

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



/

## APPLICATION FOR APPOINTMENT OF GUARDIAN AND/OR MANAGER

*\*Guardianship and Management of Property Act 1991*

I, \_\_\_\_\_  
(Name of Applicant)

of \_\_\_\_\_  
(Address)

Telephone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(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/or**

- \*2. For the appointment of a manager   
(A person to make decisions about property and financial matters)

**\* Tick or cross box for order sought**

Approved Form AF2009- 128 approved by L Crebbin (General President), B Stefaniak (Appeal President) and P Spender (Presidential Member) on 3 April 2009 under section 117 of the *ACT Civil and Administrative Tribunal Act 2008*. This form repeals form AF2009-45

Authorised by the ACT Parliamentary Counsel—also accessible at [www.legislation.act.gov.au](http://www.legislation.act.gov.au)

**Details and information relating to the person for whom the order is being sought:**

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 respite 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:*

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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:

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Address:

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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)

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## 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 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 order  
is sought (eg mother, domestic partner)

\_\_\_\_\_

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## 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)

(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 guardian of

\_\_\_\_\_

(Name of person in respect of whom the order is sought)

if appointed by the ACT Civil and Administrative Tribunal.

**Signature of Proposed Guardian** \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* *Strike out whichever does not apply*





## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Witness

\_\_\_\_\_