



Application to  
**Request to withdraw a Guardianship Division  
application**

GUARDIANSHIP DIVISION

**Details of application**

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Client Number: \_\_\_\_\_

Matter Number: \_\_\_\_\_

Application concerning: \_\_\_\_\_

**I request to withdraw the application made for**

Guardianship

Financial Management

Review / Revoke Financial Management

Review of Enduring Guardian

Review of Enduring Power of Attorney

Other (*please indicate below*): \_\_\_\_\_

**Reasons for the request**

Please explain how the issues disclosed in your application form have changed and why the application no longer needs to proceed to a hearing\*.

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\* NOTE: Pursuant to Schedule 6 (10) of the *Civil and Administrative Tribunal Act 2013*, an application to the Guardianship Division cannot be withdrawn except with the consent of the Tribunal. Consideration must be given to whether the person is protected from neglect, abuse or exploitation and whether his/her welfare and best interests would be jeopardised or disadvantaged by the withdrawal of the application. If the Tribunal does not consent to withdrawal of the application it may proceed to hearing and you will be advised of the outcome.

**Are there remaining issues likely to affect the person's welfare and best interests?**

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**Have you informed the parties the application of your request to withdraw the application?**

(e.g. the person who is the subject of the application, carer, spouse, attorney (under Power of Attorney), Enduring Guardian)

Yes     No

**Please advise if a party is objecting to the request to withdraw the application and the nature of the objection**

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## 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 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.

Name of applicant \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

## To lodge your application

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**To lodge your application, return 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](mailto:gd@ncat.nsw.gov.au)

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