

**Application to Register an Interstate Appointment**

***Under the Guardianship and Management of Property Act 1991***

# **ACAT file number:**

GT

(ACAT use only)

# Type of application (please indicate either or both that apply):

Registration of the appointment of a guardian of another person who lives outside the ACT (section 12(1)(a))

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Registration of the appointment of a manager of another person who lives outside the ACT (section (12)(1)(b))

**DETAILS ABOUT PERSON APPLYING FOR REGISTRATION**

# **Full name:**

**Postal address:**

**Preferred phone number:**

**Alternate phone number:**

**Email:**

**Family or other relationship to the protected person for whom the interstate order has been made:**

**Is the applicant a guardian, manager or both for the protected person:**

**DETAILS ABOUT THE PROTECTED PERSON FOR WHOM THE GUARDIANSHIP OR MANAGEMENT INTERSTATE APPOINTMENT ORDER HAS BEEN MADE**

**Full name:** **Date of birth:**

(DD/MM/YYYY)

**Usual residential address:**

**Temporary residential**

**address:**

(if different from usual address)

# **Preferred phone number:** **Alternate phone number:**

**Email:**

**DETAILS OF THE PERSON WHO HAS BEEN APPOINTED GUARDIAN (IF APPLICABLE)**

**Full name:**

**Postal address:**

**Preferred phone number:**

**Alternate phone number:**

**Email:**

**Family or other relationship to the protected person for whom the interstate order has been made:**

**DETAILS OF THE PERSON WHO HAS BEEN APPOINTED MANAGER (IF APPLICABLE)**

**Full name:**

**Postal address:**

**Preferred phone number:**

**Alternate phone number:**

**Email:**

**Family or other relationship to the protected person for whom the interstate order has been made:**

**Please attach a sealed copy of the interstate order of appointment that you are seeking to register.**

**REASONS FOR SEEKING RECOGNITION OF INTERSTATE ORDER(S)**

Please outline below your reasons for applying to have the Order recognised in the Australian Capital Territory (Please attach a sheet if additional space is required):

# **Signature of applicant:** **Name of applicant:**

**Date:**

# **Checklist for application to register an interstate appointment**

Application form has been correctly filled out including:

 Type of application is indicated.

 Sealed copy of the interstate order to be registered is attached.

 Applicant’s full name and contact details, including postal and email address are completed.

 All requested details about the person for whom the order is being sought (protected person) are completed

 Form is signed and dated by applicant

There is no lodgement fee for this application.