

For office use only	
Case number:	
Date:	
Registry:	
Sent to:	

## Application for stay of decision pending a hearing

Refer to the attached instructions prior to filling out this form

Part A	APPLICATION DETAILS	
<b>What order are you applying for?</b>		
administrator order		
guardianship order		
other		
<b>Has a previous application about the person concerned ('the Adult') been made to QCAT?</b>		
Yes      No      Unknown		
If yes, please provide the Tribunal's client number, if known:		
<b>Have you been given a date for the hearing?</b>		
No		
Yes - please enter the date below:		
/      /		
Date	Month	Year

**Part B**

**PERSON THIS APPLICATION IS ABOUT** (referred to as 'the Adult')  
*(full contact details must be supplied)*

**Name**

Title                      Given name/s                      Middle name/s                      Surname/Family name

**Gender**                      Male                      Female

**Date of birth**                      /                      /  
Date                      Month                      Year

**Marital status**

**What is the Adult's cultural background**

**Is the Adult of Aboriginal or Torres Strait Islander origin?**

No                      Yes, Torres Strait Islander  
Yes, Aboriginal                      Yes, both Aboriginal and Torres Strait Islander

**What is the Adult's current address?**

Name of service provider (if applicable)

Full postal address \_\_\_\_\_

Suburb                      State/Territory                      Postcode

Email

Telephone  
Mobile phone                      Daytime phone

Type of accommodation? *(hostel, own home, rental property)*

**What is the Adult's usual address? (if different)**

Name of service provider (if applicable)

Full postal address \_\_\_\_\_

Suburb                      State/Territory                      Postcode

Email

Telephone  
Mobile phone                      Daytime phone

Type of accommodation? *(hostel, own home, rental property)*

## 1. Have you informed the Adult about this application?

Yes – how did the Adult respond? (please describe briefly)

No – why not? (please explain briefly)

**NOTICE TO APPLICANTS**  
The Adult will be provided with a copy of this application and notified of a hearing for this proceeding pursuant to the *Guardianship and Administration Act 2000* and the *Queensland Civil and Administrative Tribunal Rules 2009*, unless the Tribunal determines otherwise.

## 2. Decision making capacity

What is the cause of the Adult's impaired capacity?

dementia  
(mental confusion due to a condition such as Alzheimer's disease, senility or some other degenerative disease)

psychiatric disability/mental illness  
(a diagnosed condition such as schizophrenia or bipolar affective disorder)

intellectual disability  
(a condition that has affected the person since birth or early childhood)

acquired brain injury or cognitive disability  
(as a result of accident, illness or other causes)

drug or alcohol related

other  
(any other condition that reduces the ability to make decisions about personal or financial matters, please specify below)

**3. Have you obtained a report by a health professional such as a geriatrician, psychiatrist, psychologist or general practitioner that provides an opinion about the Adult's capacity for decision-making?**

Yes – please give the following details about the writer of the report and attach the report to this form  
No – you will need to obtain such a report and attach it to this form

**Writer of the report**

Name

*Title*                      *Given name/s*                                              *Surname/Family name*

Full postal address \_\_\_\_\_

Suburb                                              State/Territory                                              Postcode

Email

Telephone                                              *Mobile phone*                                              *Daytime phone*

Professional qualifications

**Have you attached this report?**

Yes

No – please explain why not and how QCAT can obtain a copy:

**4. What decision do you wish QCAT to 'stay' (have postponed) until a hearing is held?**


**5. Why do you wish to have the decision stayed?**

The reason for requesting a stay of decision is:


**6. What information or evidence do you have to support your application?**

*(please attach relevant documents and provide details of the decision and the decision maker/s)*


## 7. Known relatives and friends

List all known relatives and friends who have a close and continuing relationship with the Adult. Photocopy or print this page as many times as needed for additional relatives and friends.

Name

*Title*

*Given name/s*

*Surname/Family name*

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

Relationship to the Adult

### TICK ONE BOX:

I have spoken to this person and they agree with this application.

I believe they will agree to this application but I have not been able to speak with them.

I have spoken to this person and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

## Known relatives and friends

Name

*Title*

*Given name/s*

*Surname/Family name*

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

Relationship to the Adult

### TICK ONE BOX:

I have spoken to this person and they agree with this application.

I believe they will agree to this application but I have not been able to speak with them.

I have spoken to this person and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

## 8. Known service providers

List all known service providers who provide services to the Adult. Photocopy or print this page as many times as needed for additional service providers.

Name

*Title*

*Given name/s*

*Surname/Family name*

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

### TICK ONE BOX:

I have spoken to this service provider and they agree with this application.

I believe they will agree to this application but I have not been able to speak with them.

I have spoken to this service provider and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

## Known service providers

Name

*Title*

*Given name/s*

*Surname/Family name*

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

### TICK ONE BOX:

I have spoken to this service provider and they agree with this application.

I believe they will agree to this application but I have not been able to speak with them.

I have spoken to this service provider and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

## Part C

## APPLICANT

### Are you making this application about yourself as the Adult?

Yes - go to the Checklist

No - provide details below

Name

Title

Given name/s

Surname/Family name

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

What is your relationship to the Adult?

### WHAT YOU NEED TO KNOW

- you are expected to attend the hearing.
- you are expected to bear your own costs in attending the hearing, including any costs of telephone calls.
- you are expected to make arrangements for the Adult to appropriately participate in the hearing or inform the Tribunal why you consider the Adult cannot participate in the hearing.
- you are expected to notify the Tribunal if the Adult moves, passes away or there is a change in the Adult's decision-making capacity.
- you may seek to withdraw this application in writing (stating your reasons) but the Tribunal may not approve the withdrawal.

### CHECKLIST

I have completed all questions on the application according to the instructions.

I have attached all relevant documents.

I am ready to proceed with this application.

### WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information. Maximum penalty for such an offence – 100 penalty units.



## Sign and date here

The information in this application is true to the best of my knowledge.

Applicant/s sign here

Date

Print your name/s here

## Lodgement Details

Deliver to:	Mail to:	Email to:
Queensland Civil and Administrative Tribunal Floor 11, 259 Queen Street Brisbane Qld 4000 OR at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	<a href="mailto:enquiries@qcat.qld.gov.au">enquiries@qcat.qld.gov.au</a>

## INSTRUCTIONS FOR COMPLETING FORM 15

### Application for stay of decision pending a hearing

The purpose of this form is to ask the Tribunal to postpone a decision until the Tribunal holds a hearing to determine the relevant application.

You can make this application if:

- You have already applied to the Tribunal for an order, but the hearing is yet to be held.
- A situation arises where the person is called on to make a decision that may be beyond their capacity to make or where there is a dispute about the decision.

### HOW TO COMPLETE THE FORM

Make your way through the form and answer each question as it comes by ticking the appropriate box or writing in the spaces provided.

Do not skip any questions unless the instructions tell you to. There are three sections in the form:

- **Part A - APPLICATION DETAILS**
- **Part B - THE PERSON THIS APPLICATION IS ABOUT**
- **Part C - THE APPLICANT**

### Confidentiality

The principles of natural justice and procedural fairness require that the active parties to a proceeding be given the opportunity to respond to, and make submissions about, any document or other information before the Tribunal that the Tribunal considers to be credible, relevant and significant to an issue in the proceeding. Active parties are entitled to inspect such documents and information before the Tribunal subject to the terms of any confidentiality order made by the Tribunal.

A confidentiality order may only be made if the Tribunal is satisfied that such an order is necessary to avoid serious harm or injustice to a person.

Each of the following persons is an active party:

- a) the Adult;
- b) if the Adult is not the Applicant – the Applicant;
- c) if the proceeding is for the appointment or the reappointment of a guardian, administrator or attorney for the Adult – the person proposed for appointment or reappointment;
- d) any current guardian, administrator or attorney for the Adult;
- e) the Public Guardian;
- f) the Public Trustee;
- g) a person joined as a party to the proceeding by the Tribunal.

In proceedings about restrictive practices, the active parties might also include:

- the chief executive (disability services);
- in particular circumstances, the Chief Psychiatrist;
- in particular circumstances, the director of forensic disability
- a service provider providing disability services to the Adult.

## Checklist

Go through the checklist to ensure you have complied with all of the requirements for the application you are making including the completion of all necessary parts of the application form and the provision of copies of all other relevant documents.

## Can I withdraw the application?

You can apply to the Tribunal for leave to withdraw the application by making an application under [Form 58 – Application for leave to withdraw an application or referral / Notice of withdrawal of application or referral](#).

Information about applying to the Tribunal for leave to withdraw your application is available at [qcat.qld.gov.au](http://qcat.qld.gov.au) or by calling the QCAT registry on 1300 753 228.

**NOTE:** The Tribunal may not approve the withdrawal.

## Protecting your privacy

We collect your contact details to ensure QCAT proceedings comply with the *Queensland Civil and Administrative Tribunal Act 2009*. We may contact you to help evaluate QCAT operations. You do not have to participate in feedback or surveys. If you do participate, no identifying information will be published. We will not disclose your contact details or any other personal information to a third party unless required by law.