

**Application to Register an Interstate Appointment**

***Under the Guardianship and Management of Property Act 1991***

# **ACAT file number:**

GT

(ACAT use only)

# Type of application (please indicate either or both that apply):

Registration of the appointment of a guardian of another person who lives outside the ACT (section 12(1)(a))

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Registration of the appointment of a manager of another person who lives outside the ACT (section (12)(1)(b))

**DETAILS ABOUT PERSON APPLYING FOR REGISTRATION**

# **Full name:**

**Postal address:**

**Preferred phone number:**

**Alternate phone number:**

**Email:**

**Family or other relationship to the protected person for whom the interstate order has been made:**

**Is the applicant a guardian, manager or both for the protected person:**

**DETAILS ABOUT THE PROTECTED PERSON FOR WHOM THE GUARDIANSHIP OR MANAGEMENT INTERSTATE APPOINTMENT ORDER HAS BEEN MADE**

**Full name:** **Date of birth:**

(DD/MM/YYYY)

**Usual residential address:**

**Temporary residential**

**address:**

(if different from usual address)

# **Preferred phone number:** **Alternate phone number:**

**Email:**

**DETAILS OF THE PERSON WHO HAS BEEN APPOINTED GUARDIAN (IF APPLICABLE)**

**Full name:**

**Postal address:**

**Preferred phone number:**

**Alternate phone number:**

**Email:**

**Family or other relationship to the protected person for whom the interstate order has been made:**

**DETAILS OF THE PERSON WHO HAS BEEN APPOINTED MANAGER (IF APPLICABLE)**

**Full name:**

**Postal address:**

**Preferred phone number:**

**Alternate phone number:**

**Email:**

**Family or other relationship to the protected person for whom the interstate order has been made:**

**Please attach a sealed copy of the interstate order of appointment that you are seeking to register.**

**REASONS FOR SEEKING RECOGNITION OF INTERSTATE ORDER(S)**

Please outline below your reasons for applying to have the Order recognised in the Australian Capital Territory (Please attach a sheet if additional space is required):

# **Signature of applicant:** **Name of applicant:**

**Date:**

# **Checklist for application to register an interstate appointment**

Application form has been correctly filled out including:

* Type of application is indicated.
* Sealed copy of the interstate order to be registered is attached.
* Applicant’s full name and contact details, including postal and email address are completed.
* All requested details about the person for whom the order is being sought (protected person) are completed
* Form is signed and dated by applicant

There is no lodgement fee for this application.