

## APPLICATION TO REGISTER AN INTERSTATE GUARDIANSHIP ORDER

*Guardianship of Adults Act*

***Important - This notice must be filed with NTCAT at [agd.ntcat@nt.gov.au](mailto:agd.ntcat@nt.gov.au) and carbon copied to the Public Guardian at [OPG.Applications@nt.gov.au](mailto:OPG.Applications@nt.gov.au) at the same time and in the same e-mail***

### PERSON YOU ARE APPLYING ABOUT

First Name/s:

Surname:

Is the person known by any other names? If so please specify:

Residential Address:

Current address if not the same as residential address:

Gender:

Identifies as Aboriginal or Torres Strait Islander

Yes

No

Is the person under 18 years of age?

Yes

No

Date of birth:

E-mail:

Phone:

Mobile phone:

Hospital Registration (HRN) No.:

Does the person require an interpreter?

Yes, Language?

No

Please specify if the person has any other needs or requirements which NTCAT may need to know about for the purposes of arranging a hearing.

## APPLICANT/S INFORMATION

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Your relationship to the person you are applying about:

***Important: The use of electronic media for the exchange of documents and other important information in NTCAT proceedings is strongly encouraged. If you are able to provide an email address it will be used for the service of documents and notices. If you have provided a mobile phone number NTCAT may send you SMS text messages with notifications about your matter.***

## DETAILS OF INTERSTATE GUARDIANSHIP ORDER

State/Territory in which original order was issued:

Issuing court or tribunal:

Date issued:

Duration of order?

Yes  No

Please attach a copy of the order to this application.

## REASONS FOR THE APPLICATION<sup>1</sup>

By signing this form you declare that to the best of your knowledge information and belief:

- the interstate guardianship order remains in force; and
- there are no circumstances that might lead to the revocation or variation of the guardianship order by the issuing court or tribunal.

<sup>1</sup> If the person you are applying about does not:

- live or propose to live in Northern Territory either permanently or temporarily; or
- have assets in the Northern Territory;

it may not be necessary to register the order in Northern Territory.

Is the person proposing to come to the Northern Territory?

Yes                       No

Does the person have assets in the Northern Territory?

Yes                       No

If Yes, please list the relevant assets:

## INTERESTED PERSONS<sup>2</sup> DETAILS

In deciding whether to make a guardianship order, NTCAT must take into account any views and wishes stated by an interested person.

Please complete the Interested Person's Schedule at the end of this form.

## VARIATION OF INTERSTATE ORDER WHEN REGISTERED

NTCAT may, when registering an interstate order, vary the registered order.

Do you want the original order to be varied?

Yes                       No

If yes, please specify how you want the original order to be varied and your reasons why:

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<sup>2</sup> 'Interested Person' is defined in section 3 of the *Guardianship of Adults Act*. Also see the Additional Information section of this form.

## SIGNATURE

Signature of applicant or applicant's representative:<sup>3</sup> \_\_\_\_\_

name:

Date:

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<sup>3</sup> A person signing as representative of a party warrants to NTCAT that he/she has the lawful authority to do so.

## INTERESTED PERSONS SCHEDULE

### Interested Person 1

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes  No

### Interested Person 2

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes  No

### Interested Person 3

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes  No

Interested Person 4

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes  No

Interested Person 5

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes  No

**Add more interested persons as required.**