



Mental Health  
Review Tribunal

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| File No: _____   |
| Matter No: _____ |
| Date: _____      |

## *Application to Revoke a Financial Management Order under s88 of the NSW Trustee and Guardian Act 2009*

**The Mental Health Review Tribunal can only revoke a financial management order if:**

- the original order was made by the Mental Health Review Tribunal or a Magistrate;
- the person whose affairs are under management (the protected person) is or was
  - a patient under the *Mental Health Act 2007*, or
  - a forensic patient under the *Mental Health (Forensic Provisions Act) 1990*, and
- the Tribunal is satisfied that:
  - the protected person is now capable of managing their own financial affairs, or
  - it is in the best interests of the protected person to have the order revoked.

**Only the protected person is able to apply to have the order revoked.**

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### **YOUR DETAILS (THE PERSON WHOSE AFFAIRS ARE UNDER MANAGEMENT)**

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Fax*

DATE OF BIRTH: \_\_\_\_\_

*When the financial management order was made, the Magistrate or Tribunal were satisfied you were incapable of managing your own affairs. **Please state why you believe that you are now capable of managing your financial affairs or that it is in your best interests to have the order revoked.***

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**NAME OF YOUR ESTATE MANAGER, CASE MANAGER, DOCTOR, PSYCHIATRIST OR OTHER PROFESSIONALS INVOLVED WITH YOU:**

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*Your application should be accompanied by information in support of your case. This may be from a professional person involved in your care and/or other persons involved in your life e.g. family, friends, designated carer or principal care provider. Reports should address why it is thought you are capable of managing your affairs and/or whether it is in your best interests to have the order revoked and the evidence for these opinions. The report should also detail the qualifications and experience of its author and the nature of their contact with you.*

*Please indicate the details of the people who will be providing reports.*

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Postcode* *Fax*

Relationship (eg Case Worker, Psychiatrist etc): \_\_\_\_\_ Report attached

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Postcode* *Fax*

Relationship (eg Case Worker, Psychiatrist etc): \_\_\_\_\_ Report attached

*If you would like to add more names please attach an extra sheet*

**OTHER PEOPLE INVOLVED**

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*Please provide the details of any other people who may be able to give information to the Tribunal about the application eg. your spouse, designated carer or principal care provider, close friends, relatives etc.*

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Postcode* *Fax*

Likely attitude to this application?      Support      Oppose      Don't know

NAME: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_  
*Given names* *Family name*

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime* *After hours* *Postcode*  
*Fax*

RELATIONSHIP: \_\_\_\_\_

Likely attitude to this application?     Support     Oppose     Don't know

*If you would like to add more names please attach an extra sheet*

**SPECIAL NEEDS AT HEARING:**

Does anyone associated with the application need a language interpreter? \_\_\_\_\_

If so, which language? \_\_\_\_\_

Does anyone associated with the application have a hearing impairment? \_\_\_\_\_

If so, what would assist them at the hearing? (e.g signing interpreter) \_\_\_\_\_

Is any other type of help needed at the hearing? (eg wheelchair) \_\_\_\_\_

If so, what help is needed? \_\_\_\_\_

**DECLARATION :**

I have read this completed application and believe that to the best of my knowledge all of the information provided is true, complete and accurate.

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

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of witness (please print): \_\_\_\_\_

Address of witness: \_\_\_\_\_

Please return the completed application and the required supporting evidence to the Tribunal at the following address:

**Mental Health Review Tribunal  
 PO Box 2019, BORONIA PARK NSW 2111**

For further information or assistance please contact the Tribunal on the following numbers:

**Phone: (02) 9816 5955    Toll Free: 1800 815 511    Fax: (02) 9817 4543**