

GUARDIANSHIP LIST

LAWYERS' OR OTHER REPRESENTATIVES' REGISTRATION OF INTEREST

Lawyers or other representatives may complete and fax or send this form, or send a letter with the information to –

The Registrar
VCAT Guardianship List
55 King Street Melbourne VIC 3000
GPO Box 5804 Melbourne VIC 3001

Fax: (03) 9628 9932

VCAT Reference number (if known) G

Name of (proposed) represented person: _____

In this proceeding, I/we, the undersigned legal practitioner(s), act for the following person(s)

Name and address of person:
Relationship to (proposed) represented person:

Name and address of person:
Relationship to (proposed) represented person:

Name and address of person:
Relationship to (proposed) represented person:

Name of lawyer/firm
representative/organisation _____
Postal address _____
DX _____
Telephone _____
Fax _____
Email _____
Name and title of contact person _____

Lawyers or others who seek to act for a represented person should carefully note the provisions of section 52 of the *Guardianship and Administration Act 1986*.