

For office use only	
Case number	
Date	
Registry	
Fee	
Date paid	
Receipt number	
Category	1

## Application for miscellaneous matters - limitation orders - guardianship

Refer to the attached instructions prior to filling out this form. Only complete the relevant parts.

Part A
APPLICATION DETAILS

**What order are you applying for?**

adult evidence order
  confidentiality order  
 closure order
  non-publication order

**Note:** Refer to the instructions at the back of this form for further information about the above matters.

**Has a previous application about the person concerned ('the Adult') been made to QCAT?**

Yes
  No
  Unknown

If yes, please provide the Tribunal's client number, if known:

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**

**Part B**

**PERSON THIS APPLICATION IS ABOUT continued**  
*(full contact details must be supplied)*

**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 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 E**

**WHO IS THE ADMINISTRATOR FOR THE ADULT?**

An administrator is a person appointed by a court or the Tribunal to make financial decisions for the Adult.

**Tick one of the following:**

there is no administrator

there is an application with the Tribunal to appoint an administrator

the following people have been appointed as administrator

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

Who appointed them?

Date of order of appointment?

In which State/country were they appointed?

What is their attitude to this application?

support

do not support

unsure

Part F

## WHO IS THE GUARDIAN FOR THE ADULT?

A guardian is a person appointed by a court or the Tribunal to make personal decisions for the Adult.

**Tick one of the following:**

there is no guardian

there is an application with the Tribunal to appoint a guardian

the following people have been appointed as guardian

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

Who appointed them?

Date of order of appointment?

In which State/country were they appointed?

What is their attitude to this application?

support

do not support

unsure

**Part G**

**WHO IS THE ATTORNEY FOR THE ADULT?**

An attorney is a person appointed by the Adult under an enduring power of attorney.

**Tick one of the following:**

there is no attorney

there is an application with the Tribunal concerning the attorney/s

the following people are attorneys for the adult. *Attach a copy of the enduring power of attorney if it has not already been provided to the tribunal.*

**Photocopy this page as many times as you need to, or provide the same information on a separate sheet of paper.**

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

Who did the Adult appoint?

Date of the enduring document?

In which State/country was the enduring document made?

What decisions are they appointed for?

health

personal

financial

What is their attitude to this application?

support

do not support

unsure

**Part H**

**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.

**Part I**

**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 J**

**ASSISTANCE AT THE TRIBUNAL HEARING**

The Tribunal encourages the Adult to participate in the hearing.

**How will the Adult participate in the hearing?**

In person      By telephone      Other (please specify below)

**Will anyone be accompanying the Adult to the hearing?**

Yes - contact details must be provided below if different from the Applicant.

No

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

**Will the Adult require an interpreter?**

Yes - please specify language or Auslan:

No

**Does the Adult have any of the following needs?**

wheelchair/mobility access      speech impairment  
hearing impairment/loss      vision impairment/loss  
other

If you have ticked any of these boxes, please provide details below:

**Part K**

**LIMITATION ORDERS**

This section relates to the following orders: confidentiality order, non-publication order, adult evidence order and closure order.

**Confidentiality order**

What documents, parts of documents or information do you consider should be withheld from another person?


From whom do you want the documents or information withheld? (please provide the name of the person/s)


How would disclosure of the documents or information to the relevant person/s cause serious harm or injustice to a person?


**Non-publication order**

What documents, parts of documents or information do you consider should not be published?


From whom should publication of the documents or information be prohibited?


How would publication of the documents or information cause serious harm or injustice to a person?


## Adult evidence order

Why are you seeking an adult evidence order?


**The application for an adult evidence order will be determined by the Tribunal at the hearing.**

## A closure order

Why are you seeking a closure order?


**The application for a closure order will be determined by the Tribunal at the hearing.**

## Part L

## 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?

## 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.

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 12A

### Application for miscellaneous matters – limitation orders – guardianship

#### HOW TO COMPLETE THIS FORM

##### Part A – APPLICATION DETAILS

You must indicate what order you are applying for and if a previous application has been made to QCAT.

##### Limitation Order

A limitation order means an order of the following type:

- (a) an adult evidence order
- (b) a closure order
- (c) a non-publication order
- (d) a confidentiality order

You only need to complete the parts of this section that relate to the limitation order you are applying for, including a confidentiality order, non-publication order, adult evidence order or a closure order. If a confidentiality order or non-publication order is made before the hearing, the order is automatically vacated at the start of the hearing.

##### Non-publication order

A non-publication order allows the Tribunal to prohibit publication of information about a Tribunal proceeding. The Tribunal may make a non-publication order only if it is satisfied it is necessary to avoid serious harm or injustice to a person.

##### Adult evidence order

An adult evidence order allows the Tribunal to obtain relevant information from the Adult without anyone else being present in the hearing room. The Tribunal may make an adult evidence order only if the Tribunal is satisfied it is necessary to avoid serious harm or injustice to a person or to obtain relevant information the Tribunal would not otherwise receive. If the relevant information is health information about a person 'serious harm to a person' includes 'significant health detriment to the person'.

##### Closure order

A closure order allows the Tribunal to close a hearing or part of a hearing to all or some members of the public or a particular person, including an active party. The Tribunal may make a closure order only if the Tribunal is satisfied it is necessary to avoid serious harm or injustice to a person. If the hearing or part of the hearing concerns health information about a person 'serious harm to a person' includes 'significant health detriment to the person'.

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

The Tribunal will refer to the person this application is about as 'the Adult'.

The Adult has capacity for decision-making if they are capable of understanding the nature and

effect of the decisions they are making and can freely and voluntarily make those decisions and can communicate those decisions in some way.

You must submit with this application, a current [Health Professional Report](#), which is available at [qcat.qld.gov.au](http://qcat.qld.gov.au) or by calling the QCAT registry on 1300 753 228. Alternatively, a comprehensive written report about the Adult's capacity for decision-making may be accepted. Any report must be prepared by a health provider such as a geriatrician, psychiatrist, psychologist or general practitioner. In some circumstances, the health provider may send the report directly to the QCAT registry after you have submitted your application.

**NOTE:** The Tribunal may reject your application without a current report by a health provider.

## **Part C – WHY ARE YOU SEEKING THIS ORDER?**

You must clearly explain your reasons for seeking the order.

## **Part D – PRIORITY**

You must explain why this application is urgent.

## **Part E – WHO IS THE ADMINISTRATOR FOR THE ADULT?**

An administrator is someone appointed under the *Guardianship and Administration Act 2000* to make decisions about a financial matter for a person with impaired decision-making capacity. The Tribunal will only appoint an administrator if there is no other way to ensure that the interests of the person concerned are adequately protected and their needs adequately met.

## **Part F – WHO IS THE GUARDIAN FOR THE ADULT?**

A guardian is someone appointed under the *Guardianship and Administration Act 2000* to make decisions about a personal matter for a person with impaired decision-making capacity.

The Tribunal will only appoint a guardian if there is no other way to ensure the interests of the person concerned are adequately protected and their needs adequately met.

## **Part G – WHO IS THE ATTORNEY FOR THE ADULT?**

An Attorney is a person appointed by the Adult under an enduring power of attorney.

An advance health directive is a legal document, under the *Powers of Attorney Act 1998*, that states the Adult's wishes or directions regarding the Adult's future health care for various medical conditions. It comes into effect only if the Adult is unable to make their own decisions.

An enduring power of attorney is a formal agreement giving someone else the power to make decisions on behalf of the Adult even when they lose capacity. If the Adult has an enduring power of attorney for personal/financial matters or has made an advance health directive you must attach copies of the relevant forms (e.g. enduring power of attorney or advance health directive) and provide the contact details about the attorney, administrator or guardian.

## **Part H – KNOWN RELATIVES AND FRIENDS**

List all known relatives and friends who have a close and continuing relationship with the Adult.

## Part I – KNOWN SERVICE PROVIDERS

List all known service providers who provide services to the Adult.

## Part J – ASSISTANCE AT THE TRIBUNAL HEARING

The Tribunal encourages the Adult to participate in the hearing. The Adult may participate in the hearing by attending in person, by telephone or by some other appropriate arrangement. The applicant is responsible for making appropriate arrangements for the Adult to participate in the hearing. If the Adult cannot participate in the hearing, the applicant must, prior to the scheduled hearing date, inform the QCAT registry, of the reason why the Adult is unable to participate. Failure to do so may result in the hearing being vacated or adjourned.

## Part K – APPLICANT

The applicant is the person completing the application. You must provide your contact details and your relationship with 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.