

Application to Register an Interstate Order

Guardianship List, Victorian Civil and Administrative Tribunal

1300 01 8228 (1300 01 VCAT)

<http://www.vcat.vic.gov.au>

Fields marked with an asterisk (*) are mandatory.

Do you need to complete this form?

Please read the following guide before completing this form:

[Guardianship List Application Guide](#)

- Use this form if you want to register an Interstate Order and you are the existing guardian (or interstate equivalent), the existing administrator (or interstate equivalent) or the Public Advocate.
- You must send a copy of this completed application to the person you are applying about and other interested persons, including any primary carer, nearest relative and any existing guardian or administrator.
- If you need advice about completing the form or further information from VCAT, please call 1300 01 8228 (1300 01 VCAT) to speak to a staff member of the Guardianship List. Further information is also available on the VCAT website.

Your relationship to the person you are applying about *

- existing guardian
- existing administrator
- the Public Advocate

Applicant details

Name

Title Surname* Given name 1 Given name 2

Address

Organisation

Street address / Postal address

Suburb / Town State Postcode

Contact details

Please provide at least one phone number *

Business phone After hours phone Mobile Business fax

() Area code Number () Area code Number () Area code Number () Area code Number

Email

Has a previous application about this person been made to the Guardianship List? Yes No

VCAT file number (if you know)

Details of the person you are applying about

Name

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	Date of birth
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<i>Day</i> <i>Month</i> <i>Year</i>

Address

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Business phone	After hours phone	Mobile	Business fax
() <input type="text"/>	() <input type="text"/>	<input type="text"/>	() <input type="text"/>
<i>Area code</i> <i>Number</i>	<i>Area code</i> <i>Number</i>	<i>Number</i>	<i>Area code</i> <i>Number</i>

Email

Is the person homeless? Yes No

Details of any known relatives and/or interested parties

You must include spouse, partner, parents, children, step children

Does the person you are applying about have any known relatives and/or interested parties?

Yes No

Details of relative and/or interested party

Name

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Business phone	After hours phone	Mobile	Business fax
() <input type="text"/>	() <input type="text"/>	<input type="text"/>	() <input type="text"/>
<i>Area code</i> <i>Number</i>	<i>Area code</i> <i>Number</i>	<i>Number</i>	<i>Area code</i> <i>Number</i>

Email

The relationship to the person you are applying about (e.g. are they that person's son, step-daughter, father, friend, neighbour, solicitor, etc)

Details of relative and/or interested party**Name**

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Business phone	After hours phone	Mobile	Business fax
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>
<small>Area code</small> <small>Number</small>	<small>Area code</small> <small>Number</small>	<small>Number</small>	<small>Area code</small> <small>Number</small>

Email

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Details of relative and/or interested party**Name**

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Business phone	After hours phone	Mobile	Business fax
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>
<small>Area code</small> <small>Number</small>	<small>Area code</small> <small>Number</small>	<small>Number</small>	<small>Area code</small> <small>Number</small>

Email

The relationship to the person you are applying about (e.g. are they that person's son, step-daughter, father, friend, neighbour, solicitor, etc)

Details of relative and/or interested party**Name**

Title	Surname	Given name 1	Given name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street address / Postal address

Suburb / Town

State

Postcode

Contact details

Business phone

Area code *Number*

After hours phone

Area code *Number*

Mobile

Number

Business fax

Area code *Number*

Email

The relationship to the person you are applying about (e.g. are they that person's son, step-daughter, father, friend, neighbour, solicitor, etc)

Details of relative and/or interested party

Name

Title

Surname

Given name 1

Given name 2

Address

Street address / Postal address

Suburb / Town

State

Postcode

Contact details

Business phone

Area code *Number*

After hours phone

Area code *Number*

Mobile

Number

Business fax

Area code *Number*

Email

The relationship to the person you are applying about (e.g. are they that person's son, step-daughter, father, friend, neighbour, solicitor, etc)

Registration of interstate orders

Why do you wish for the interstate order to be registered in Victoria? *

In which State or Territory was the order made?

Date the original order was made

Is the person subject to the order proposing to come to Victoria? Yes No

Does the person subject to the order have assets in Victoria? Yes No

Please list assets held (including home, bank account and other investments) *

Hearing arrangements

The person you are applying about must attend the hearing unless there are exceptional circumstances.

If the person you are applying about is not attending the hearing, please state below the exceptional circumstances preventing them from attending

Does the person you are applying about require an interpreter? Yes No

Language/dialect *

Do you believe that security may be needed at the hearing? Yes No

Please explain why. Include the name(s) of the person(s) you believe may cause a security risk *

Does the person you are applying about require any other special assistance? Yes No

Please specify what special assistance is required *

Supporting documents

Prior to the hearing, you must provide documents that support your application. For further information please refer to the Application Guide.

- **Interstate Order**

Certified copy of Interstate Order.

- **Supporting Documents**

Other supporting documents including copy of recent medical report(s), power of attorney (financial/medical) and/or enduring power of guardianship, copy of the will, social work report, neuropsychological report, affidavit in support, any previous order, covering letter etc.

If providing attachment electronically, please supply as: docx;jpeg;xls;ppt;doc;pdf

Acknowledgement

I understand and acknowledge that:

- To the best of my knowledge, all information provided in this application is true and correct and that no details relevant to the application have been left out.
- I approve the information that has been provided.
- 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 further undertake to give or send a copy of this completed application form to the person I am applying about and any other interested persons, including any primary carer, their nearest relative(s) and any existing or proposed Guardian or Administrator as named in this application. I will notify VCAT as soon as possible in the event that for some reason I am unable to do so.

By selecting this checkbox I confirm that I have read and understood all the statements above *

Full name of person completing this application *

Date *

Signature of person completing this application *

Privacy statement

The information collected in this application will be used to assess the application and determine the eligibility to initiate a proceeding at the Victorian Civil and Administrative Tribunal (VCAT).

The Victorian Civil and Administrative Tribunal Act 1998 governs what information is available to the public.

The Information Privacy Act 2000 and the Victorian Privacy Principles set out the requirements that persons must abide by. Section 10 of the Act refers to Courts and Tribunals and the exemptions that apply to them.

For further information regarding our privacy policy, please visit the VCAT website.

Additional information

Below is a list of frequently used words/terms in the Guardianship List:

ADMINISTRATOR - A person appointed by VCAT to make decisions on behalf of an adult with a disability who is unable to make reasonable judgements in respect of matters relating to all or any part of her or his estate by reason of the disability.

APPLICANT - The person who makes the application.

CAPACITY - An adult is deemed to have capacity if they have an ability to understand the consequences of a decision and can take responsibility for making a choice.

CERTIFIED COPY - A copy of a document on which an authorised person has certified: 'this is a true and complete copy of the original'.

DISABILITY - in relation to a person, means intellectual impairment, mental disorder, brain injury, physical disability or dementia.

DONOR - A person who gives a power of attorney.

GUARDIAN - The person appointed by VCAT to make decisions for an adult who has a disability and is unable to make reasonable decisions regarding lifestyle, such as where a person will live.

GUARDIANSHIP LIST - The Guardianship list is the part of VCAT that has the power to protect vulnerable adults, including power to appoint administrators and guardians, and make orders about enduring powers.

INTERESTED PARTIES - People who play a significant role in the life or care of the represented person, including spouse, domestic partner, children, stepchildren.

JOINTLY APPOINTED - Means that all appointed decision-makers must make decisions together.

JOINTLY & SEVERALLY APPOINTED - Means that the appointed decision-makers can make decisions or sign documents together or separately, unless otherwise specified in the order.

LIMITED ORDER - A limited order specifies in which areas of the represented person's life decisions can be made; for example, decisions related to accommodation.

NEAREST RELATIVE - It means the spouse or domestic partner of a person, or where there is no spouse or partner, the relative of the person set out in section 3 of the *Guardianship and Administration Act 1986*.

ORDER - A legally binding decision by VCAT.

POWERS OF ATTORNEY –

- a general power of attorney - someone to make financial or legal decisions, usually for a specific period of time, such as when a person is away on holidays and which ceases when the donor loses capacity or revokes it.
- an enduring power of attorney (financial) - someone to make financial and legal decisions, such as signing a legal document, selling property or doing banking. It can operate immediately or when the donor loses the capacity to make these decisions.
- an enduring power of attorney (medical treatment) – an agent to make medical decisions, such as agreeing to or refusing surgery. It takes effect only if the person giving the power loses capacity to make these decisions.
- an enduring power of guardianship - someone to make day-to-day lifestyle decisions, such as where a person can live, if a person by reason of a disability, becomes unable to make reasonable judgements about his or her person or circumstances.

PRIMARY CARER - Any person who is responsible for providing support or care to the represented person.

PUBLIC ADVOCATE (OFFICE OF) - An independent office of the Victorian State Government, established to promote the rights of, and advocate for, Victorians with a disability. The Public Advocate can act as a guardian of last resort on appointment by VCAT.

REASSESSMENT - A hearing at which VCAT considers if there is an on-going need for an administration or guardianship order.

REHEARING - A hearing at which VCAT rehears matters which are the subject of the order.

REPRESENTED PERSON - The person who is subject to the order.

REVOKE - To cancel an enduring power or an order such as an administration or guardianship order.

SEVERALLY - The appointed decision-makers can make decisions separately, unless otherwise specified in the order.

Lodgement

Before you lodge this form, you must:

- Send a copy of this completed application to the person you are applying about and other interested persons, including any primary carer, nearest relatives and any existing guardian or administrator. If for some reason you cannot send a copy, you must notify VCAT as soon as possible.
- Sign and date this form.

You can lodge this completed form and any attachments online or by:

Mailing it to:

Guardianship List
Victorian Civil and Administrative Tribunal
GPO Box 5408 Melbourne VIC 3001

Delivering it in person to:

Victorian Civil and Administrative Tribunal
Guardianship List
Ground Floor, 55 King Street
Melbourne VIC 3000
Office hours: 8:30am - 4:30pm Monday to Friday
(closed public holidays)

Telephone: 1300 01 8228 (1300 01 VCAT)

Email: humanrights@vcat.vic.gov.au

Website: <http://www.vcat.vic.gov.au>
