

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



/

APPLICATION FOR APPOINTMENT OF MANAGER FOR MISSING PERSONS PROPERTY

**Guardianship and Management of Property Act 1991*

I, _____
(Name)

of _____
(Address)

Telephone: (Home) _____

(Work) _____

(Mobile) _____

EMAIL _____

Relationship to missing person¹:

Wish to apply for an order of the ACT Civil and Administrative Tribunal for the appointment of a manager under section 8AA of the *Guardianship and Management of Property Act 1991* in relation to the property and financial matters of:

¹ The domestic partner, a relative or carer of the person or any one who has an interest in the property of the missing person may apply for an order.

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: ____/____/____

How long has the person been missing?²
____ Years ____ Months ____ Days

Does the missing person usually reside in the ACT? Yes/No

What efforts have been made to locate the missing person?

² A person must be missing for at least 90 days before the tribunal can appoint a manager.

Why is it necessary to appoint a manager to make decisions in relation to the missing person's financial matters or property?

(If you require further room please continue on a separate page and attach it to this application)

Will the missing person's interests be significantly adversely affected if a manager is not appointed?

(If you require further room please continue on a separate page and attach it to this application)

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)

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)

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*

**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 respect of whom the order is sought)

if appointed by the ACT Civil and Administrative Tribunal.

Signature of Proposed Manager _____

Date ____/____/____

* *Strike out whichever does not apply*

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 *Powers of Attorney Act 2006*, 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 ____/____/____

Print Name of Witness
