#### File Number

#### **ACT CIVIL AND ADMINISTRATIVE TRIBUNAL**

AUSTRALIAN CAPITAL TERRITORY
CIVIL & ADMINISTRATIVE TRIBUNAL

/

## APPLICATION FOR APPOINTMENT OF GUARDIAN AND/OR MANAGER

\*Guardianship and Management of Property Act 1991

I,	
	(Name of Applicant)
of	
	(Address)
Telephone: (H	Home)
C	Work)
<b>(N</b>	Mobile)
(H	EMAIL)
Wish to apply	for an order of the ACT Civil and Administrative Tribunal
*1.	For the appointment of a guardian (A person to make decisions relating a person's health and welfare)
and/o	r
*2.	For the appointment of a manager (A person to make decisions about property and financial matters)

\* Tick or cross box for order sought

### <u>Details and information relating to the person for whom the order is being sought:</u>

Mr/Ms/Mrs/Miss:	
(Given Names)	(Surname)
Address:	
	Postcode:
Telephone:	
(Home)	
(Work)	
(Mobile)	
(EMAIL)	
Date of Birth:/	
Does the person require an interpreter?	Yes/No
If yes, please specify language:	
Is the person residing in temporary resp	pite accommodation? Yes/No
If yes, please specify:	

Please detail the nature of the physical, mental, psychological or intellectual condition or state you believe impairs the decision-making ability of the person in respect of their health or welfare and/or financial affairs:
This application should be accompanied, if possible, by a medical/psychological/other professional report(s) giving details of the person's condition and how it affects his or her ability to make decisions about his or her personal circumstances and/or finances.
Name of doctor/psychologist/other professional involved with the person:
Address:
Postcode
Phone
Report attached Report to be forwarded No reports available
List any health, welfare or community agencies who are or have recently been involved (for example: Aged Care Assessment Team, Intellectual Disability Service, ADACAS, Citizen Advocacy, etc)

### **RELATIVES AND FRIENDS**

You must include particulars of any primary carer, the person's domestic partner, parents, brothers, sisters and each child of the person as well as other close relatives

(Attach sheet with additional names if required)

Mr/Ms/Mrs/Miss	
(Given Names)	(Surname)
Address:	
	Postcode
Telephone: (Home)	
(Work)	
(Mobile)	
(EMAIL)	
Relationship to the person for whom	n the order is sought (eg mother, domestic partner)
Mr/Ms/Mrs/Miss	
(Given Names)	(Surname)
Address:	
	Postcode
Telephone: (Home)	
(Work)	
(Mobile)	

(EMAIL)		
Relationship to the person for whom the o	order is sought (eg mother, d	lomestic partner)
Mr/Ms/Mrs/Miss		_
(Given Names)	(Surname)	_
Address:		
	Postcode	
Telephone: (Home)(Work)		
(Mobile)		
(EMAIL)		
Relationship to the person for whom the o	order is sought (eg mother, d	lomestic partner)

## DETAILS OF PROPOSED GUARDIAN & CONSENT TO ACT

(A person to make lifestyle or non-financial decisions) (If more than one, attach a sheet to this form)

Public Advocate OR	
OTHER	
Mr/Ms/Mrs/Miss	
(Given Names) Address:	(Surname)
	Postcode
Telephone: (Home)	
(Work)	
(Mobile)	
(EMAIL)	
Age	
Relationship to the person for whom the	order is sought (eg mother, domestic partner)
I am prepared to act as *plenary/limited	guardian of
(Name of person in respect of who	om the order is sought)
if appointed by the ACT Civil and Admi	nistrative Tribunal.
Signature of Proposed Guardian	
Date _ * Strike out whichever does not apply	/

Approved Form AF2009-45 approved by L Crebbin (General President) and B Stefaniak (Appeal President) on 30 January 2009 under section 117 of the *ACT Civil and Administrative Tribunal Act 2008*.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

# DETAILS OF PROPOSED FINANCIALMANAGER & CONSENT TO ACT

(A person to make decision about property and financial matters) (If more than one, attach a sheet to this form)

☐ Public Trustee	
OR	
OTHER	
Mr/Ms/Mrs/Miss	
(Given Names)	(Surname)
Address:	
	Postcode
Telephone: (Home)	
(Work)	
(Mobile)	
(EMAIL)	
Age	
Relationship to the person for whom the	order is sought (eg mother, domestic partner)
I am prepared to act as *plenary/limited	manager of
(Name of person in res	pect of whom the order is sought)
if appointed by the ACT Civil and Admi	nistrative Tribunal.
Signature of Proposed Manager	
Date * Strike out whichever does not apply	

Approved Form AF2009-45 approved by L Crebbin (General President) and B Stefaniak (Appeal President) on 30 January 2009 under section 117 of the *ACT Civil and Administrative Tribunal Act 2008*.

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### **ENDURING POWER OF ATTORNEY**

Has the person for whom an order is sought signed an Enduring Power of Attorney?
☐ Yes ☐ No ☐ Don't Know
If yes, indicate the name and address of the person in whose favour the Enduring Power of Attorney was given:
Please attach a copy of the Enduring Power of Attorney. The Tribunal has power, upon application and under section 75 of the <i>Powers of Attorney Act 2006</i> , to affect the continued operation of an Enduring Power of Attorney where it is satisfied that it is not in the best interests of the donor of the power for the power to continue.
Are you applying for the Enduring Power of Attorney to be revoked/varied?
☐ Yes ☐ No ☐ Not applicable
Have you informed the person for whom the order is being sought that you are making this application?
☐ Yes ☐ No
Notices giving details of the time and place of the hearing will be sent to the proposed protected person and all parties listed in this application.
Please explain what particular problems led you to make this application and why you think the person needs a guardian and/or manager:

#### **DECLARATION BY THE APPLICANT**

I have read this completed application and consider to the best of my knowledge, that all the information provided is true and correct, is not misleading and that no information relevant to the application and to the Tribunal has been omitted.

**Warning**: pursuant to section 338 of the *Criminal Code 2002*, a person commits an offence if they knowingly make a statement in a document which is false or misleading to a person who is exercising a function under a territory law for which the maximum penalty is 100 penalty units, imprisonment for 1 year or both.

Signature of Applicant	
Date/	/
Signature of Witness	
Date/	<i></i>
Print Name of Witness	