

Form PPPR 25

Application for review of attorney's decision
Section 103, 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 a review of the following decision made by
[full name of attorney] acting under an enduring power or attorney granted by me/
..... *[name of donor]** :
[state decision sought to be reviewed]
.....
.....
.....
.....

**select one.*

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]
.....
.....
.....
.....

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.