

Review of Interim Financial Management Order

under the NSW Trustee and Guardian Act, 2009

Confirmation of Service of Notice

Fax to: Senior Registry Officer (02) 9817 4543



BLOCK LETTERS

Note:
The parties must be informed of review, the time and date of the hearing and of their right to legal representation. Sufficient notice must be given to obtain legal representation. The review is taken to have commenced once notice has been served and the Interim order is extended until the completion of the review.

Client Details

Title	Given Name/s	Family Name
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Date of Birth:	MRN No.
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Hearing Details

Date: _____	Venue: _____
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BLOCK LETTERS

Note: The parties to this application would include:

- 1) The applicant
- 2) The patient
- 3) The spouse or de-facto of the patient
- 4) The parent /s of the patient.
- 5) The person, if any, who has the care of the patient
- 6) A person appointed as a power of attorney by the patient
- 7) A guardian or Enduring Guardian of the patient
- 8) A person who may have a genuine interest in the patient's affairs e.g. children or other dependant relatives

The parties should be issued a notice of hearing and encouraged to attend the hearing, where appropriate.

Please attach extra sheet if more space is required.

Parties on whom notice has been served

1. Name: _____

Address: _____

Telephone: _____

Relationship to Patient: _____

Date Served: _____ How Served: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship to Patient: _____

Date Served: _____ How Served: _____

3. Name: _____

Address: _____

Telephone: _____

Relationship to Patient: _____

Date Served: _____ How Served: _____

Declaration

Declaration by Applicant

I affirm that to the best of my abilities notice of hearing has been served on the above parties.

Name and Signature of Applicant

Date