

# Guardianship Tribunal

File No: \_\_\_\_\_  
Matter No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Ack. Sent: \_\_\_\_\_

## *Application for Recognition of Interstate Appointment*

PLEASE PRINT AND USE A BLACK PEN

### TYPE OF APPOINTMENT TO BE RECOGNISED

Are you applying to have the Guardianship Tribunal recognise your appointment as:

- guardian of another person?  
 manager or administrator of another person's estate?

### YOUR DETAILS ('THE APPLICANT')

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
*Suburb* *State* *Postcode*

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Mobile*

FAX NO: (\_\_\_\_) \_\_\_\_\_ PAGER NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What is your relationship with the person whose affairs you manage or for whom you are guardian? Eg. Are you the person's parent, sister, son, doctor, social worker, community worker etc?

Relationship: \_\_\_\_\_

### DETAILS OF THE PERSON FOR WHOM YOU ARE GUARDIAN OR WHOSE AFFAIRS YOU MANAGE

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
*Suburb* *State* *Postcode*

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Mobile*

FAX NO: (\_\_\_\_) \_\_\_\_\_ PAGER NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Where was the order appointing you as guardian and/or manager made?

- Victoria  Western Australia  South Australia  Tasmania  
 Northern Territory  Australian Capital Territory  Queensland  New Zealand

What organisation made the order (eg. the Guardianship and Administration Tribunal of Queensland)?

\_\_\_\_\_  
*Please attach a copy of the order that appointed you as guardian or manager (and the reasons for decision for the order if available).*

Is the person the order is about:

living in NSW permanently       visiting NSW temporarily       not living in NSW?

Why do you need to have your appointment recognised in NSW?

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Does the person the order is about have assets in NSW which need to be managed or sold?

Yes (please provide details below)      No

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**DECLARATION BY APPLICANT**

*It is an offence to make a false or misleading statement in an application. Penalty up to \$500.*

I have read this completed application and believe that to the best of my knowledge all of the information provided is true, complete and accurate.

Signature of applicant: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of witness (please print): \_\_\_\_\_

Address of witness: \_\_\_\_\_

**Contact details for the Guardianship Tribunal**

Street address: 2a Rowntree Street, Balmain NSW 2041

Postal address: Locked Bag 9, Balmain NSW 2041

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1800 463 928 (tollfree)  
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