



Civil Resolution Tribunal

Strata Dispute Application Form – Person



Save time, pay a reduced fee and have your application processed faster by doing this online from any computer, mobile device or tablet:

<https://civilresolutionbc.ca/how-the-crt-works/getting-started/strata-solution-explorer/>

Need help or more information about the CRT? Go to: <https://civilresolutionbc.ca>

Helpers and Representatives (<https://civilresolutionbc.ca/how-the-crt-works/tribunal-process/starting-a-dispute/helpers-representation/>):

- If someone with a computer can help you, you and your helper can go to <https://civilresolutionbc.ca/how-the-crt-works/getting-started/strata-solution-explorer/> to submit your application. It will be faster and the fees are lower.
- A helper may assist you throughout the process, including filling out forms and helping you use a computer.
- A helper cannot speak on your behalf. Only a representative approved by the CRT can do that.
- To request permission to have a representative, complete and attach a separate representative request form. You may find this form here: <http://civilresolutionbc.ca/resources/forms/>

How to apply for dispute resolution:

If you don't have access to a computer:

1. Complete this form. Please print clearly. Add any additional pages you need for your application.
2. Provide your completed application and payment to the CRT via mail, using the instructions at the end of this form. All fields must be completed unless marked optional. Missing information may delay your application.

If you have access to a computer:

1. Complete this form on your computer. You can fill this out on your computer, tablet or device using Adobe Acrobat (<https://get.adobe.com/reader/>). This will allow you to make and save changes easily, and email the application without having to scan it.
2. Provide your completed application by email and payment to the CRT by mail using the instructions at the end of the form.

Ensure that you read and sign the declaration at the end of this form!

HOW TO COMPLETE THIS FORM

Section 1 Applicant(s) - Who is applying for dispute resolution?

- Use this form if you are a Strata Corporation or Strata Section

Section 2 Respondent(s) – Who is the dispute against?

- If there is more than one respondent, include separate respondent pages for each of them.
- Please review all pages of section 2 of this package and complete only the applicable page for each respondent

Section 3 Dispute – What is your dispute about?

- Describe your claim(s) and answer some questions about your dispute.
- List the outcome(s), remedies or action(s) you want to resolve your dispute.

Section 4 Additional Details – Provide any additional information that you have about this dispute.

Section 5 Payment and Submission – You'll need to pay the fee (\$150).

- With this application form you can only submit payment by cheque, made payable to the “Minister of Finance”.

Personal Information and Privacy: Your personal information is collected for the purpose of submitting an application and initiating Civil Resolution Tribunal dispute resolution processes, pursuant to the Civil Resolution Tribunal Act and the CRT's Rules. You can view the CRT's policy on access to records and information in CRT disputes at <https://civilresolutionbc.ca/resources/information-access-privacy-policy/>. If you have any questions regarding the collection of your personal information, please contact the CRT: Email: Info@crtbc.ca or; Mail: Attention Registrar and Executive Director, Civil Resolution Tribunal, PO Box 9239, Stn Prov Govt, Victoria BC, V8W 9J1



SECTION 1: PAGE FOR **INDIVIDUAL (NON-BUSINESS) APPLICANT**

If there is more than one applicant that is an individual, copy a blank version of this page and complete the information for the additional applicant.

Personal Information

| | |
|---|---|
| Legal First Name | Legal Last Name |
| List other names you go by (optional) | Are you an owner or tenant? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant Strata Plan #: _____ |

Contact Information

| | | | |
|------------------------------------|--------------------------------|------------------------|------------------------------|
| Address (Street or PO Box) | | | Unit (If applicable) |
| City | Province/State | Country | Postal/Zip Code |
| Daytime Phone | Other Phone (optional) | Fax (optional) | Email Address |

Communication Preferences

| | |
|---|--|
| How do you want to communicate? This is the main way we will communicate with you during the tribunal process. You will need to be available and checking regularly for communications. SELECT ONE <input type="checkbox"/> Email (Recommended) <input type="checkbox"/> Phone/Mail | Where should we send formal communications? For example: orders, requests, or decisions. SELECT ONE <input type="checkbox"/> Email (Recommended) <input type="checkbox"/> Mail <input type="checkbox"/> Fax |
|---|--|

Additional Applicant Information

| | |
|---|--|
| Are you under 19 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any of the following that may require a special accommodation? <input type="checkbox"/> Difficulty reading and writing <input type="checkbox"/> English speaking difficulty <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mental health issues <input type="checkbox"/> Other (describe) _____ |
| Do you have a committee of estate, a representative appointed in a representation agreement, or an attorney appointed in an enduring power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No | |



SECTION 2: WHO IS YOUR CLAIM AGAINST?

PAGE FOR INDIVIDUAL (NON-BUSINESS or STRATA) RESPONDENT

If your claim is against more than one individual, copy a blank version of this page and complete the information for the additional respondent.

| Personal Information | | | |
|--|------------------------|--|-----------------------|
| Legal First Name | | Legal Last Name | |
| List other names they go by (optional) | | Are they an owner or tenant in the strata? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | |
| Contact Information | | | |
| Address (Street or PO Box) | | | Unit (If applicable) |
| City | Province/State | Country | Postal/Zip Code |
| Daytime Phone | Other Phone (optional) | Fax (optional) | Email |



SECTION 2: WHO IS YOUR CLAIM AGAINST?

PAGE FOR **ORGANIZATION/BUSINESS RESPONDENT**

If your claim is against more than one organization or business, copy a blank version of this page and complete the information for the additional respondent.

| Organization/Business Information | | | |
|---|---------------------------------|--|---------------------------------|
| Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Society / Non-Profit <input type="checkbox"/> Other | | If you selected "Other" as business type, please describe it here _____ _____ | |
| Legal organization or business name _____ _____ | | CRA Business Number (optional) _____ | |
| List other names they do business as (optional) _____ _____ | | Are they an owner or tenant in the strata? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | |
| Address (Street or PO Box) _____ _____ | | | Unit (If applicable) _____ |
| City _____ | Province/State _____ | Country _____ | Postal/Zip Code _____ |
| Daytime Phone _____ | Other Phone (optional) _____ | Fax (optional) _____ | Email Address _____ _____ |
| If the Business Type is Proprietorship, Identify the Sole or Primary Proprietor | | | |
| First Name _____ | Last Name _____ | Title (optional) _____ | |
| Address (Street or PO Box) _____ _____ | | | Unit (if applicable) _____ |
| City _____ | Province/State _____ | Country _____ | Postal/Zip Code _____ |
| Daytime Phone _____ | Other Phone (optional) _____ | Fax (optional) _____ | Email Address _____ _____ |



SECTION 2: WHO IS YOUR CLAIM AGAINST?

PAGE FOR **STRATA CORPORATION/STRATA SECTION RESPONDENT**

| Strata Corporation Information | | | |
|---|------------------------|--|-----------------|
| Strata Corporation Name We need to know the strata corporation's legal name. For example, The Owners, Strata Plan BCS 0000. Many stratas also have a common name such as "Garden Villa" or "The Rock"—this is not part of a strata corporation's legal name. | | Section of a Strata Corporation (if applicable) If the Respondent is a section of the strata corporation identified at left, provide the strata section number here (as indicated in the bylaws of the strata corporation). The legal name of the section has the basic structure noted below. "Commercial Section" or "Residential Section" is not part of the legal name of a section. | |
| The Owners, Strata Plan, _____ | | Section #: _____ | |
| Address (Street or PO Box) | | | Unit (optional) |
| City | Province/State | Country | Postal/Zip Code |
| Daytime Phone | Other Phone (optional) | Fax (optional) | Email Address |



SECTION 3: DISPUTE DETAILS

Please provide the details of your dispute below.

Strata Corporation or Section Information to which this Dispute Relates

Strata Corporation Name

We need to know the strata corporation's legal name. For example, The Owners, Strata Plan BCS 0000. Many stratas also have a common name such as "Garden Villa" or "The Rock"—this is not part of a strata corporation's legal name.

The Owners, Strata Plan, _____

Section of a Strata Corporation (if applicable)

If the Respondent is a section of the strata corporation identified at left, provide the strata section number here (as indicated in the bylaws of the strata corporation). The legal name of the section has the basic structure noted below. "Commercial Section" or "Residential Section" is not part of the legal name of a section.

Section #: _____

Municipality/City/Town

What Happened?

Provide a one sentence summary of the claim

Description

Provide enough detail to let the respondent and tribunal know what your claim is about. You don't need to include every detail here. You'll be able to add more once your dispute is in Facilitation.

When did you become aware of the issues described in this dispute?

Provide the approximate month and year.

What have you done so far to try to resolve this dispute?

Why is resolving this dispute important to you? (optional)



SECTION 3: DISPUTE DETAILS CONTINUED

Please provide the outcomes, remedies or actions that you are seeking below.

What do you want?

List each outcome, remedy or action you want. Examples:

- I want Ms. Lee to repay the money she borrowed from me.
- I want the strata to enforce the noise bylaw.
- I want John Smith to stop blocking my parking spot.

You only need to request one Remedy. Remedies 2 through 5 are optional. You also will have an opportunity to clarify what outcome you want during the CRT's Facilitation process.

| | |
|---|------------------------------------|
| Remedy 1: _____ _____ _____ | Amount 1 (optional) \$ _____ |
| Remedy 2 (If applicable) _____ _____ _____ | Amount 2 (optional) \$ _____ |
| Remedy 3 (If applicable) _____ _____ _____ | Amount 3 (optional) \$ _____ |
| Remedy 4 (If applicable) _____ _____ _____ | Amount 4 (optional) \$ _____ |
| Remedy 5 (If applicable) _____ _____ _____ | Amount 5 (optional) \$ _____ |

What is the total amount of money you are asking for?

TOTAL \$ _____

PLUS fees paid by the Applicant to the CRT and other expenses and charges allowed under the CRT Rules and the Civil Resolution Tribunal Act.



SECTION 4: ADDITIONAL INFORMATION

Please answer each of these questions about your circumstances.

Additional application questions

Is there an immediate risk you'll lose your job or become homeless because of this dispute?

Yes No

If yes, describe the immediate risk caused by this dispute

Has a resolution process been started or finished in another court, tribunal, or legally binding process?

Such as Civil Resolution Tribunal, Small Claims Court, Human Rights Tribunal, Arbitration, etc.

Yes No

If yes, where is it and how far along in the process is it?

The Civil Resolution Tribunal can't accept appeals from decisions made by other courts, tribunals, or legally binding processes.

Did you request a hearing with your strata council

Yes No

If yes, what was the result?

If No, are you asking the CRT to waive the requirement that you request a hearing? Why should the CRT grant that request?



SECTION 4: ADDITIONAL INFORMATION CONTINUED

Evidence

Please describe any evidence that you have to explain the facts in this dispute. Your descriptions can be about things like documents or photos.

 PLEASE DO NOT SEND ACTUAL EVIDENCE TO THE CRT WITH THIS APPLICATION. EVIDENCE IS SUBMITTED LATER IN THE PROCESS.

SECTION 5: DECLARATIONS AND SIGNATURE

Information Access and Privacy Policy

The Civil Resolution Tribunal (CRT) collects a wide variety of information from parties in disputes brought to the Tribunal. Most of this information is shared with the parties and their representatives during the dispute resolution process. In some cases, members of the public may also be able to access CRT dispute records.

The CRT only asks for information that is needed to resolve a dispute. The CRT will collect the following types of information, and share it with the parties:

- Contact information for the parties and their representatives, including names, addresses, telephone numbers, fax numbers, and email addresses;
- Each party’s description of the dispute and position on its resolution;
- Communications between the parties and the CRT;
- Information and evidence provided by parties, which may include information about damages and injuries, health and financial records, and other information of a personal nature;
- Information about witnesses, including their contact information and evidence they might be called upon to provide.

The CRT might also collect information from a party about special circumstances they might have. These circumstances might include language or capacity issues, or the ability to pay CRT fees. This information will not normally be shared with other parties, unless the circumstances require the CRT to do so.

Generally, discussions between the parties aimed at resolving a dispute through negotiation will be confidential. This means the CRT will not disclose these negotiations unless the parties agree to the disclosure or the law requires it.

If the parties settle a dispute by negotiation and agreement, the public will be able to request copies of any CRT order documenting the settlement.



SECTION 5: DECLARATIONS AND SIGNATURE CONTINUED

If a dispute is not resolved by agreement, it will move into the Tribunal Decision Process. The CRT will decide the claims and make any necessary orders to give effect to the decision. Members of the public may access the names of parties in a CRT Tribunal Decision Process, as well as a general description of the dispute and its status. Members of the public may also request copies of submissions and evidence provided during the Tribunal Decision Process.

The *Civil Resolution Tribunal Act* requires that final decisions and orders must be posted to the CRT’s website, where they will be available to the public. Normally, a member of the public will have to submit a request to search for dispute records that are not publicly available through the Tribunal or another public website.

If a party or witness is concerned that information in a final decision or order would be harmful to their privacy or security, they may request that this information be redacted or anonymized.

All information that the CRT receives from parties and witnesses is stored in Canada.

The CRT’s complete policy on collecting and disclosing information gathered during the dispute resolution process can be found online at <https://civilresolutionbc.ca/wp-content/uploads/2018/05/Access-to-Info-in-CRT-Case-Records-20180501.pdf>. If you have other questions about the CRT’s policy for accessing dispute records or storage of the records, you should contact the CRT at one of the following addresses:

Email: info@crtbc.ca

Mail: Attention: Registrar and Executive Director
Civil Resolution Tribunal
PO Box 9239, STN PROV GOVT
Victoria BC V8W 9J1

Toll-free Telephone: 1-844-322-2292

Declaration

I am the primary applicant and will be the contact for all other applicants (if any) named in this dispute.

I confirm all applicants are aware of and understand the CRT’s policy on collecting and accessing the information I provide to the CRT (a summary of that policy is provided, above).

I confirm that I and all other applicants in this dispute understand that, under section 92 of the *Civil Resolution Tribunal Act*, a person who provides false or misleading evidence or other information in a tribunal proceeding commits an offence and is liable on conviction to a fine of \$10,000 or imprisonment for term not longer than 6 months, or both.

If there is more than one applicant, you must identify one of them as the primary applicant, to whom the CRT will send all communication and notices. The CRT will send copies of formal notifications to the other applicants.

Primary Applicant Name: _____

By signing my name in the signature space below, I agree to the declarations stated above.

Primary Applicant Signature: _____

Date Signed (dd/mm/yyyy) _____



SECTION 6: PAYMENT AND SUBMISSION**\$150 Application fee due immediately**

You must provide your application fee with this form. If you don't provide payment, your application won't be accepted.

Payment Option 1: Pay by Cheque

Make the \$150 cheque payable to: Minister of Finance

Payment Option 2: Request a Fee Waiver

If you can't afford to pay the fee to apply for CRT dispute resolution you can request a fee waiver by including a completed Fee Waiver Request Form with this application. If there is more than one applicant for dispute resolution, each one will have to qualify for a fee waiver. For more information visit: <https://civilresolutionbc.ca/resources/crt-fees/>

Submitting your completed application**Option 1: Email or fax your forms and mail your cheque (recommended)**

- Email your completed form(s) to: rsc@crtbc.ca
- Fax your completed form(s) to: (250-387-2292)
- Send your cheque by mail to:

Civil Resolution Tribunal
Attention: Intake
PO Box 9239 STN PROV GOVT
Victoria, British Columbia
V8W 9J1, Canada

Option 2: Send your form(s) and cheque by mail

Civil Resolution Tribunal
Attention: Intake
PO Box 9239 STN PROV GOVT
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