

Guardianship Tribunal

OFFICE USE ONLY	
File No.	_____
Matter No.	_____
Date:	_____
Ack. Sent:	_____

Application to Review a Financial Management Order

When completed please fax back this entire form without omissions to the Guardianship Tribunal.
Please print and use a black pen

ARE YOU APPLYING TO:

- Review the financial management order so as to replace the current financial manager with a new financial manager?
- Review the financial management order to vary the order by excluding part of the estate from management?
- Review the financial management order to vary the order by including part of the estate previously excluded from management?

DETAILS OF PERSON MAKING APPLICATION

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

ADDRESS: _____

TELEPHONE: () _____ () _____ () _____
Daytime *After hours* *Fax*

What is your relationship with the person whose affairs are under management? e.g. Are you the person's parent, sister, son, doctor, social worker, community worker etc.

RELATIONSHIP: _____

DETAILS OF PROTECTED PERSON (THE PERSON WHOSE AFFAIRS ARE UNDER MANAGEMENT)

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

ADDRESS: _____

TELEPHONE: () _____ () _____ () _____
Daytime *After hours* *Fax*

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

What is their attitude to the application? Yes No Don't know

Why do you consider the proposed manager is a suitable person to be appointed to manage the protected person's estate?

Are you aware of any potential conflict of interest between the proposed manager and the protected person?

(eg does the proposed manager live in premises owned or leased by the protected person? Is the proposed manager a beneficiary under the protected person's will? Has the protected person loaned any money to the proposed manager? Has the proposed manager loaned any money to the protected person?)

If so, please detail.

**NOW GO TO THE LAST PAGE.
THE LAST PAGE MUST BE COMPLETED BEFORE THE GUARDIANSHIP TRIBUNAL
CAN DEAL WITH THE APPLICATION.**

APPLICATION TO REVIEW THE FINANCIAL MANAGEMENT ORDER TO VARY THE ORDER BY EXCLUDING PART OF THE ESTATE FROM MANAGEMENT.

Which part of the protected person's estate do you believe should be excluded from management?

Please explain why you believe it is in the best interests of the protected person to have the above part of the estate excluded from management?

Please detail any plans for how the excluded part of the estate will be organised and used for the benefit of the protected person.

The Guardianship Tribunal will require recent information about the current ability of the protected person to manage those aspects of their estate it is proposed be excluded from management. Please advise who will be providing this information.

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

ADDRESS: _____

TELEPHONE: () _____ () _____ () _____
Daytime *After hours* *Fax*

Report attached Report requested & to follow

If you would like to add more names please attach an extra sheet

APPLICATION TO REVIEW THE FINANCIAL MANAGEMENT ORDER TO VARY THE ORDER TO INCLUDE PART OF THE ESTATE PREVIOUSLY EXCLUDED FROM MANAGEMENT.

Which part of the protected person's estate do you believe should be included in management?

Please explain why you believe it is in the best interests of the protected person to have the above part of the estate included in management?

**NOW GO TO THE LAST PAGE.
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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? _____

If so, what would assist them at the hearing? (signing interpreter, hearing loop)? _____

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 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: _____