

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

## Application for miscellaneous matters - 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?

- |  |  |
|--|--|
| advice, directions or recommendations    | leave to withdraw as administrator or guardian           |
| an order concerning an enduring document | ratification of a decision by an informal decision-maker |
| authorisation of a conflict transaction  | recognition of an order made under another law           |
| leave to resign as attorney              | to be joined as an active party                          |

**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**

**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)*





**Part D**

**PRIORITY**

**Is this application urgent?** Do the matters detailed in this application pose serious harm or injustice to a person?

No

Yes - please explain below

**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

### RECOGNITION OF AN ORDER MADE UNDER ANOTHER LAW

The recognition of a registrable order gives the administrator or guardian appointed in another State, the authority to make decisions for the Adult in Queensland.

Please include details of what decisions need to be made in Queensland:


Does the Adult intend to reside in Queensland permanently?      Yes      No

**You must:**

attach report/s completed by a health provider such as a geriatrician, psychiatrist, psychologist or general practitioner giving details of the Adult's capacity for decision-making.

attach the original order or a certified copy of the order that you want recognised in Queensland and any other relevant material which the originating court or tribunal relied upon in making its decision.

attach copies of any relevant documents e.g. enduring power of attorney or advance health directive.

## Part L

### AN ORDER CONCERNING AN ENDURING DOCUMENT

An enduring document is an enduring power of attorney or an advance health directive.

**What is your opinion about the existing enduring document?**

the enduring document is valid

the principal who made the enduring document did not have capacity to do so

the document has been incorrectly signed by the principal

the document has been incorrectly witnessed

the acceptance of the attorney's appointment has been incorrectly executed

the document has been incorrectly executed in some other way (give details below)


**Part L**

**AN ORDER CONCERNING AN ENDURING DOCUMENT *continued***

**What order would you like the Tribunal to make?**

note the existence of a valid enduring document

declare an enduring power of attorney is invalid

remove an attorney and appoint a new attorney to replace the removed attorney

remove a power from an attorney and give the removed power to another attorney or to a new attorney

change the terms of a power of attorney, enduring power of attorney or advance health directive

revoke all or part of an enduring document

vary the enduring document in some other way (give details below)


**You must:**

attach copies of all known current and former enduring documents (e.g. enduring power of attorney, advance health directive) or provide details of how the Tribunal can obtain them.

## Part M

## LEAVE TO WITHDRAW AS AN ADMINISTRATOR OR A GUARDIAN

### What are you applying for?

Leave to withdraw as administrator

Leave to withdraw as guardian

### You must:

attach a report/s completed by medical, psychiatric or other health provider about the Adult's impaired decision-making capacity.

### Why are you seeking leave to withdraw? (you may tick more than one box)

the Adult has regained capacity (*then you must complete a different form and apply for a declaration of capacity*)

informal arrangements are working satisfactorily (*then you must provide a written statement about the informal arrangements*)

there is conflict between decision-makers (*explain your reason in Part C*)

for personal/health reasons I am unable to continue (*explain your reason in Part C*)

there is already an administration/guardianship application filed

an administration/guardianship application will be submitted by (*please give details below*)

Name

Title                      Given name/s

Surname/Family name

Telephone

Mobile phone

Daytime phone

## Part N

## LEAVE TO RESIGN AS ATTORNEY

### Why are you seeking leave to resign as attorney?

there is conflict between decision-makers (*explain your reason in Part C*)

for personal/health reasons I am unable to continue (*explain your reason in Part C*)

there is already an administration/guardianship application filed

an administration/guardianship application will be submitted by (*please give details below*)

Name

Title                      Given name/s

Surname/Family name

Telephone

Mobile phone

Daytime phone

### You must:

attach a copy of the enduring power of attorney

attach a report/s completed by medical, psychiatric or other health provider about the Adult's impaired decision-making capacity

attach a written statement of the Adult's current financial position

## Part O

## 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 12

### Application for miscellaneous matters - guardianship

This form is to be completed relating to an application for miscellaneous matters – *Guardianship and Administration Act 2000*.

**Do NOT use this form to apply for any of the following:**

- Confidentiality order
- Non-publication order
- Adult evidence order
- Closure order

Instead, please use 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.

#### Advice, directions or recommendations

At the hearing the Tribunal can give directions to guardians, administrators or attorneys on various issues.

Please provide details in **Part C** of the form.

#### Authorisation of a conflict transaction

A conflict transaction is a transaction where there may be conflict or which results in conflict between the duty of the administrator/attorney towards the Adult and the interests of another duty of the administrator/attorney. A typical conflict transaction would be the purchase by the administrator of the Adult's car. An administrator may only enter into a conflict transaction if the Tribunal has authorised the transaction.

The Tribunal may authorise a conflict transaction of a specific type or conflict transactions generally.

Please provide details in **Part C** of the form.

#### To be joined as an active party

The Adult, the Applicant, any current guardian, administrator or attorney for the Adult and any person proposed as guardian, administrator or attorney will be an active party to a proceeding. Active parties may present their case at a hearing, inspect documents, seek leave to be represented and be given a copy of the Tribunal's decision and any written reasons for them. The Tribunal may make a decision that a person be joined as an active party to the proceeding.

Please provide details in **Part C** of the form.

#### Leave to withdraw as administrator or guardian

If an administrator/guardian wishes to withdraw from their role they must file this application to QCAT. The Tribunal may give the administrator/guardian permission to withdraw. Only when this permission is

given does the appointment and the responsibilities of an administrator/guardian finish.

Please provide details in **Part C** of the form.

**You must:**

attach report/s completed by a health provider such as a geriatrician, psychiatrist, psychologist or general practitioner giving details of the Adult's capacity for decision-making.

**Ratification of a decision made by an informal decision-maker**

The Tribunal may ratify a decision or a proposed decision of an informal decision-maker for an Adult except when it is a special personal matter, a health matter or a special health matter.

Please provide details in **Part C** of the form.

**Recognition of an order made under another law**

If you need to have an order that was made in another State or under a foreign jurisdiction recognised, so it is effective in Queensland, you must file this application to QCAT. The Tribunal may register the order so long as it is similar to an order that may be made under Queensland's *Guardianship and Administration Act 2000* or the *Powers of Attorney Act 1998* provided the order was made under the legislation listed in schedule 1 of the *Guardianship and Administration Regulation 2012*. If you are unsure about this please contact the Tribunal registry.

**You must:**

attach report/s completed by a health provider such as a geriatrician, psychiatrist, psychologist or general practitioner giving details of the Adult's capacity for decision-making.

attach the original order or a certified copy of the order that you want recognised in Queensland and any other relevant material which the originating court or tribunal relied upon in making its decision.

attach copies of any relevant forms e.g. enduring power of attorney or advance health directive.

**An order concerning the validity of an enduring document**

An enduring document is an enduring power of attorney or an advance health directive.

**You must:**

attach copies of all known current and former enduring documents (e.g. enduring power of attorney or advance health directive) or provide details of where the Tribunal can obtain them.

**Leave to resign as attorney**

If an attorney wishes to withdraw from their role, in circumstances where the principal has impaired capacity, the attorney must submit an application to QCAT. The Tribunal may give the attorney permission to resign. Only when this permission is given does the appointment and the responsibilities of an attorney finish.

**You must:**

attach a copy of the enduring power of attorney.

attach report/s completed by a health provider such as a geriatrician, psychiatrist, psychologist or general practitioner giving details of the Adult's capacity for decision-making.

attach a statement of the Adult's current financial position.

## **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 – RECOGNITION OF AN ORDER MADE UNDER ANOTHER LAW**

You only need to complete this section if you are applying for recognition of an order made under another law.

## **Part L – AN ORDER CONCERNING THE VALIDITY OF AN ENDURING DOCUMENT**

You only need to complete this section if you are applying for an order concerning the validity of an enduring document.

## **Part M – LEAVE TO WITHDRAW AS AN ADMINISTRATOR OR GUARDIAN**

You only need to complete this section if you are applying for leave to withdraw as administrator or guardian.

## **Part N – LEAVE TO RESIGN AS ATTORNEY**

You only need to complete this section if you are applying for leave to resign as attorney.

## **Part O – 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.