

Form PPPR 24

Application for exercise of Court's jurisdiction in respect of enduring power of attorney

Section 102 and 102A, Protection of Personal and Property Rights Act 1988

In the Family Court
at
[place]

FAM No:

.....
[full name]

.....
[address]

.....
[occupation]

Applicant

.....
[full name]

.....
[address]

.....
[occupation]

Person the application is about

[Set out full description of document (including whether it is made with or without notice), its date, and, in the case of an affidavit or affirmation, the name of the deponent and in whose support it is filed.]

This document is filed by

[name and address for service, and if filed by lawyers, the name and telephone number of the acting lawyer.]

I,

.....
[full name, address, occupation],

apply for the exercise of the Court’s jurisdiction in respect of *[state matter in respect of which the Court’s jurisdiction is sought]*

.....

I say –

1 For this paragraph select the statement that applies:

STATEMENT A

On..... *[date]* I / *[name of donor]** granted to *[name of attorney]*
 an enduring power of attorney to act in relation to my/his/her* personal care and welfare.
**select one.*

STATEMENT B

On..... *[date]* I / *[name of donor]** granted to *[name of attorney]*
 an enduring power of attorney to act in relation to my/his/her* property.
**select one.*

STATEMENT C

On..... *[date]* I / *[name of donor]** granted to *[name of attorney]*
 an enduring power of attorney to act in relation to my/his/her* personal care and welfare and my/his/her* property.
**select one.*

2 For this paragraph select the statement that applies:

STATEMENT A

The enduring power of attorney authorises
[name of attorney] to act in relation to my/the donor’s* personal care and welfare generally.
**select one.*

STATEMENT B

The enduring power of attorney authorises
[name of attorney] to act in relation to my/the donor’s* personal care and welfare regarding the following specific matters: *[state matters]*

.....

.....
.....
*select one.

STATEMENT C

The enduring power of attorney authorises
[name of attorney] to act generally in relation to all of my/the donor's*
property.
*select one.

STATEMENT D

The enduring power of attorney authorises
[name of attorney] to act generally in relation to the following of my/the
donor's* property:
[describe property]

.....
.....
.....
.....
*select one.

STATEMENT E

The enduring power of attorney authorises
[name of attorney] to do the following specific things in relation to my/the
donor's* property: [specify things]

.....
.....
.....
.....
*select one.

3 For this paragraph select the statement that applies:

STATEMENT A

The enduring power of attorney is not subject to any conditions or restrictions.

STATEMENT B

The enduring power of attorney is subject to the following conditions or
restrictions. [specify]

.....
.....
.....
.....

4 For this paragraph select the statement that applies:

STATEMENT A

I apply to the Court to determine whether the instrument executed by me/
..... [name of donor]* is an enduring power of
attorney. *select one.

STATEMENT B

I apply to the Court to determine whether or not
[name of donor] is mentally incapable.

STATEMENT C

I apply to the Court for the following order/direction* in respect of the
enduring power of attorney: [state order sought from Court and reasons]

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- 5 *Include this paragraph if an application is being made to the Court for an order or direction in respect of an enduring power of attorney, and select the statement that applies.*

STATEMENT A

..... [name of attorney] believes on the
following reasonable grounds that [name of
donor] is mentally incapable: [state grounds]

.....

.....

.....

.....

STATEMENT B

A relevant health practitioner has certified that
[name of donor] is mentally incapable and a copy of that certificate is attached.

STATEMENT C

The Court has determined that [name of donor]
is mentally incapable and a copy of the Court order is attached.

6 I am:

- *the donor of the enduring power of attorney
 - *a relative of the donor
 - *an attorney of the donor (not being the attorney acting under the enduring power of attorney)
 - *a social worker
 - *a medical practitioner
 - *a trustee corporation
 - *the principal manager of [name of place] providing hospital care/rest home care/residential disability care* to the donor
 - *a welfare guardian appointed for the donor
 - *a person authorised by a body or organisation contracted by the Government to provide elder abuse and neglect prevention services.
 - * a person granted leave by the Court to make this application.
- *select one.*

.....
Signature of applicant

.....
Date

Notes

Advice

If you need help, consult a lawyer or contact a Family Court office immediately.

Office hours

The office of the Family Court is open from 9.00 am to 5 pm on Mondays to Fridays inclusive.

Information sheet

A duly completed information sheet (in form PPPR 14) must accompany this application.

Meaning of the term relative

The term **relative**, in relation to any person, means –

- (a) the spouse, civil union partner, or de facto partner of that person; and
- (b) a parent or grandparent of that person, or of the spouse or other person referred to in paragraph (a); and
- (c) a child or grandchild of that person, or of the spouse or other person referred to in paragraph (a); and
- (d) a brother or sister of that person, or of the spouse or other person referred to in paragraph (a), whether of full-blood or of half-blood; and
- (e) an aunt or uncle of that person, or of the spouse or other person referred to in paragraph (a); and
- (f) a nephew or niece of that person, or of the spouse or other person referred to in paragraph (a).

Meaning of the term relevant health practitioner

The term **relevant health practitioner** means a person who is, or is deemed to be, registered with a registration authority appointed by or under the Health Practitioners Competence Assurance Act 2003 as a practitioner of a particular health profession, or a medical practitioner registered by a competent overseas authority, -

- (a) whose scope of practice includes the assessment of a person's mental capacity; or
- (b) whose scope of practice –
 - (i) includes the assessment of a person's mental capacity; and
 - (ii) is specified in the enduring power of attorney.

Copy of enduring power of attorney

When filing this application you must, if possible, lodge in the office of the Court a copy of the enduring power of attorney.