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APPLICATION FOR REVIEW OR DIRECTION

**Guardianship and Management of Property Act 1991*

I wish to apply for a Review/Direction* by the ACT Civil and Administrative Tribunal (* delete whichever does not apply)

DETAILS OF PROTECTED PERSON

Miss

Mrs/Ms

Mr

Other

(Given Names)

(Surname)

Current Address

Postcode

Telephone (H) _____ (W) _____ Date of Birth ____/____/____

EMAIL _____

What disability/condition does the person have?

Is there a current order appointing a guardian for the person? If so, please provide details (if available):

GT Order No. _____ Date of Order ____/____/____

Name, address and telephone details of Guardian(s) or Manager(s):

Name

Address of Guardian and/or Manager

cont. over page

Telephone _____

EMAIL _____

WHY DO YOU WANT THE ACT CIVIL AND ADMINISTRATIVE TRIBUNAL TO REVIEW OR MAKE A DIRECTION IN THIS MATTER? (if insufficient space please attach page)

DETAILS OF APPLICANT

Miss
Mrs/Ms
Mr
Other

_____ (Given Names) (Surname)

Current Address

_____ Postcode _____

Telephone (H) _____ (W) _____

EMAIL _____ Date of Birth ____/____/____

Relationship to Protected Person _____

Signature _____ Date ____/____/____