



I, .....  
.....  
..... *[full name, address, occupation]*,  
.....

apply for a review of the following decision made by .....  
*[full name of attorney]* acting under an enduring power or attorney granted by me/  
..... *[name of donor]\** :  
*[state decision sought to be reviewed]*  
.....  
.....  
.....  
.....

*\*select one.*

I say –

1 For this paragraph select the statement that applies:

STATEMENT A

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

STATEMENT B

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

STATEMENT C

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

2 For this paragraph select the statement that applies:

STATEMENT A

The enduring power of attorney authorises .....  
*[name of attorney]* to act in relation to my/the donor's\* personal care and  
welfare generally.  
*\*select one.*

STATEMENT B

The enduring power of attorney authorises .....  
*[name of attorney]* to act in relation to my/the donor's\* personal care and  
welfare regarding the following specific matters: *[state matters]*  
.....  
.....

.....  
.....  
.....  
\*select one.

STATEMENT C  
The enduring power of attorney authorises .....  
[name of attorney] to act generally in relation to all of my/the donor's\*  
property.  
\*select one.

STATEMENT D  
The enduring power of attorney authorises .....  
[name of attorney] to act generally in relation to the following of my/the  
donor's\* property:  
[describe property]  
.....  
.....  
.....  
.....  
\*select one.

STATEMENT E  
The enduring power of attorney authorises .....  
[name of attorney] to do the following specific things in relation to my/the  
donor's\* property: [specify things]  
.....  
.....  
.....  
.....  
\*select one.

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]  
.....  
.....  
.....  
.....



## 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).

### *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, if possible, lodge in the office of the Court a copy of the enduring power of attorney.