

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

Application for stay of decision pending a hearing - guardianship

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

Part A APPLICATION DETAILS

What decision do you want to stay?

- administrator decision or decision about financial matters
- guardianship decision or decision about health care or personal matters
- other

Have you filed an application about the person concerned ('the Adult') in QCAT?

Yes No Unknown

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

Have you been given a date for the hearing?

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)

Adult's 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 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.

2. Have you informed the appointed guardian or appointed administrator?

Yes

No

Who made the decision?

3. Decision-making capacity

Provide a detailed description of the Adult’s alleged impaired capacity:

Attach a report and/or information about the Adult, given by health provider, relevant to the application.

4. Have you informed any informal decision-maker?

Yes

No

5. Have you informed any attorney approved under an enduring power of attorney?

Yes

No

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

7. Why do you wish to have the decision stayed?

The reason for requesting a stay of decision is:

8. 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)

9. Known relatives, friends, informal decision-makers, attorneys appointed under an enduring power of attorney, statutory health attorney, appointed guardians and administrators

List all known relatives, friends, informal decision-makers, attorneys appointed under an enduring power of attorney, statutory health attorney, appointed guardians and administrators 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

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.

Friends

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.

Informal decision-makers

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.

Attorneys appointed under enduring power of attorney

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.

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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.

Statutory health attorney

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.

Appointed guardians and administrators

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.

10. 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.

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 this 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* (Qld) 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* (Qld) 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	enquiries@qcat.qld.gov.au

INSTRUCTIONS FOR COMPLETING FORM 15

Application for stay of decision pending a hearing - guardianship

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**

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 40 — Application for miscellaneous matters](#).

If you have any queries about applying to the Tribunal for leave to withdraw your application, visit the QCAT website at qcat.qld.gov.au or by calling 1300 753 228.

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.