

Guardianship Tribunal

OFFICE USE ONLY

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

Application to Review an Enduring Guardianship Appointment

Please print and use a black pen

PERSON WHO MADE THE ENDURING GUARDIANSHIP APPOINTMENT ('THE APPOINTOR')

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 appointor' 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 appointor' the application is about. The Tribunal always wants the appointor to come to the hearing unless that is impossible due to ill-health or some other special reason.

YOUR DETAILS (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: _____

Are you the appointor's:

- enduring guardian (please attach copy of the enduring guardianship appointment form)

If you are not the appointor's enduring guardian, what is your relationship to the appointor?

Relationship: _____

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 appointor? _____		
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 appointor? _____		
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 appointor? _____		
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 appointor? _____		
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 appointor, their health or wellbeing and you believe this application should be given priority over other applications, please provide your reasons.

PARTIES TO A HEARING

Parties is a term used in the *Guardianship Act*. 'Parties' must be given a copy of this application and a copy of the enduring guardianship appointment before the hearing of the review. The Tribunal will invite all the parties to the hearing. The parties to a review of an enduring guardianship appointment are:

- you, the applicant
- the appointor
- any person appointed by the appointor as his/her enduring guardian
- any other person joined by the Tribunal as a party to the review proceedings.

SPECIAL NEEDS AT HEARING

Name any party to the application who needs a language interpreter at the hearing. _____

If so, which language? _____

Name any party to the application who has a hearing impairment and will require assistance at the hearing (eg. signing interpreter, hearing loop etc). _____

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

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1800 463 928 (tollfree)

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