

FORM AG8A

File No.

OTHER APPLICATION UNDER THE ADVANCE PERSONAL PLANNING ACT

Advance Personal Planning Act

(NOTE: This form is for applications under the Advance Personal Planning Act *other than* applications relating to consent decisions about health care action – for which form AG8 should be used.)

A- PERSON YOU ARE APPLYING ABOUT ('THE ADULT')

First Name/s:

Surname:

Is the adult 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

Date of birth:

E-mail:

Phone:

Mobile phone:

Hospital Registration (HRN) No.:

Does the adult require an interpreter?

Yes, Language?

No

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

B - APPLICANT'S INFORMATION

First name/s:

Surname:

Your relationship to the adult:

Postal Address:

E-mail:

Phone:

Mobile phone:

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.

C – ORDER BEING SOUGHT:

Briefly state below the order sought (including the applicable section(s) of the *Advance Personal Planning Act*)¹:

¹ For example: “An order under section 61 of the *Advance Personal Planning Act* revoking the advance personal plan signed by [the adult] on [date].”

D - GROUNDS FOR THE APPLICATION

Briefly state below the reasons/s for seeking the order²:

E – DECISION MAKER(S) FOR THE ADULT (IF ANY)

E.1 Is the person the subject of a **guardianship order**?

No

Yes (*please **attach** a copy of the order if available*).

Date of order:

NTCAT (or Local Court) proceeding number:

² Provide a brief summary of the facts and circumstances that you may make the order(s) sought necessary.

Guardian details (attach separate sheet if more than two – contact details are unnecessary if guardian is also the applicant):

Guardian 1:

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Guardian 2:

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

E.2 Does the adult have an **advance personal plan** within the meaning of the *Advance Personal Planning Act* or an **enduring power of attorney** within the meaning of the *Powers of Attorney Act*?³

No

Yes (*please provide details below of the advance personal plan or enduring power of attorney, or attach a copy if you have one*).

³ An advance personal plan can searched for at the Office of the Public Trustee (NT) and a registered enduring power of attorney can be searched for at the Office of the Registrar-General (NT).

E - URGENT MATTERS

Is there an urgent need for the order(s)? (Please only answer 'yes' in **genuine** circumstances of urgency.)

Yes No

If 'yes', please set out the circumstances of urgency:

SIGNATURE

Signature of applicant or applicant's representative:⁴ _____

Name:

Date:

⁴ A person signing as representative of a party warrants to NTCAT that he/she has the lawful authority to do so.