



# Application to Review revocation of enduring power of attorney

## GUARDIANSHIP DIVISION

Before completing this application form, refer to the fact sheet 'Review revocation of an enduring power of attorney'. If you need more information, contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

### IMPORTANT INFORMATION

- The NSW Trustee and Guardian is a statutory party to all reviews of revocation of an enduring power of attorney.
- All parties will receive a copy of this application and all documents unless the Tribunal orders otherwise. For more information refer to the fact sheet 'Providing information to the Guardianship Division'.

## 1. Details of person who made the enduring power of attorney ('The Principal')

### Who is this application about?

given names \_\_\_\_\_

family name \_\_\_\_\_

other names by which  
this person is known \_\_\_\_\_

date of birth \_\_\_\_\_

gender  male  female

### What is the person's usual permanent address?

- Where does the person usually live?  at home, provide details below  
 at the home of a family member or friend, provide details below  
 at a care facility, provide details below  
 no fixed address

name of family member,  
friend or care facility \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

phone \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_

email \_\_\_\_\_

### What is the person's current location? (if different from above)

name of family member,  
friend or care facility \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

name of contact  
(if applicable) \_\_\_\_\_

phone \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_

email \_\_\_\_\_

**What is the person's mailing address? (if different from either address above)**

street / PO Box

suburb/town, state, postcode

**Other details about the person**

**What disabilities or other health-related factors affect the person's decision-making capacity?**

- dementia
- intellectual disability
- brain injury
- other, provide details:
- advanced age
- neurological
- mental illness

**Is there anyone who disputes the person's disability or incapacity?**

No  Yes

If Yes, provide details:

the person themselves

health professional, provide name

other person, provide name

**Does the person regard themselves as belonging to any ethnic, cultural or religious group?**

No  Yes, please specify:

**Does the person speak a language other than English at home?**

No  Yes, what other language:

**Have you told the person that you are making this application?**

- Yes, and he or she:  Supports or  Opposes the application
- No

**The Tribunal must consider the views of the Principal before making its decision. As applicant you have an obligation to tell the Principal about your application.**

**Does the person have a spouse?**

No  Yes

Spouse means a husband, wife or de facto partner and includes same sex relationships.

The relationship must be close and continuing.

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

**Does the person have a carer?**

No  Yes

A carer is someone who provides domestic services and support to the person, or arranges services and support for the person.

A carer does not include professional carers who receive remuneration for their services. However, a carer's pension does not exclude someone from being a carer.

If the person resides at a facility (such as a nursing home or group home), the carer is the last person to have cared for the person before they became a resident at the facility.

\_\_\_\_\_

given names: \_\_\_\_\_

family name: \_\_\_\_\_

street / PO Box: \_\_\_\_\_

suburb/town, state, postcode: \_\_\_\_\_

daytime phone: \_\_\_\_\_

mobile phone: \_\_\_\_\_

fax: \_\_\_\_\_

email: \_\_\_\_\_

**2. Other current decision-making arrangements**

**Does the person have a guardian or enduring guardian?**

No  Yes, - If yes please provide details below and attach a copy of the guardianship order or enduring guardianship appointment

Does the guardian/enduring guardian know about your application?  No  Yes

guardian's name \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

daytime phone \_\_\_\_\_

mobile phone \_\_\_\_\_

email \_\_\_\_\_

relationship to principal \_\_\_\_\_

details of appointment \_\_\_\_\_

**3. Your details ('the Applicant')**

As the person making this application you have responsibilities that go beyond completing this form. You should be prepared to carry out these responsibilities before proceeding with this application. See the cover sheet for more detail.

given names \_\_\_\_\_

family name \_\_\_\_\_

street / PO Box \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

daytime phone \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_ pager \_\_\_\_\_

email \_\_\_\_\_

What is your relationship to the person? \_\_\_\_\_

How long have you known the person? \_\_\_\_\_

Are you the person's:  Attorney  Enduring Guardian  Guardian appointed by a Court or Tribunal

If yes, to any of the above attach a copy of the enduring power of attorney or enduring guardianship appointment or the Court or Tribunal order.

#### 4. Details about the enduring power of attorney

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Date of the enduring power of attorney: \_\_\_\_\_

Date of revocation of enduring power of attorney: \_\_\_\_\_

##### Details of Attorney appointed under the enduring power of attorney

name \_\_\_\_\_  
street \_\_\_\_\_  
suburb/town, state, postcode \_\_\_\_\_  
daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_  
email \_\_\_\_\_  
relationship to principal \_\_\_\_\_

##### Details of Attorney appointed under the enduring power of attorney (if more than one)

name \_\_\_\_\_  
street \_\_\_\_\_  
suburb/town, state, postcode \_\_\_\_\_  
daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_  
email \_\_\_\_\_  
relationship to principal \_\_\_\_\_

##### Details of Attorney appointed under the enduring power of attorney (if more than two)

name \_\_\_\_\_  
street \_\_\_\_\_  
suburb/town, state, postcode \_\_\_\_\_  
daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_  
email \_\_\_\_\_  
relationship to principal \_\_\_\_\_

If there were 2 or more attorneys, how were they appointed to act?  Jointly  Severally  Jointly and Severally

##### Details of Substitute Attorney appointed under the enduring power of attorney (if any)

name \_\_\_\_\_  
street \_\_\_\_\_  
suburb/town, state, postcode \_\_\_\_\_  
daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_  
email \_\_\_\_\_  
relationship to principal \_\_\_\_\_

*If there were more than 2 attorneys or more than 1 substitute attorney, please provide contact details in a cover sheet*

**Details of Prescribed Witness – section 19 certificate**

name \_\_\_\_\_

occupation \_\_\_\_\_

name of firm (if lawyer) \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_

email \_\_\_\_\_

**Details of Witness to revocation of enduring power of attorney (if any)**

name \_\_\_\_\_

occupation \_\_\_\_\_

name of firm (if lawyer) \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_

email \_\_\_\_\_

**Has the principal made a new enduring power of attorney?**

No                       Yes, provide details of new attorney and attach a copy of the new power of attorney

new attorney name \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_

email \_\_\_\_\_

relationship to principal \_\_\_\_\_

**Please note that if you wish the Tribunal to review the making of or the operation and effect of an enduring power of attorney, you must submit a separate application to review that enduring power of attorney.**

**5. Need for a review of a revocation of enduring power of attorney**

Please identify any current risks to the principal in relation to his or her finances	No	Yes
Is the person's money about to be spent or their assets sold or transferred in a way that is not in their best interests?	<input type="checkbox"/>	<input type="checkbox"/>
Have services been or are they about to be discontinued? <i>Services may be home care and support services or gas, power, phone.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a pending financial transaction? (e.g. selling property)	<input type="checkbox"/>	<input type="checkbox"/>

**Why do you think a review of the revocation of enduring power of attorney is needed?**

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**What attempts have been made to resolve these problems?**

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**What orders do you think the Tribunal should make:**

- Principal had the mental capacity to revoke the enduring power of attorney
  - Principal did not have the mental capacity to revoke the enduring power of attorney
  - The enduring power of attorney remains valid because the Principal:
    - did not have mental capacity to revoke it, or
    - the revocation is invalid for some other reason (for example, the Principal was induced to revoke the enduring power of attorney by dishonesty, undue influence)
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**Please note:** The Tribunal can decide to make none of the orders sought and decide to treat an application for review of a revocation of an enduring power of attorney as an application for a financial management order, if the Tribunal decides that this is appropriate in the circumstances. This means that the Tribunal may then decide to appoint a financial manager for the principal – either the NSW Trustee and Guardian or a private manager who is subject to the authority and direction of the NSW Trustee and Guardian

**What is the person's current financial situation?**

Income	type of income	amount	how often received

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<b>Expenses</b>	Is the person's spending causing difficulty?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details
	Major expense		value \$
<b>Assets</b>	Major asset		value \$
<b>Debts</b>	Major debt		value \$

**As far as you are aware are there any legal proceedings (current or anticipated) that involve this person?**  
 No  Yes, please provide details:

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## 6. Other people involved

- You must include details for the person's spouse and the person's carer in section 1 of the form. You must include the details of any guardian or enduring guardian in section 2 of this form.
- You must tell the Tribunal about people who may have a legitimate interest in this application, including people who may oppose the application.
- Please also include other interested people (e.g. social workers, doctor, family members).
- Attach an additional page of contacts if necessary

given names	<hr/>	
family name	<hr/>	
relationship to the person	<hr/>	
organisation (if applicable)	<hr/>	
street / PO Box	<hr/>	
suburb/town, state, postcode	<hr/>	
daytime phone		mobile phone
email	<hr/>	
fax	<hr/>	
Have you spoken to this person about the application	<input type="checkbox"/> No	<input type="checkbox"/> Yes

\_\_\_\_\_  
 given names  
 \_\_\_\_\_  
 family name  
 \_\_\_\_\_  
 relationship to the person  
 \_\_\_\_\_  
 organisation (if applicable)  
 \_\_\_\_\_  
 street / PO Box  
 \_\_\_\_\_  
 suburb/town, state, postcode  
 \_\_\_\_\_  
 daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_  
 email  
 \_\_\_\_\_  
 fax  
 \_\_\_\_\_  
 Have you spoken to this person  No  Yes  
 about the application

\_\_\_\_\_  
 given names  
 \_\_\_\_\_  
 family name  
 \_\_\_\_\_  
 relationship to the person  
 \_\_\_\_\_  
 organisation (if applicable)  
 \_\_\_\_\_  
 street / PO Box  
 \_\_\_\_\_  
 suburb/town, state, postcode  
 \_\_\_\_\_  
 daytime phone \_\_\_\_\_ mobile phone \_\_\_\_\_  
 email  
 \_\_\_\_\_  
 fax  
 \_\_\_\_\_  
 Have you spoken to this person  No  Yes  
 about the application

## 7. Supporting information

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You must provide

- a copy of the enduring power of attorney and
- a copy of the revocation

You should provide a copy of any other enduring power of attorney, revocation of enduring power of attorney, enduring guardianship appointment or Court or Tribunal order appointing a guardian or financial manager (where applicable).

As the person completing this form, you are responsible for ensuring that the Tribunal receives at least two (2) reports that provide professional opinions in support of the application.

**The Tribunal may be unable to schedule a hearing until these reports have been received.**

The report(s) may be prepared by:

- a medical, health or other professional
- a lawyer or accountant involved in the person's financial affairs
- the provider of accommodation or services
- a counsellor or financial counsellor
- a social worker.

### Professional opinions

\_\_\_\_\_

title of report

\_\_\_\_\_

author & organisation

I have attached the report to this application

I have arranged for the report to be sent separately

\_\_\_\_\_



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title of report

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author & organisation

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I have attached the report to this application

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I have arranged for the report to be sent separately

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title of report

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author & organisation

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I have attached the report to this application

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I have arranged for the report to be sent separately

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### Additional support documents

Please list below any additional documents (e.g. medical report, rent invoice, Power of Attorney, ACAT Assessment) that you have attached.

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title of document: \_\_\_\_\_

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author & organisation: \_\_\_\_\_

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title of document: \_\_\_\_\_

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author & organisation: \_\_\_\_\_

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title of document: \_\_\_\_\_

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author & organisation: \_\_\_\_\_

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title of document: \_\_\_\_\_

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author & organisation: \_\_\_\_\_

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title of document: \_\_\_\_\_

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author & organisation: \_\_\_\_\_

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title of document: \_\_\_\_\_

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author & organisation: \_\_\_\_\_

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## 8. The hearing

**Is there any reason why the person cannot attend the hearing?**       No       Yes, briefly explain why

*The Tribunal wants the person to attend the hearing unless that is impossible due to the person's ill health or some other special circumstance.*

**Does anyone associated with the application require special assistance at the hearing?**       No       Yes, provide names and indicate the type of assistance required. For language interpreter, specify the language(s) required.

*For example, wheelchair/mobility access, hearing loop, signing interpreter or language interpreter.*

## 9. Applicant's declaration

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- Declaration** Having read through this completed application:
- I consider that, to the best of my knowledge, all of the information is true and accurate.
  - I have not intentionally left out important information or the names of people who are likely to have a legitimate interest in this application.
  - I understand that it is an offence to make a false or misleading statement in an application.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

## To lodge your application

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**To lodge your application, return all pages of the form to NCAT's Guardianship Division.** Check that you have completed all relevant items and signed the application form.

### NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

Telephone: (02) 9556 7600 or 1300 006 228

Interpreter Service (TIS) 13 14 50

National Relay Service for TTY Users 13 36 77

Email: [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)

Website: [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)