

For office use only	
Case number:	
Date:	
Registry:	
Sent to:	
Category:	1

## Application for interim order - guardianship and administration

Refer to the attached instructions prior to filling out this form.

Part A	APPLICATION DETAILS
<p><b>What interim order are you applying for?</b></p> <p>Administrator</p> <p>Guardianship</p> <p>Guardian for restrictive practices</p> <p>Other <i>(please explain below)</i></p>	
<p><b>Has a previous application about the person concerned ('the Adult') been made to QCAT?</b></p> <p>Yes      No      Unknown</p> <p>If yes, please provide the Tribunal's client number, if known:</p>	

Part B	PERSON THIS APPLICATION IS ABOUT (referred to as 'the Adult')
	<i>(full contact details must be supplied)</i>
<b>Name</b>	
<i>Title</i>	<i>Given name/s</i> <i>Middle name/s</i> <i>Surname/Family name</i>
<b>Gender</b>	Male                      Female
<b>Date of birth</b>	/                      /
	<i>Date</i> <i>Month</i> <i>Year</i>
<b>Marital status</b>	
<b>What is the Adult's cultural background</b>	
<b>Is the Adult of Aboriginal or Torres Strait Islander origin?</b>	
No	Yes, Torres Strait Islander
Yes, Aboriginal	Yes, both Aboriginal and Torres Strait Islander

## Part B PERSON THIS APPLICATION IS ABOUT *(continued)*

### 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 by the Registry 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.



**Part D WHAT OTHER OPTIONS HAVE BEEN TRIED?**

Explain any other options or strategies that have been tried and if relevant, why they did not work. If there is insufficient space here, please attach additional pages.


**Part E WHO HAS BEEN CONSULTED?**

Provide details about any person (including any attorney appointed under an enduring power of attorney, any statutory health attorney, appointed guardian or administrator for the Adult) who has been consulted about the application and whether they agree or disagree with the proposed interim order. If there is insufficient space here, please attach additional pages.


**Part F WHO HAS NOT BEEN CONSULTED?**

Provide details about any person involved in the Adult's life who has not been consulted and explain why they have not been consulted, whether you believe the person would agree or disagree with the proposed interim order, and why you believe the person would agree or disagree with the proposed interim order. If there is insufficient space here, please attach additional pages.


## Part G

## APPLICANT

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

Yes - go to the Checklist

No - please 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?

## CHECKLIST

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

I have attached the reports and/or information about the Adult, given by a health provider, relevant to this application (*see section 2 Decision-making capacity of this form*).

I have attached all documents that demonstrate there is an immediate risk of harm to the Adult.

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.

Section 114A of the *Guardianship and Administration Act 2000* makes it an offence for a person, without reasonable excuse, to publish information about a guardianship proceeding to the public, or a section of the public, if the publication is likely to lead to the identification of the relevant adult by a member of the public, or by a member of the section of the public to whom the information is published. Maximum penalty for such an offence – 200 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

## Filing 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 54

### Application for interim order - guardianship and administration

QCAT has jurisdiction to hear an application for an interim order under the *Guardianship and Administration Act 2000*.

An interim order is an order made in a proceeding before the final decision is made.

Interim orders may be made by the Tribunal only when the Tribunal is satisfied, on reasonable grounds, that:

- the Adult has, or may have, impaired capacity for particular decision-making; and
- there is an immediate risk of harm to the health, welfare or property of the Adult, including because of abuse, exploitation or neglect of, or self-neglect by, the Adult.

For the Tribunal to give consideration to an application for an interim order, you will need to provide the following:

- Form 54 — Application for interim order – guardianship and administration
- Form 10 — Application for administration/guardianship appointment or review
- the reports and/or information about the Adult, given by a health provider, relevant to this application (see section 2 Decision-making capacity of this form); and
- any documentation in support of the application.

Interim orders may be made for a maximum period of three (3) months and may be renewed only in exceptional circumstances. The Tribunal may appoint the person (including the Public Guardian and/or Public Trustee) it considers most appropriate in the circumstances of the case.

### HOW TO COMPLETE THIS FORM

#### Part A – APPLICATION DETAILS

You must indicate, by ticking the relevant box, which order you seek from the Tribunal and whether a previous application has been made to QCAT about the relevant person.

#### Part B – PERSON THIS APPLICATION IS ABOUT

You must complete all of the contact details for this person. The Tribunal will refer to the person as ‘the Adult’. You must tell us whether the Adult has been consulted about this application.

#### Part C – WHY IS AN INTERIM ORDER NECESSARY?

Explain why you want the interim order including how there is an immediate risk of harm to the health, welfare or property of the Adult. The immediate risk of harm may include the risk of abuse, exploitation or neglect of, or self-neglect by, the Adult. Attach to this application all documents to demonstrate there is an immediate risk of harm.

#### Part D – WHAT OTHER OPTIONS HAVE BEEN TRIED?

Explain any other options or strategies that have been tried and why they did not address the immediate risk.

## **Part E – WHO HAS BEEN CONSULTED?**

Provide details about any person (including any attorney appointed under an enduring power of attorney, any statutory health attorney, appointed guardian or administrator for the Adult) who has been consulted and whether they agree or disagree with the proposed interim order.

## **Part F – WHO HAS NOT BEEN CONSULTED?**

Provide details about any person involved in the Adult's life who has not been consulted and explain why they have not been consulted, whether you believe they would agree or disagree with the proposed interim order, and why you believe they would agree or disagree with the proposed interim order.

## **Part G – APPLICANT**

The applicant is the person completing the application. You must provide your contact details and tell us your relationship 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 or authorised by law.