Form PPPR 5

In the Family Court	FAM No:
at[place]	
	[full name]
	[address]
	<b>[occupation]</b> Applicant
	[full name]
	[address]
	[occupation]
	Person the application is about
	f document (including whether it is made with or without he case of an affidavit or affirmation, the name of the upport 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.]

r 406

[Note: *This form may be used only if the applicant seeks the order in respect of himself or herself.*]

I, .....[full name]

apply for an order appointing a person to administer, on my behalf, the following property (*or* income *or* benefit) belonging to me (*or* to which I may become entitled):

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

This application is made on the following ground:

either

[select the option that applies]

I wholly (*or* partly) lack the capacity to understand the nature, and to foresee the consequences, of decisions relating to my personal care and welfare.

or

I have the capacity to understand the nature, and to foresee the consequences, of decisions in respect of matters relating to my personal care and welfare, but I wholly lack the capacity to communicate decisions in respect of those matters.

#### I say:

[select the option that applies]

1. I am of or over the age of 18 years.

or

- 1. I am under the age of 18 years and I am (*or* have been) married *or* in a civil union.
- 2. I am 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

[ft	ıll name]
of <i>[a</i>	ddress]
[a	ddress]
[000	upation]

- 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 I am 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.