

Instructions for completing

Application for a stay of decision pending a hearing – *Guardianship and Administration Act 2000*

BEFORE YOU GO ANY FURTHER. . . check that you really need to make this application.

The purpose of this form is to ask the tribunal to intervene to prevent a decision being made before it has held its hearing to determine whether or not the person involved has the capacity to make such a decision.

You can make this application if:

- you have already applied to the tribunal for an order, but the hearing is yet to be held, and
- a situation arises where the person is called on to make a decision that may be beyond his/her capacity to make, or where there is a dispute about the decision.

• How do I complete this form?

You work through the form, answering each question as it comes by ticking the appropriate box or writing in the spaces provided. Some of the questions have space for names and addresses, financial information and other details.

Do not skip any questions unless the instructions tell you to.

There are four sections in the form:

- preliminary details
- information about this application
- information about anyone else concerned
- basic information about you, the applicant.

• What else do I have to do to make this application?

You have several responsibilities. They are:

- to inform the person that you have made an application, and explain why
- to supply evidence to support your application for a stay of decision
- to give QCAT the names and contact details of everyone who has an interest in your application, even if they disagree with it.

• How do I lodge the application?

In person: Queensland Civil and Administrative Tribunal, Level 9, Bank of Queensland Building, 259 Queen Street, Brisbane QLD 4000, or at any local courthouse outside of the Brisbane CBD

By mail: QCAT, GPO Box 1639, Brisbane 4001

By email: applications@qcat.qld.gov.au

By fax: (07) 3221 9156

Instructions for completing (continued)

- **Can I withdraw the application?**

You can apply to the tribunal 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 to withdraw your application, you should talk to staff at the tribunal. Phone 1300 753 228.

- **Where can I go for help with this application?**

If you are uncertain about any steps in the procedure or you are doubtful about how to answer any of the questions, you should talk to staff at the tribunal.

Form Number 15 (version 1)
 Queensland Civil and Administrative Tribunal Act 2009 (section 33)

Application for a stay of decision pending a hearing – *Guardianship and Administration Act 2000*

Refer to attached instructions at the front of this application prior to filling out this form.

For office use only	
Case number and type:	
Adult number:	
Date:	
Registry:	
Sent to:	

IMPORTANT

The principles of natural justice and procedural fairness require that parties be aware of all material upon which QCAT will base its decision. Parties are therefore entitled to access the application and any material provided to QCAT. In exceptional circumstances, such as where there is risk of physical harm, violence or interference with a current investigation, a person may make a request for a confidentiality order. There is no guarantee QCAT will make a confidentiality order. If QCAT orders that the material be kept confidential it is likely to have less weight as other parties have not had the opportunity to comment. If you request this form be kept confidential and you do not provide any evidence of exceptional circumstances for this or QCAT does not make a confidentiality order, QCAT will not rely upon the material.

PRELIMINARY DETAILS

1. Are you making this application on your own behalf, as the adult?

- Yes – Whenever this form asks a question about ‘the adult’, it means you. Please answer with details about yourself. Go to question 3.
- No – Go to question 2

2. Have you informed the adult about this application?

- Yes – How did he/she respond? Please describe briefly:

PRELIMINARY DETAILS *(continued)*

2. Have you informed the adult about this application? *(continued)*

No – *Why not? Please explain briefly:*

BASIC INFORMATION ABOUT THE ADULT

3. Who is the adult involved in the matter requiring a stay of decision?

Title Given name/s Surname/Family name

Date of birth?

/ /
Day Month Year

Current contact details. *Give details for the place where the adult is now living or staying.*

Address

Postcode

Telephone

() ()
Daytime phone Mobile phone After hours number (if different)

Fax

()

Email

Adult's permanent address *(if different from above)*

Address

Postcode

Telephone

() ()
Daytime phone Mobile phone After hours number (if different)

Fax

()

Email

PRELIMINARY DETAILS *(continued)*

BASIC INFORMATION ABOUT THE ADULT *(continued)*

4. What type of order have you applied for?
(tick one or more boxes)

- guardianship order
- administration order
- other *(please specify)*

5. Have you been given a date for the hearing?
(please tick one box)

- No
- Yes – *please give details here:*

/ /
Day Month Year

INFORMATION ABOUT THE ADULT'S ALLEGED IMPAIRED CAPACITY

6. What is the cause of the adult's alleged impaired capacity?
(tick one or more boxes)

- acquired brain injury or cognitive disability *(as a result of accident, illness or other causes)*
- intellectual disability *(a condition that has affected the person since birth or early childhood)*
- psychiatric disability/mental illness *(a diagnosed condition such as schizophrenia or bi-polar affective disorder)*
- dementia *(mental confusion due to a condition such as Alzheimer's disease, senility or some other degenerative disease)*
- other *(any other condition that reduces the ability to make decisions about personal or financial matters). Give details:*

PRELIMINARY DETAILS *(continued)*

INFORMATION ABOUT THE ADULT'S ALLEGED IMPAIRED CAPACITY *(continued)*

7. Have you obtained any reports by medical, psychiatric or other professionals that give details of the adult's alleged impaired capacity?

- No – **▶** you will need to obtain such a report and attach it to this form.
- Yes – *please give the following details about the writer of the report, and attach the report to this form (there is room for details about two reports)*

Writer of first report

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Title</i>	<i>Given name/s</i>	<i>Surname/Family name</i>

Address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Telephone

<input type="text" value="()"/>	<input type="text"/>	<input type="text" value="()"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

Fax

<input type="text" value="()"/>

Email

<input type="text"/>

Professional capacity:

<input type="text"/>

Have you attached this report?

- Yes
- No – *Please explain why not **and** how QCAT can obtain a copy:*

PRELIMINARY DETAILS *(continued)*

INFORMATION ABOUT THE ADULT'S ALLEGED IMPAIRED CAPACITY *(continued)*

Writer of second report *(if available)*

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

Professional capacity:

Have you attached this report?

Yes

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

INFORMATION ABOUT THIS APPLICATION

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

9. Why do you wish to have the decision postponed?

Please explain briefly by completing this sentence:

The reason for requesting a stay of decision is...

10. 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.*

INFORMATION ABOUT ANYONE ELSE CONCERNED

In this section, you give details about anyone with an interest in this application, even those who oppose it. This would be anyone with an interest in the adult, such as: the adult's primary carer, members of the adult's family (e.g. spouse, de facto or married; children, stepchildren, adopted children or foster-children who are 18 or over; parents, step-parents or fosterparents; siblings, step-siblings, adopted siblings and foster-siblings who are 18 or over), service providers, (e.g. respite carers and community nurses), and close friends. If you are unable to give an address, you may suggest a way to contact the person.

11. Does anyone else have an interest in this application?

No

Yes – Give details in the spaces below.
If there are more than eight people, please list on a separate sheet of paper.

Other person 1

Name

Title

Given name/s

Surname/Family name

Address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

Relationship to person

What is the person's attitude to this application likely to be?

support

does not support

don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 2

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

**Relationship
to person**

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 3

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

Relationship to person

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 4

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

Relationship to person

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 5

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

**Relationship
to person**

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 6

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Title</i>	<i>Given name/s</i>	<i>Surname/Family name</i>

Address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

Fax

Email

Relationship to person

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 7

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

Relationship to person

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

Other person 8

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Daytime phone

Mobile phone

After hours number (if different)

Fax

Email

Relationship to person

What is the person's attitude to this application likely to be?

- support
- does not support
- don't know

BASIC INFORMATION ABOUT YOU, THE APPLICANT

12. Are you applying on your own behalf, as the adult?

- Yes – go to 'Sign and date here'
- No – please give your name and current contact details here:

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Date of birth? / /
Day Month Year

Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/>

Telephone () ()
Daytime phone Mobile phone After hours number (if different)

Fax ()

Email

13. What is your relationship with the adult?

(tick the appropriate boxes)

- family member – how are you related?
- friend
- advocate
- health professional – which profession?
- attorney – ► please attach a copy of the document appointing you as attorney
- lawyer
- other – please specify

Please read through this application to check that nothing has been overlooked and that all the necessary documents are attached. Then sign below.

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 – \$10,000.

SIGN AND DATE HERE

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

Applicant/s sign here

Date

LODGEMENT DETAILS

Deliver to:	Mail to:	Fax to:	Email to:
Queensland Civil and Administrative Tribunal Floor 9, 259 Queen Street Brisbane Qld 4000 or at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	(07) 3221 9156	applications@qcat.qld.gov.au