



Application to Request to be joined as a party

GUARDIANSHIP DIVISION

Complete this application form to apply to be joined as a party to an application before NCAT's Guardianship Division. Before applying to be joined as a party, you should contact NCAT on (02) 9556 7600 or 1300 006 228 to discuss with a Guardianship Division officer. For more information read the fact sheet 'Applying to be joined as a party'.

1. Details of the person the application is about

title Mr Mrs Miss Ms Other, specify _____

given name _____

family name _____

date of birth _____ age _____

current address

street _____

suburb/town, state, postcode _____

phone _____

mobile phone _____

fax _____

email _____

client number if known _____

date of hearing _____

2. Details of the person requesting to be joined as a party

title Mr Mrs Miss Ms Other, specify _____

given name _____

family name _____

current address

street _____

suburb/town, state, postcode _____

phone _____

mobile phone _____

fax _____

email _____

3. Details of your relationship to the person the application is about

What is your relationship to the person the application is about?

Are you family, a friend or a professional? family friend professional

If family, how are you related to the person?

If professional, what is your profession?

(Attach a separate sheet of paper if more space is required.)

How long have you known each other and in what capacity or circumstances?

What are your concerns for the welfare of the person the application is about?

Are there any other reasons why you should be joined as a party?

Please provide any evidence, assessments or reports you consider relevant to the issues to be decided by NCAT. If necessary, discuss this with a Tribunal officer.

4. Applicant's declaration

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 or the names of parties who have a legitimate interest in this application
- I understand that it is an offence to make a false or misleading statement in an application.

Signature of applicant

Date

Signature of witness

Date

Name of witness

Address of witness

To lodge your application

To lodge your application, return all pages of the form to NCAT's Guardianship Division. There is no fee for lodging this application. For further information about making an application, contact the NCAT Guardianship Division.

NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240
DX 11539 Sydney Downtown

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

Website: www.ncat.nsw.gov.au