# Form PPPR 4 **Application for personal order** Section 10, Protection of Personal and Property Rights Act 1988

| In the Family Court   | FAM No:     |
|---|-------------|
| at[place]   |             |
|   | [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.]

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[Note: *This form may be used only if the applicant seeks in respect of some other person a personal order of 1 of the kinds listed below.*]

I, ..... [full name] apply for the following order(s) in respect of . . . . . . . . . . . . . . [name of person in respect of whom the application is made] [select and complete the order(s) you are applying for] (a) an order that the person receive appropriate remuneration for work performed or to be performed by that person. (b) an order that the person's parent, [full name] make suitable arrangements for the person's care after that parent's death. (c) an order that the arrangements made by that person's parent, [full name] for the person's personal care after that parent's death be observed (or be varied) as follows:

[set out the way in which you wish the arrangements to be observed or varied]

(d) an order that the person must enter, attend at, or leave the following institution:

[name of institution]

(e) an order that the person be provided with living arrangements of the following kind:

[specify the kind of living arrangements with which you wish the person to be provided]

(f) an order that the person be provided with medical advice of the following kind(s):

[specify the kind(s) of medical advice you wish the person to receive]

(g) an order that the person be provided with educational, rehabilitative, therapeutic, or other services of the following kind(s):

[specify the kind(s) of service you wish the person to receive]

# (h) an order that the person must not leave New Zealand without the Court's permission or only on the following conditions:

[specify the conditions on which the person should, in your opinion, be able to leave New Zealand)]

(i) an order appointing

*[full name]* as next friend (*or* guardian ad litem) for the person for the purposes of

the following District Court proceedings:

[specify the nature of the proceedings, and the District Court in which they are to be held]

#### I make this application in my capacity as—

[select and complete the option that applies]

- (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) the manager of the property of

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

(h) 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

is under the age of 18 years and is (or has been) married or in a civil union.

2. [Here 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.]

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).