

Guardianship Tribunal

OFFICE USE ONLY

File No: _____

Matter No: _____

Date: _____

Ack. Sent: _____

Request to be Joined as a Party

PLEASE PRINT CLEARLY AND USE A BLACK PEN!

DETAILS OF THE PERSON THE APPLICATION IS ABOUTNAME: 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: _____

Client number (if known): _____

Date of hearing (if known): _____

DETAILS OF THE PERSON REQUESTING TO BE JOINED AS A PARTYNAME: Mr/Mrs/Ms/Miss/Dr _____
Given names *Family name*

CURRENT ADDRESS: _____

Suburb *State* *Postcode*TELEPHONE: () _____ () _____
Daytime *After hours* *Mobile*

FAX NO: () _____ PAGER NO: _____ EMAIL: _____

DETAILS OF YOUR RELATIONSHIP TO THE PERSON THE APPLICATION IS ABOUT

What is your relationship to the person the application is about? Are you family, a friend or a professional? If family, how are you related to the person? If professional, what is your profession? (Attach a separate sheet of paper if more space is required.)

Relationship: _____

How long have you known each other and in what capacity or circumstances?

What are your concerns for the welfare of the person the application is about?

Are there any other reasons why you should be joined as a party?

Please provide any evidence, assessments or reports you consider to be relevant to the issues to be decided by the Tribunal. If necessary, discuss this with the Tribunal staff member preparing the application.

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

Telephone: (02) 9555 8500
1800 463 928 (tollfree)
(02) 9552 8534 (telephone typewriter)

Fax: (02) 9555 9049

Email: gt@gt.nsw.gov.au

Website: www.gt.nsw.gov.au