

APPLICATION FOR THE APPOINTMENT OF AN EMERGENCY MANAGEMENT ORDER

PRIVACY COLLECTION STATEMENT (PRIVACY ACT 1988 (C'WLTH)) OVERLEAF

This is an application pursuant to S.67(1)b of the *Guardianship and Management of Property Act 1991*.

NB: This application will not be processed, unless the applicant has discussed the need for an Emergency Management Order with the Public Trustee for the ACT, within three working days prior to the date of the application.

The applicant should also contact ACAT by phone on (02) 6207 1740, or in person at the Magistrates Court Building, Knowles Place, Canberra City to establish all the documentation required for the Tribunal to consider a long term plenary application.

All sections must be completed for this application to be considered.



Please attach any reports that support your claim for an emergency management order.

1. APPLICANT

Full Name (Surname Last)	Full Postal Address
	Daytime Phone:

2. YOUR RELATIONSHIP TO THE PERSON FOR WHOM YOU ARE SEEKING THE ORDER (eg Spouse, Parent)

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3. NAME OF PERSON ON WHOSE BEHALF YOU ARE MAKING THIS APPLICATION

Full Name (Surname Last)	Current Address
Sex (Male/Female):	Home Address
Date of Birth:	
Email Address:	

4. HAVE YOU INFORMED THE PERSON THAT YOU ARE MAKING THIS APPLICATION? (tick appropriate box)

Yes No

If not, please provide your reasons

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5. WHAT IS THE LIKELY ATTITUDE OF THE PERSON TO YOUR APPLICATION? (tick appropriate box)

Supports my application Opposes my application Unsure

6. WHAT IS THE NATURE OF THE PERSON'S DISABILITY? (tick appropriate box)

Intellectual disability Acquired brain injury Other
 Psychiatric disability Dementia

Are there any other relevant details of the person's disability?

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How does the disability affect the person's decision-making ability?

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7. RELATIVES

Does the person have any known relatives? (tick appropriate box)

Yes No

Please provide details of known relatives – (attach an additional sheet for more relatives)

Relative 1

Full Name (Surname Last)	Postal Address
Nature of Relationship (eg spouse, sibling, parent, child etc)	Daytime Phone:
	Fax:
	Email Address:

8. OTHER INTERESTED PERSONS

Are there any other interested persons? (tick appropriate box)

Yes No

Please provide details of other interested persons – (attach an additional sheet for more interested persons):

Interested Person 1

Full Name (Surname Last)	Postal Address
Nature of Interest (ie friend, neighbour, other etc)	Daytime Phone:
	Fax:
	Email Address:

9. PRIMARY CARER

The primary carer is the person or residential facility manager responsible for providing day-to-day support for the person.

Have you told the primary carer that you are making this application?

Yes No

Primary carer details

Full Name (Surname Last)	Postal Address
	Daytime Phone:
	Fax:
	Email Address:

10. ENDURING POWER OF ATTORNEY

Has the person signed an Enduring Power of Attorney? (tick appropriate box)

Yes No

If "Yes" please provide details of the appointment

Full Name of Attorney (Surname Last)	Postal Address
Date of Appointment:	Daytime Phone:
	Fax:
	Email Address:

11. WILL

Does the person have a Will? (tick appropriate box)

Yes

No



Please attach copy of Will

Please provide the following details about the Will

Name of person who holds Will (Surname Last)	Postal Address
Date of Will:	Daytime Phone:

12. FINANCIAL MANAGEMENT

Why does the person need an emergency manager?

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What attempts have been made to resolve the issues less formally?

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Please provide information about the person's financial affairs

INCOME

Pension:	Source	Frequency	Amount	Reference Number

Wages:	Employer Name and Contact details	Frequency	Amount

Interest:	Source	Frequency	Amount	Reference Number

Business Income	Business name and contact details	Frequency	Amount

Rent Income	Property Address	Property Manager Please include Address & Phone Number	Amount

Other Income:	
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Please attach an extra sheet with additional details if required.

EXPENDITURE

Accomm:	Provider	Amount (\$)	Frequency	Reference

Rent:	Provider	Amount (\$)	Frequency	Reference

Mortgage:	Lender	Amount Borrowed (\$)	Amount Owing (\$)	Reference

Utilities:	Provider	Reference	Estimate Fortnightly Expenditure

Phone:	Provider	Reference	Estimate Fortnightly Expenditure

Medical/ Chemist:	Provider	Reference	Estimate Fortnightly Expenditure

Other:	
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Please attach an extra sheet with additional details if required.

ASSETS

Property:	Address	Value (\$)	Insurer

Vehicle(s):	Make / Model	Registration No	Value (\$)	Insurer

Shares/ Investments:	Name	Units	Value (\$)	Acquisition Details

Furniture/ Personal Effects:	Description	Value (\$)

Other:	
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Please attach an extra sheet with additional details if required.

LIABILITIES

Mortgage:	Lender	Amount (\$)	Repayment	Frequency	Reference

Credit Card: - Card 1 - Card 2	Provider	Account #	Limit	Available Funds

Loans:	Provider	Account #	Value	Repayments

Outstanding Bills:	Details			Approximate Value (\$)

Other (eg O'draft):	Details			Approximate Value (\$)

BANK ACCOUNTS / TERM DEPOSITS / DEBENTURES / BONDS

Financial Institution	BSB	Account Number	Present Account Balance (\$)

13. STATUTORY DECLARATION BY APPLICANT

I, _____ of _____ do solemnly and sincerely declare that to the best of my knowledge, information and belief, the information contained in this application is true and correct.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* and subject to the penalties provided by that Act for the making of false statements in Statutory Declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of Manager

Full name of witness
Signed in my presence
Signature of witness
Qualification of witness

14. DATE OF DECLARATION

PRIVACY STATEMENT

The information provided to the Public Trustee in and forming part of this declaration will not be provided by the Public Trustee to any other person or agency except where the Public Trustee refers any item in this statement to the ACT Civil and Administrative Tribunal for consideration in granting the orders requested.

Please only complete this page if there is insufficient space for Further Known Relatives at Item 7 or for Other Interested Persons at Item 8 of this Application.

7. CONT'D - FURTHER KNOWN RELATIVES

Relative 2

Full Name (Surname Last)	Postal Address
Nature of Relationship (eg spouse, sibling, parent, child etc)	Daytime Phone: Fax: Email Address:

Relative 3

Full Name (Surname Last)	Postal Address
Nature of Relationship (eg spouse, sibling, parent, child etc)	Daytime Phone: Fax: Email Address:

8. CONT'D - OTHER INTERESTED PERSONS

Interested Person 2

Full Name (Surname Last)	Postal Address
Nature of Interest (eg friend, neighbour, other etc)	Daytime Phone: Fax: Email Address:

Interested Person 3

Full Name (Surname Last)	Postal Address
Nature of Interest (eg friend, neighbour, other etc)	Daytime Phone: Fax: Email Address: