

Form PPPR 23

**Application by attorney for directions**

*Section 101, 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 of attorney],

apply for directions relating to the exercise of my powers under an enduring power of attorney.

I say –

1 For this paragraph select the statement that applies:

STATEMENT A

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

STATEMENT B

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

STATEMENT C

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

2 For this paragraph select the statement that applies:

STATEMENT A

The enduring power of attorney authorises me to act in relation to the personal care and welfare of ..... [name of donor] generally.

STATEMENT B

The enduring power of attorney authorises me to act in relation to the personal care and welfare of ..... [name of donor] regarding the following specific matters: [state matters]

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

STATEMENT C

The enduring power of attorney authorises me to act generally in relation to all of the property of ..... [name of donor].

STATEMENT D

The enduring power of attorney authorises me to act generally in relation to the following property of ..... *[name of donor]:*  
*[describe property]*

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

STATEMENT E

The enduring power of attorney authorises me to do the following specific things in relation to the property of ..... *[name of donor]:* *[specify things]*

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

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 Include this paragraph if the attorney is –

- *acting in respect of a significant matter relating to the donor’s personal care and welfare; or*
- *authorised to act in relation to the donor’s property only if the donor becomes mentally incapable.*

For this paragraph select the statement that applies:

STATEMENT A

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

STATEMENT B

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



## 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 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 lodge in the office of Court, unless the Registrar otherwise directs, a copy of the enduring power of attorney.