

APPLICATION FOR ORDER POWERS OF ATTORNEY 2014

WHAT VCAT CAN DO

The Victorian Civil and Administrative Tribunal (VCAT) can make orders about enduring powers of attorney or supportive attorney appointments.

We can suspend, cancel or vary an appointment, decide if an appointment is valid, determine the liability of attorneys, resolve disputes between attorneys, order compensation for loss caused if an enduring attorney does not comply with the *Powers of Attorney Act 2014* or decide whether a transaction by an attorney is valid.

TERMS USED IN THIS FORM

We refer to the 'principal' and 'attorney' throughout this application form.

The principal is the person who appointed an attorney to act on their behalf.

The attorney is the person appointed to make financial and personal decisions on behalf of the principal.

YOU NEED TO PROVIDE A MEDICAL REPORT

As the applicant, you are responsible for providing VCAT with a copy of a recent and relevant medical report for the person who has an attorney.

We need a medical report to help establish the disability or inability to make reasoned decisions. You can download a medical report template to be completed by a medical practitioner from our website, go to www.vcat.vic.gov.au/medicalreport.

Exceptions

You will not be required to provide a medical report when any of the following applies to you:

- you provided a medical report in the last three months and circumstances have not changed
- the person who made the power of attorney has passed away
- you are applying to resign as attorney.

If you are unsure if you need to provide a medical report, contact us.

PRIVACY POLICY

If you wish to know how VCAT may use the information you provide, refer to VCAT's privacy statement on the website (www.vcat.vic.gov.au/privacy). In most situations, VCAT is not allowed to publicly disclose information about a person apart from publishing decisions, repeating anything said or done at a public VCAT hearing and allowing the public to search the register and files.

WHAT IS YOUR APPLICATION ABOUT?

1. Select at least one type of application you want to make.

Parts of the Powers of Attorney Act 2014 may not apply if your power of attorney was made before 1 September 2015.

Enduring powers of attorney

- Revoke, vary or suspend a power of attorney
- Declare whether an enduring power of attorney is valid
- Declare whether a transaction is valid
- Declare whether the revocation of a power of attorney is valid
- Receive compensation
- Resign as attorney
- Require an attorney to provide accounts
- Obtain authority to enter a conflict transaction
- Validate a conflict transaction
- Relieve the attorney from personal liability
- Give advice about an enduring power of attorney
- Resolve a disagreement between attorneys
- Request a rehearing

Date VCAT made the order or gave reasons for its decision (DD/MM/YYYY)

- Request permission to apply for a rehearing

Date VCAT made the order or gave reasons for its decision (DD/MM/YYYY)

- Other, provide details:

Supportive attorney appointments

- Revoke, vary or suspend a supportive attorney appointment
- Give advice about a supportive attorney appointment
- Request a rehearing

Date VCAT made the order or gave reasons for its decision (DD/MM/YYYY)

- Request permission to apply for a rehearing

Date VCAT made the order or gave reasons for its decision (DD/MM/YYYY)

- Other, provide details:

APPLICANT DETAILS

2. Name of the applicant

Given names

Family name

3. Address

Organisation (if applicable)

Street number and name

Suburb

State

Postcode

4. Contact details

Phone number

Email

IS SOMEONE REPRESENTING YOU?

5. Are you represented by a lawyer or professional advocate?

Yes

No – skip to Question 8

6. Address

Organisation (if applicable)

Street number and name

Suburb

State

Postcode

7. Contact details

Phone number

Email

PRINCIPAL DETAILS

8. Are you the principal?

Yes, skip to Question 15

No

9. What is your relationship to the principal?

For example, partner, Public Advocate, attorney, lawyer, guardian, relative, friend.

10. Name of the principal

Given names

Family name

11. Address of the principal

Street number and name

Suburb

State

Postcode

12. Contact details of the principal

Phone number

Email

13. Has the principal died?

Yes

No, skip to Question 15

14. When did the principal die (DD/MM/YYYY)?

15. Date of birth of the principal (DD/MM/YYYY)

16. Does the principal identify as a person of Aboriginal or Torres Strait Islander descent?

Yes

No

17. Is the principal of a culturally or linguistically diverse background?

Yes

No

If yes, what is the cultural or linguistic background of the principal?

18. Has a previous application about the principal been made to the Guardianship List?

Yes

No

VCAT File Number (if known)

19. Is the principal a person with disability?

Yes

No, skip to Question 21

20. What is the nature of the person's disability?

Intellectual impairment

Brain injury

Mental disorder

Physical disability

Dementia

Other

If other, provide details:

EVIDENCE OF DECISION-MAKING CAPACITY

You are responsible for providing VCAT with a copy of a recent and relevant medical report that establishes whether the principal can make reasoned decisions.

Examples of suitable medical practitioners include doctors, psychologists, neuropsychologists and psychiatrists.

21. Indicate which of the following statements is true:

- I have included a copy of a recent medical report (within the last three months) with this application.
- I have requested a report from a medical practitioner. I undertake to provide this report to VCAT before the hearing.
- I have not included a copy of a recent medical report because it is not required (see Page 1).

22. Name of the medical practitioner providing the report

Given names Family name

Name of practice, hospital or clinic

Street number and name

Suburb State Postcode

Phone number

ATTORNEY'S DETAILS

23. Are you the principal's attorney?

- Yes, skip to Question 29 No

24. Name of the attorney

Given names Family name

25. Address of the attorney

Organisation (if applicable)

Street number and address

Suburb State Postcode

26. Contact details of the attorney

Phone number

Email

27. Has the attorney died?

- Yes No, skip to Question 29

28. When did the attorney die (DD/MM/YYYY)?

29. What type of appointment does the attorney have?

- Enduring power of attorney Supportive attorney appointment

30. What type of enduring power of attorney or supportive attorney appointment does the attorney have?

- Financial Personal Financial and personal

KNOWN RELATIVES AND OTHER INTERESTED PEOPLE

We need to ensure people with an interest in the affairs of the person to be represented are aware of this application. Examples of someone with an interest include a child, parent, sibling, grandparent, partner, friend, neighbour, solicitor, guardian, administrator or another attorney.

31. Apart from those you have already mentioned above, do you know of any relatives and/or other people who would have an interest in this application?

- Yes No, skip to Question 52 Don't know, skip to Question 52

DETAILS OF KNOWN RELATIVE OR INTERESTED PERSON – PERSON 1

32. Name of relative or interested person

Given names Family name

33. Address of relative or interested person

Street number and name

Suburb State Postcode

34. Contact details of relative or interested person

Phone number

Email

35. What is their relationship to the person to be represented?

For example, child, parent, sibling, partner, friend, neighbour, guardian, administrator, etc.

DETAILS OF KNOWN RELATIVE OR INTERESTED PERSON – PERSON 2

Provide details of any other known relative or interested person. Otherwise, skip to Question 52.

36. Name of relative or interested person

Given names Family name

37. Address of relative or interested person

Street number and name

Suburb

State

Postcode

38. Contact details of relative or interested person

Phone number

Email

39. What is their relationship to the person to be represented?

DETAILS OF KNOWN RELATIVE OR INTERESTED PERSON – PERSON 3

Provide details of any other known relative or interested person. Otherwise, skip to Question 52.

40. Name of relative or interested person

Given names

Family name

41. Address of relative or interested person

Street number and name

Suburb

State

Postcode

42. Contact details of relative or interested person

Phone number

Email

43. What is their relationship to the person to be represented?

DETAILS OF KNOWN RELATIVE OR INTERESTED PERSON – PERSON 4

Provide details of any other known relative or interested person. Otherwise, skip to Question 52.

44. Name of relative or interested person

Given names

Family name

45. Address of relative or interested person

Street number and name

Suburb

State

Postcode

46. Contact details of relative or interested person

Phone number

Email

47. What is their relationship to the person to be represented?

DETAILS OF KNOWN RELATIVE OR INTERESTED PERSON – PERSON 5

Provide details of any other known relative or interested person. Otherwise, skip to Question 52.

48. Name of relative or interested person

Given names

Family name

49. Address of relative or interested person

Street number and name

Suburb

State

Postcode

50. Contact details of relative or interested person

Phone number

Email

51. What is their relationship to the person to be represented?

If there are other known relatives or interested people, include an attachment with their details.

REASONS FOR MAKING AN APPLICATION

52. Briefly state your reasons for making this application

ATTENDANCE AT THE HEARING

We offer a range of support services for people with disability, Aboriginal and Torres Strait Islander peoples and people with language difficulties.

We have security officers present and provide airport-style security scanning at our main venues. But we can arrange for extra security.

Let us know of your needs so we can make arrangements for the hearing.

We expect everyone mentioned in this application to attend the hearing.

53. Is there anything preventing the principal from attending the VCAT hearing?

Yes No Unsure

If yes, state the circumstances that prevent the person from attending the VCAT hearing:

54. Do you need the hearing to be held at a venue other than at VCAT?

Yes No Unsure

If yes, tell us why you need a different venue:

55. Does anyone attending the hearing require an interpreter?

Yes No Unsure

If yes, tell us who needs an interpreter and for what language:

56. Does anyone attending the hearing have concerns about their personal safety?

Yes No Unsure

If yes, tell us who has concerns about their personal safety at the hearing and why:

57. Does anyone attending the hearing require video link or telephone facilities?

Yes No Unsure

If yes, tell us who needs video link or telephone facilities for the hearing and why:

58. Does anyone attending the hearing require any other type of special assistance?

- Yes No Unsure

If yes, tell us who needs any other type of special assistance and what they require:

ACKNOWLEDGMENT

By completing this application, I understand and acknowledge that:

- to the best of my knowledge, all information provided in this application is true and correct
- it is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT
- I will provide a copy of my completed application to all of the following:
- principal
 - all attorneys
 - all relatives and interested parties
- I will notify VCAT in writing if I am unable to provide a copy of my application to any party.

Date of acknowledgement (DD/MM/YYYY):

DOCUMENTS TO ATTACH WITH THIS APPLICATION

Attach the following documents if you have them. Your VCAT hearing may be delayed if we do not get all required documents that are relevant to your application.

- Current medical report
- Copy of the enduring power of attorney (if applicable)
- Copy of the supportive attorney appointment (if applicable)
- List of other known relatives and interested people (if you could not provide all details on this form)
- Any other documentation to support your application

FURTHER STEPS TO TAKE

Ensure you do the following:

- Give a copy of this application to every person mentioned in this application. You can only send documents to other parties by email **if you have already exchanged information with them this way.**
- Make a copy of this application for your own records
- Speak to the person whom this application is about (if possible)

SUBMITTING THIS APPLICATION

Submit your application and a copy of the medical report to VCAT either by email, by post or in person.

By email

Email humanrights@courts.vic.gov.au

By post

Send to:

The Registrar
VCAT Guardianship List
GPO Box 5408 Melbourne VIC 3001

In person

Victorian Civil and Administrative Tribunal
414 La Trobe Street, Melbourne VIC 3000

NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact us by phone, email or in person.

By email

Email humanrights@courts.vic.gov.au

By phone

Call 1300 018 228 Monday-Friday 9am - 4.30pm

In person

We are open Monday-Friday 9am - 4.30pm

414 La Trobe Street,
Melbourne VIC 3000