

Application for appointment as representative



Section 62, 67, or 69 Family Violence Act 2018

In the Family Court at *(Court location)*

FAM



Advice If you need help to complete this notice, consult a lawyer, check the Ministry of Justice website, call the Ministry of Justice call centre, or contact an office of the Family Court.

Ministry of Justice website: <http://www.justice.govt.nz> **Ministry of Justice call centre:** 0800 268 787



Applicant

Full name

This is the name of the person who is asking to be the representative and not the person who is applying for a protection order and/or a property order.

Home
Address

Occupation

Respondent

Full name

Home
Address

Occupation

Associated Respondent (if applicable) *(Leave this section blank if it does not apply.)*

Full name

Home
Address

COURT USE ONLY:

Date document is filed: (Court stamp)

Occupation

This document is filed by:

Name

Address for service

If filed by lawyers:

Name of acting lawyer

Contact number



This application is to be appointed a representative:

Select One

of a child (s62) – see below

of a person lacking capacity (s67) – go to page 5

of a person unable to apply personally (s69) – go to page 7



Application to be appointed representative of child

Section 62, Family Violence Act 2018

I, *(full name)*

apply

Without notice

or

On notice

for an Order appointing me as representative of *(full name of child to be represented)*

the child, on the grounds that – (all boxes must apply)

A. the child is eligible to apply for a Protection Order, and/or a Property Order

B. I am an adult. I am not incapacitated, and there is unlikely to be any conflict between my interests and the interests of the child.



Affidavit in support

NOTE:

You must –

File an Affidavit containing enough information to show why you're entitled to the Order you're asking for, and inform the Court of the facts you're relying on to support your application (including the age of the child and your relationship to the child).

I rely on the content of the Affidavit dated

D	D	M	M	Y	Y	Y	Y
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 filed in support of this application.



Important:

Complete your form by signing in the Signature box on page 8.



Application to be appointed representative of person lacking capacity

Section 67, Family Violence Act 2018

I, (full name) apply

Without notice **or** On notice

for an Order appointing me as representative of (full name of person to be represented)

the specified person, on the grounds that –

All sections (A-E) must be completed.

A. the specified person is eligible to apply for a Protection Order and/or Property Order

B. Select one of the following:

the specified person lacks, wholly or partly, the capacity to understand the nature, and to foresee the consequences, of decisions in respect of matters relating to their personal care and welfare

or

the specified person has the capacity to understand the nature, and to foresee the consequences, of decisions in respect of matters relating to their personal care and welfare, but wholly lacks the capacity to communicate decisions in respect of those matters.

C. Select one of the following:

An application for a Protection Order and/or Property Order must be made, on the specified person's behalf, by a representative because:

no one has power, under an appointment made under the Protection of Personal and Property Rights Act 1988, to make the application on the specified person's behalf

or

although a person has power, under an appointment made under the Protection of Personal and Property Rights Act 1988, to make the application on the specified person's behalf, that person has refused or failed to do so.

D. I am an adult and am not incapacitated. There is unlikely to be any conflict between my interests and the interests of the specified person.

E. I, the applicant, have agreed to undertake responsibility for any costs awarded against the specified person in the proceedings.



Affidavit in support

NOTE:

You must –

File an Affidavit containing enough information to show why you're entitled to the Order you're asking for, and inform the Court of the facts you're relying on to support your application (including the reasons for believing that the specified person lacks capacity).

I rely on the content of the Affidavit dated

D	D	M	M	Y	Y	Y	Y
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 filed in support of this application.



Important:

Complete your form by signing in the Signature box on page 8.



Application to be appointed representative of person unable to make application personally

Section 69 Family Violence Act 2018

I, (full name) apply

Without notice **or** On notice

for an Order appointing me as representative of (full name of person to be represented)

, the specified person, on the grounds that -

All sections (A-H) must be completed.

- A.** the specified person is eligible to apply for a Protection Order and/or Property Order
- B.** the specified person is unable to make the application personally
- C.** reasonable steps have been taken to ascertain the wishes of the specified person in relation to this application, and
- those wishes have been ascertained
- or**
- those wishes have not been able to be ascertained.

D. Select one of the following

the specified person:

- does not object to my appointment
- or**
- objects to my appointment, but that objection is not freely made
- E.** it is in the best interests of the specified person to make this appointment
- F.** I am an adult. I am not incapacitated, and there is unlikely to be any conflict between my interests and the interests of the specified person.
- G.** The specified person is not a person lacking in capacity.
- H.** I, the applicant, undertake to be responsible for any costs awarded against the specified person in the proceedings.



Affidavit in support

NOTE:

You must –

File an Affidavit containing enough information to show why you're entitled to the Order you're asking for, and inform the Court of the facts you're relying on to support your application (including the reasons for believing that the specified person is unable to make the application personally).

I rely on the content of the Affidavit dated

D	D	M	M	Y	Y	Y	Y
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 filed in support of this application.

Signature



Signed

Date

D	D	M	M	Y	Y	Y	Y
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