

FORM AG10 (February 2020 revision)

FINANCIAL STATEMENT¹

Guardianship of Adults Act 2016

REPRESENTED PE	RSON ('RP')	
File Number:		
First Name/s:		Surname:
Current address:		
Living arrangements:	Rent	Own
	☐ Care Facility	Other – please specify:
GUARDIAN DETAIL MATTERS)	_S (FOR GUARDIANS	S WITH AUTHORITY AS TO FINANCIAL
Guardian 1		
First Name/s:		Surname:
Postal Address:		
E-mail:		
Landline Phone:		
Mobile phone:		
Guardian 2 (If more th	an one guardian)	
First Name/s:		Surname:
Postal Address:		
E-mail:		
Landline Phone:		
Mobile phone:		

¹ Only guardians with authority as to financial matters need to complete and sign this form.

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.

REPORTING PERIOD

The reporting period for this report is the period from your appointment or re-appointment as guardian to the date of this report.

The parts of this report dealing with income and expenditure will require details for individual financial years within the reporting period.

SHARED ASSETS OR LIABILITIES

If the RP shares an asset or liability with someone else, only the value of their share should be referred to and recorded in this report.

INCOME

What was the RP's (before tax) income during the reporting period?

Type of income	Financial Year:	Financial Year:	Financial Year:
Pension and other government benefits and subsidies			
Employment			
From investments (including superannuation)			
Other (please specify):			
Total:			

EXPENDITURE

What have you spent on the RP's behalf during the reporting period?

Type of expense	Financial Year:	Financial Year:	Financial Year:
Daily living expenses (eg. food, clothing, medical/health care, entertainment etc)	\$	\$	\$
Accommodation	\$	\$	\$
Utilities (eg. power, water, gas) and Council rates	\$	\$	\$
Insurance	\$	\$	\$
Loan repayments	\$	\$	\$
Taxation	\$	\$	\$
Guardian fees	\$	\$	\$
Other (please specify):	\$	\$	\$
Total:	\$	\$	\$

Were any of the expe \$500.00 or more?	enses included in the amounts above, one-off (ie. non-recurring) expenses of
☐ Yes	☐ No
If yes please provide	details of each expense:

Date	Amount	Reason for Expense
	\$	
	\$	
	\$	
	\$	

Did w	ou apond the	DD's funds	directly on or for the	DD2				
	-		directly on or for the	KP!				
☐ Y		☐ No	faaah aynamaa					
if no,	piease prov	ide details of	f each expense:					
Date	•	Amount	Reason for E	xpense	9			
		\$						
		\$						
		1	1					
ASS	ETS							
Pleas	e:							
•	list in the	table below:	the bank savings, ch	adua or	· other i	nveetment	2000	ounts of the RP for
•		ı have autho		eque oi	Oli lei i	nvesineni	acce	Julie IVF IOI
_	attach to	this roport a	copy of a statement	for oac	h accou	unt listed fo	r tha	ontire reporting
•			vith a letter each state					
	Financial Institutio		Type of Account ²	Acco No.	unt	Joint Account		Current Balance
A.						Y/N		\$
								•
В.								\$
C.								\$
D.								\$
				1		l		
Oth	ner Financia	al Assets			Co-ov Y/N	wned?		alue (RP's nare)
Sup	perannuation	1					\$	
Sha	ares						\$	
Life	Insurance						\$	

² For example savings, cheque, credit or loan.

Accommodation Bond		\$
Other		\$
	Total:	\$

Real Estate	Co-owned? Y/N	Value (RP's Share)	Amount Owed (if mortgaged)	Net Value
Real estate 1 Address of property			\$	\$
Real estate 2- if applicable Address of property			\$	\$
Accommodation Bond ³			\$	\$
	,	,	Total:	\$

For the value(s) given above what was the basis ⁴ for your valuation?				
☐ Professional valuation by a licensed valuer	☐ Market survey			
Estimate	Other, Please specify:			

Personal Property	Co-owned? Y/N	Value (RP's Share)
Vehicles		\$
All other items (estimated)		\$
	Tota	al: \$

Does the total shown for personal property include individual personal assets (excluding vehicles) for which the value of the RP's share is \$5,000.00 or more? If so, please specify in the below table.

³ This includes accommodation bonds held by a an aged care facility.

Personal Property				Value of RP's Share
				\$
				\$
				\$
			Total:	\$
DICDOCAL FOR ACCETO				
DISPOSAL ⁵ OF ASSETS				
Did you dispose of any of the F	RP's assets worth \$2	2,000 or more	during the repo	rting period?
Yes No				
f yes please provide details:				
Asset Disposed Of	Date Asset Disposed Of	Reason for	Disposal	Value
				\$
				\$
CURRENT LIABILITIES				
CORRENT LIABILITIES				
 list in the table below the you have authority; and attach to this report apperiod. Please clearly list. 	d a copy of a statemen	t for each acc	count listed for th	ne entire reporting

⁵ Disposal includes sale, gift, transfer or destruction.

FREECALL: 1800 604 622 | P: (08) 8944 8720 | E: AGD.ntcat@nt.gov.au PO Box 41860, Casuarina NT 0810 | Level 1, The Met Building, 13 Scaturchio Street, Casuarina 0810 PO Box 1745, Alice Springs NT 0870 | Westpoint Building, 1 Stott Terrace, Alice Springs 0870

	Financial Institution	Type of Account ⁶	Account No.	Joint Accou	unt	Current Balance
E.						\$
F.						\$
G.						\$
H.						\$
Othe	r Debts Owing					Amount
Taxa	tion debt					owing \$
Perso	onal debt(s)					\$
Other	r					\$
				_	Γotal:	\$
	u aware: expenses of \$5,00	NSES AND LIABILITIES O or more the RP is likely more that will become over	to incur; or		1 year fr	rom the date of
	ино гороги.					
☐ Ye		No				
	es 🗆	No ails of each debt or expen	nse:			
If yes,	es 🗆		ise:	E	Estimato	ed amount
If yes,	please provide deta		ose:	E		
If yes,	please provide deta		ise:		6	
If yes,	please provide deta		ose:	\$	6	

⁶ For example savings, cheque, credit or loan.

DECLARATION BY GUARDIAN/S

GUARDIAN 1

I declare that the information provided and statement/s contained in this declaration is/are true and I know that it is an offence⁷ to make a declaration that is false in any material particular:

SIGNATURE ⁸
(insert full name)
on (insert date)
at
(insert place)
GUARDIAN 2
I declare that the information provided and statement/s contained in this declaration is/are true and I know
that it is an offence ⁹ to make a declaration that is false in any material particular:
SIGNATURE ¹⁰
SIGNATURE ¹⁰ (insert full name)
(insert full name) on
on (insert date)

⁷ Section 119 of the *Criminal Code Act 1983* (NT) provides that a person making an unattested declaration that, in any material particular, is to his or her knowledge false, is guilty of a crime and is liable to imprisonment for 3 years.

⁸ This unattested declaration does not need to be witnessed.

⁹ See footnote 6.

¹⁰ See footnote 7.