

Guardianship Tribunal

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

Application for Recognition of Interstate Appointment

PLEASE PRINT CLEARLY 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?

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

Yes (please provide details below) No

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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