

Form PPPR 6

**Application for order to administer property**  
*Section 11, 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.]*

[Note: *This form may be used only if the applicant seeks the order in respect of some other person*]

I, .....  
*[full name]*

apply for an order appointing a person to administer, on behalf of

.....  
*[name of the person in respect of whom the application is made]*

the following property (*or* income or benefit) belonging to

.....  
*[name of the person in respect of whom the application is made]*

(*or* to which that person may become entitled):

*[specify the property, income, or benefit that you wish to have administered]*

This application is made on the following grounds:

*[select and complete the option that applies]*

.....  
*[name of the person in respect of whom the application is made]*

wholly (*or* partly) lacks the capacity to understand the nature, and to foresee the consequences, of decisions relating to his (or her) personal care and welfare.

***or***

.....  
*[name of the person in respect of whom the application is made]*

has the capacity to understand the nature, and to foresee the consequences, of decisions in respect of matters relating to his (or her) personal care and welfare, but wholly lacks the capacity to communicate decisions in respect of those matters.

I make this application in my capacity as—

*[select and complete the option that applies]*

(a) a .....  
*[specified relative]*

of .....  
*[name of the person in respect of whom the application is made]*

(b) the attorney of

.....  
*[name of the person in respect of whom the application is made]*

(c) a social worker within the meaning of the Protection of Personal and Property Rights Act 1988.

(d) a medical practitioner.

(e) a representative of

.....  
*[name of group]*

being a group that is engaged, otherwise than for commercial gain, in the provision of services and facilities for the welfare of persons in relation to whom the Court has jurisdiction in accordance with section 6 of the Act.

(f) the superintendent (*or* licensee *or* supervisor *or* other person in charge) of

.....  
*[name of institution]*

being the hospital (*or* home *or* other institution) in which

.....  
*[name of the person in respect of whom the application is made]*

is a patient (*or* resident).

(g) a person granted leave of the Court to make this application.

I say:

*[select and complete the option that applies]*

1. ....  
*[name of the person in respect of whom the application is made]*  
is of or over the age of 18 years.

**or**

1. ....  
*[name of the person in respect of whom the application is made]*  
is under the age of 18 years and is (or has been) married or in a civil union.

2. ....  
*[name of the person in respect of whom the application is made]*  
is not subject to a property order.

3. No item of property in respect of which an order is sought exceeds \$5,000 in value.

4. No income or benefit in respect of which an order is sought exceeds \$20,000 in any 1 year.

*[select and complete paragraphs 5, 6 and 7 below if they apply and the proposed appointee is named in the application]*

5. The proposed appointee is

.....  
*[full name]*

of .....  
*[address]*

.....  
*[address]*

.....  
*[occupation]*

6. The proposed appointee is of or over the age of 20 years (or a trustee corporation).

7. The proposed appointee is not the superintendent, licensee, supervisor, or other person in charge of a hospital, home, or other institution in which

.....  
*[name of the person in [respect] of whom the application is made]*

is a patient (or resident).

8. *[Set out sufficient information to inform the Court of the facts relied on to support the application. If you have any medical, psychiatric, or other reports that you wish the Court to consider, attach them to this application.]*

.....  
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).