



# Application to Review or revoke a financial management order

## GUARDIANSHIP DIVISION

Before completing this application form, please refer to the Information for Applicants fact sheet 'Review or revoke a financial management order'.

Use this form only if you are seeking to review the financial management order (for example to vary the order including if you want to replace the appointed financial manager) or to have the order revoked. For more information, contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

### 1. The applicant

#### Who is making this request for a review of a financial management order?

The responsibilities of an applicant are explained in the *Information for Applicants* sheet.

title  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_

given names \_\_\_\_\_

family name \_\_\_\_\_

relationship to the person \_\_\_\_\_

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

daytime phone \_\_\_\_\_ after hours phone \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_ pager \_\_\_\_\_

email \_\_\_\_\_

Does the appointed financial manager know about this application?  No  Yes  I am the appointed financial manager

### 2. The person

#### Who is the subject of the financial management order?

I am the person with a financial management order

title  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_

given names \_\_\_\_\_

family name \_\_\_\_\_

other names by which this person is known \_\_\_\_\_

date of birth \_\_\_\_\_

gender  male  female

Where does the person usually live?  at home, provide details below  
 at the home of a family member or friend, provide details (see page 2)  
 at a care facility, provide details (see page 2)  
 no fixed address

name of family member, friend or care facility \_\_\_\_\_

relationship of family member to person \_\_\_\_\_

**Address details of family member, friend or care facility**

street \_\_\_\_\_  
suburb/town, state, postcode \_\_\_\_\_  
daytime phone \_\_\_\_\_  
mobile phone \_\_\_\_\_  
fax \_\_\_\_\_  
email \_\_\_\_\_

**What is the person's current location (if different from above)**

Which of the following best describes the person's current location?  own home, provide details below  
 home of family member or friend, provide details below  
 hospital/care facility, provide details below

name of family member, friend or care facility \_\_\_\_\_  
relationship of family member to person \_\_\_\_\_  
street \_\_\_\_\_  
suburb/town, state, postcode \_\_\_\_\_  
name of contact (if applicable) \_\_\_\_\_  
daytime phone \_\_\_\_\_ after hours phone \_\_\_\_\_  
mobile phone \_\_\_\_\_  
fax \_\_\_\_\_  
email \_\_\_\_\_  
Does the person know about this application?  No  Yes, and he or she:  Supports or  Opposes the application  
 I am making the application about my financial management order

**Details of the financial manager/s**

**Is the person's financial manager?**  The NSW Trustee and Guardian (previously the Protective Commissioner)  
 You, the applicant  
 A private manager (if private, provide further details below)

*Note: The person's financial manager is a party to your application.*

title:  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_  
given names: \_\_\_\_\_  
family name: \_\_\_\_\_  
street / PO Box: \_\_\_\_\_  
suburb/town, state, postcode: \_\_\_\_\_  
daytime phone: \_\_\_\_\_  
mobile phone: \_\_\_\_\_  
fax: \_\_\_\_\_  
email: \_\_\_\_\_

Is there more than one financial manager?  No  Yes, if yes provide details below:

title:  Mr  Mrs  Miss  Ms  Other, specify

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

### Other party details

#### Does the person have a spouse?

Spouse means a husband, wife or de facto partner and includes same sex relationships.

The relationship must be close and continuing.

*Note: The person's spouse is a party to your application*

No  Yes

title:  Mr  Mrs  Miss  Ms  Other, specify

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

#### Does the person have a carer?

Someone who provides domestic services and support to the person, or arranges services and support for the person, is a carer.

A carer does not include professional carers who receive remuneration for their services. However, a carer's pension does not exclude someone from being a carer.

If the person resides at a facility (such as a nursing home or group home), the carer is the last person to have cared for the person before they became a resident at the facility.

*Note: The person's carer is a party to your application.*

No  Yes

title:  Mr  Mrs  Miss  Ms  Other, specify

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

### 3. The need to review the financial management order

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#### What is the purpose of your application?

This application form is to request a review of the current financial management order or to revoke the current financial management order. You can select more than one option, if appropriate.

3.1  **To revoke the current financial management order on the grounds that the person is capable of managing his or her own finances**

*Where the application is to revoke the financial management order on the grounds that the person has regained the capability to manage his or her finances, the Tribunal will require recent and independent professional evidence of the current ability of the person to manage. Your application should be supported by at least 2 reports in support of the person's capacity.*

**Please state why you believe the person is now capable of managing his or her own finances:**

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3.2  **To revoke the current financial management order on the grounds that it is in the best interests of the person to do so**

**Please state why you believe it is in the person's best interests to have the financial management order revoked:**

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*Please answer the following questions if you are applying to have the financial management order revoked on either regained capability or best interest grounds (or both).*

**How will the person's finances be looked after if the financial management order is revoked?**

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**How will these arrangements be in the best interests of the person?**

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**Are there any risks to the person's finances if the financial management order is revoked?**

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**What capacity does the person have to protect themselves from issues such as financial exploitation?**

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**3.3  To vary the current financial management order to exclude part of a person's financial estate**

**Which part of the person's finances do you believe should be excluded from the financial management order?**

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**Please explain why you believe it is in the best interests of the person to have the above part of the person's financial estate excluded from the financial management order:**

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**Please detail any plans for how the excluded part of the person's financial estate will be managed and used for the benefit of the person:**

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3.4  To vary the current financial management order to include part of the person's financial estate excluded by the current order

Which part of the person's financial estate do you believe should be included in the financial management order?

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Please explain why you believe it is in the best interests of the person to have the above part of the financial estate included in the financial management order:

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3.5  To vary the current financial management order by replacing the current financial manager.

Please state why you believe it is in the person's best interest to review the appointment of the current financial manager?

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**Who do you propose to be appointed as financial manager?**

Note: Before suggesting another person for the role of financial manager you must discuss this application with them and seek their willingness to be considered for the role. The suggested financial manager must have no undue conflict of interest with the person the subject of the application. Private financial managers are subject to the authority and direction of the NSW Trustee and Guardian. The Tribunal will consider your suggestion; however it is not bound to appoint the suggested person as financial manager.

Yourself, the applicant     The NSW Trustee and Guardian (formerly the Protective Commissioner)

Another person, provide details:

title:

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given names:

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family name:

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street / PO Box:

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suburb/town, state, postcode:

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daytime phone:

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Mobile phone:

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fax:

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Email:

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*Please answer the following questions if you are proposing someone other than the NSW Trustee and Guardian as replacement financial manager.*

**Why do you think the proposed financial manager is a suitable person to be appointed to manage the person's financial estate?**

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**Please detail the proposed financial manager's experience in managing finances or managing the finances of another person:**

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**Are you aware of any potential conflict of interest between the proposed manager and the person?  
If so, please detail**

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**3.6  To vary the current financial management order for any other reason.**

Please explain why you are seeking this review.

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## 4. Supporting material

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**Please attach any supporting written material you have to the application. If you have requested information but have not received it please provide details below.**

NCAT relies on information provided in this form, at the hearing, and relevant supporting documentation to make its decision. Please note that if you are seeking a review because you believe the person can now manage their finances, you will need to provide professional reports to support this.

Reports must cover a professional medical opinion about the person's disability and a professional opinion about the person's capability to manage his or her finances. Reports may be prepared by:

- A medical, health or other professional
- The provider of accommodation services
- A social worker

If you are seeking a review on any other grounds you may wish to obtain written material from involved professionals, friends or family members to support your application.

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type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

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type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

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type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

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type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

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## 5. Other people involved

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Please include details below for each of the other people involved:

- You should have included the details for the person's appointed financial manager/s, the person's spouse and the person's carer in section 2 above. You should have also have provided details for any enduring guardian and attorney.
- You do not need to provide these details again in this section
- Please provide details for any other person who has an interest in this application (family members, friends, health professionals or service providers).
- Photocopy and complete this page as many times as you need to.

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relationship to the person \_\_\_\_\_

title  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_

given names \_\_\_\_\_

family name \_\_\_\_\_

organisation (if applicable) \_\_\_\_\_

street / PO Box \_\_\_\_\_

suburb/town, state, \_\_\_\_\_  
postcode \_\_\_\_\_

daytime phone \_\_\_\_\_ after hours \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_ pager \_\_\_\_\_

email \_\_\_\_\_

Have you spoken to this person about the application?  No  Yes

Do you believe this person will support the application?  No  Yes  Don't know

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relationship to the person \_\_\_\_\_

title  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_

given names \_\_\_\_\_

family name \_\_\_\_\_

organisation (if applicable) \_\_\_\_\_

street / PO Box \_\_\_\_\_

suburb/town, state, \_\_\_\_\_  
postcode \_\_\_\_\_

daytime phone \_\_\_\_\_ after hours \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_ pager \_\_\_\_\_

email \_\_\_\_\_

Have you spoken to this person about the application?  No  Yes

Do you believe this person will support the application?  No  Yes  Don't know

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## 6. The hearing

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The Tribunal may hold a hearing to consider this application.

**Is there any reason why the person cannot attend the hearing?**

No

Yes, briefly explain why

The Tribunal wants the person to attend the hearing unless that is impossible due to the person's ill health or some other special circumstance.

**Does anyone associated with the application require special assistance at the hearing?**

No

Yes

If yes, provide names and indicate the type of assistance required. For language interpreter, specify the language(s) required.

For example, wheelchair or mobility access, hearing loop, signing interpreter or language interpreter.

## 7. Applicant's declaration

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Having read through this completed application:

- I consider that, to the best of my knowledge, all of the information is true and accurate.
- I have not intentionally left out important information.
- I understand that it is an offence to make a false or misleading statement in an application.

**Signature of applicant**

**Date**

## To lodge your application

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**To lodge your application, return all pages of the form to NCAT's Guardianship Division.** Check that you have completed all relevant items and signed the application form.

### NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

Telephone: (02) 9556 7600 or 1300 006 228

Interpreter Service (TIS) 13 14 50

National Relay Service for TTY Users 13 36 77

Email: [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)

Website: [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)