have any special requirements/accessibility requests for the day of the hearing?

## 7 - Please indicate below the Dispute Type that was recorded on the original dispute application

(insert TICK in appropriate box)

Please note any new Dispute Type should be brought forward in a new dispute application

<b>Rent Arrears</b> <input type="checkbox"/>	<b>Unlawful Termination of Tenancy</b> (illegal eviction) <input type="checkbox"/>
<b>Overholding</b> (where a tenant did not vacate after valid Notice of Termination) <input type="checkbox"/>	<b>Deposit retention</b> <input type="checkbox"/>
<b>Damage in excess of normal wear and tear</b> <input type="checkbox"/>	<b>Standard and maintenance of dwelling</b> <input type="checkbox"/>
<b>Breach of Fixed Term Lease</b> <input type="checkbox"/>	<b>Breach of Landlord obligations</b> <input type="checkbox"/>
<b>Anti-Social Behaviour</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
<b>Breach of Tenant obligations</b> <input type="checkbox"/>	<b>Rent more than market rate</b> <input type="checkbox"/>
<b>Validity of notice of termination</b> (if you are disputing the validity of a termination notice issued) <input type="checkbox"/>	<b>Validity of notice of rent review</b> <input type="checkbox"/>
	<b>Rent review not in line with rent pressure zone</b> <input type="checkbox"/>

## 8 - Has this tenancy been the subject of a previous dispute with the RTB?

Yes  No  (insert TICK in appropriate box)

If **Yes**, please give previous dispute reference number **DR**

Rented Dwelling Address

Eircode

No agreement reached during mediation

Partial agreement reached at mediation

Agreement reached at mediation has broken down

## 9 - Please state the grounds for your referral: *(Please use CAPITAL LETTERS)*

**9 - Please state the grounds for your referral:** *(continued)*

**Please submit any relevant document(s) in your possession in support of your application. If you have already submitted these for your dispute case there is no need to re-submit, however, you need to make reference to them at the Tribunal.**

## 10 - Signature of Applicant(s) or Representative(s) (with authority)

Print Name

Signature

Date   /   /

Print Name

Signature

Date   /   /

Print Name

Signature

Date   /   /

## 11 - Please indicate how you are paying the application fee of €30

(insert TICK in appropriate box)

Cheque (*made payable to RTB*)

Postal Order

Bank Draft

Credit/Debit Card

Due to the implementation of the EU Payment Services Directive (PSD2) and the additional checks that are required to authenticate credit / debit card payments, the RTB is unable to accept written credit / debit card details on applications. Should you wish to pay by card, please tick here and an agent will call you to take payment over the phone.

For security purposes, the RTB cannot accept payment by cash.

**Note:** Please attach payment to this form.



## Return of Application Form:

Your completed application form and fee should be addressed to:

**The Tribunal Section**  
**Residential Tenancies Board**  
**PO Box 47**  
**Clonakilty**  
**Co. Cork**

Or can be emailed to [tribunals@rtb.ie](mailto:tribunals@rtb.ie)

## Checklist:

Have you filled in the following information:

- Your own details
- The details of any additional person making the referral
- The details of your Representative/Receiver/Agent (if appropriate)
- Details of the dispute on page 5 (dispute type, etc.)
- Grounds for the referral
- Signed the application
- Included payment – cheque / postal order / bank draft

**Please note that it is an offence to knowingly or recklessly furnish false or misleading information to the RTB. If found guilty a person shall be liable on summary conviction to a fine of up to €4,000 or, a term of imprisonment of up to six months, or both.**