

Guardianship Tribunal

OFFICE USE ONLY

File No. _____
Matter No. _____
Date: _____
Ack. Sent: _____

Application to Review an Enduring Power of Attorney

Please print and use a black pen

PERSON WHO MADE THE ENDURING POWER OF ATTORNEY ('THE PRINCIPAL')

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: _____

Does 'the principal' know about the application? Yes No Don't know

What is their attitude to the application? Support Oppose Don't know

The Tribunal must take into consideration the views of 'the principal' the application is about. The Tribunal always wants the principal to come to the hearing unless that is impossible due to ill-health or some other special reason.

YOUR DETAILS (APPLICANT)

Do not complete this section if you (the Applicant) are also the Principal.

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: _____

Are you the principal's:

- attorney
- guardian appointed by the Supreme Court or Guardianship Tribunal (please attach copy of the Court or Tribunal order)
- enduring guardian (please attach copy of the enduring guardianship appointment form)

If you are none of the above what is your relationship to the principal?

Relationship: _____

What orders do you think the Guardianship Tribunal should make in the review of this enduring power of attorney?

Please give details of the orders which you would like the Tribunal to make as a result of the review. You should try to explain what outcome you are seeking as a result of the review.

NOTE: The Guardianship Tribunal has the power to make any order it sees fit in relation to any review of an enduring power of attorney even if the particular order is not sought by the applicant.

INFORMATION ABOUT THE PRINCIPAL'S FINANCIAL AFFAIRS

The Guardianship Tribunal needs as much relevant information about the principal's financial affairs so that it can conduct a thorough review. Please provide as much information as possible.

Income:

Are the principal's assets or income at risk of being sold or spent in a way which disadvantages them?

Source of income: _____
(eg. pension, annuity, superannuation, investment income, rental income, share dividends)

Amount: _____

Who has access to this income? _____

Savings:

Name of bank/financial institution: _____

Branch of bank/financial institution: _____

BSB: _____

Account number: _____

Current balance: _____

Who has access to this account? _____

Is there a person at the bank who is familiar with this matter (eg. the bank manager)? _____

What are their contact details? _____

Real Estate:

What real estate (houses or land) does the principal own or have an interest in? _____

Property details

Address: _____

Who lives there: _____

Who is/are the registered owner/s? _____

Who has the Title deeds to this property? _____

Is this property on the market for sale? Yes No Don't know

If yes, please provide

Name and contact details of the real estate agent: _____

Has the property been sold? Yes No Don't know

Have contracts been exchanged? Yes No Don't know

If yes, what is the settlement date: _____

Who signed the contract of sale for the principal? _____

Does the principal know that the property has been sold? Yes No Don't know

Who is the purchaser? _____

Name and address of the solicitor acting for the principal or attorney in the sale: _____

Name and address of the solicitor acting for the purchaser of the property: _____

Business:

Shares:

Investments:

Name of investment institution: _____

Type of investment: _____

Terms of investment: _____

Amount: _____

Other Assets:

CURRENT OR PENDING COURT OR TRIBUNAL PROCEEDINGS

Is the principal involved in any current/pending court or tribunal proceedings? Yes No Don't know

If yes, provide details below.

Type of proceedings: _____

Court or tribunal: _____

Next hearing date: _____

Solicitors acting in the proceedings: _____

CONTACT LIST OF ALL OTHER INTERESTED PERSONS

Staff of the Tribunal may contact people named in the application and other people who could provide information to help the Tribunal.

Please name any people not already mentioned who you think may have information which could help the Tribunal (eg. close friends, relatives etc). Include anyone who may be affected by the application and particularly anyone who may be opposed to the application.

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the principal? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the principal? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

NAME: Mr/Mrs/Ms/Miss/Dr _____		
<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the principal? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

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<i>Given names</i>	<i>Family name</i>	
ADDRESS: _____		

<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
TELEPHONE: () _____	() _____	_____
<i>Daytime</i>	<i>After hours</i>	<i>Mobile</i>
FAX NO: () _____	PAGER NO: _____	EMAIL: _____
Relationship to the principal? _____		
What is their likely attitude to this application? <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Don't know		

If you consider the problems detailed in this application pose an immediate threat to the principal, their quality of life and/or their estate and you believe this application should be given priority over other applications, please provide your reasons.

SPECIAL NEEDS AT HEARING

Does anyone associated with the application need a language interpreter? _____

If so, which language? _____

Does anyone associated with the application have a hearing impairment that requires assistance (eg. signing interpreter, hearing loop etc)? Yes or No

If so, what help is needed? _____

Is any other type of help needed at the hearing? (eg. wheelchair) _____

If so, what help is needed? _____

DECLARATION BY APPLICANT

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

I have read and understood the application form, including the notes contained in it. Also, 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

Telephone: (02) 9556 7600
1800 463 928 (tollfree)

Fax: (02) 9555 9049

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