

Appendix A - Estate Information Form

PLEASE PRINT – USE BLOCK CAPITALS AND ANSWER ALL QUESTIONS

If exact replies cannot be given, please provide all known information or approximate details. If space is insufficient please attach a separate sheet.

When completed please return this form as soon as possible by mail, facsimile or email to
Office of the Protective Commissioner,
Locked Bag 5115, Parramatta NSW 2124.
The Office is situated at 160 Marsden Street, Parramatta.
Telephone 8688 2600 Fax 8688 9788 Email pmsd@opc.nsw.gov.au.

1. DETAILS OF PERSON UNDER FINANCIAL MANAGEMENT

Surname/Family Name.....		
Other Names (Given Names).....		
Current address and style of accommodation (e.g., nursing home)		
.....		
.....PostcodeTelephone	
Previous address (only if current address is recent).....		
.....PostcodeTelephone
Date of Birth	Marital Status	
Country of Birth	Language spoken	

2. DETAILS OF APPOINTED FINANCIAL MANAGER / S

Name.....		
Address.....	Postcode.....	
Postcode	Telephone (H)	Telephone (W)
Mobile	Facsimile	
Email.....		
Relationship to person under financial management		
Details of financial management experience		
.....		
.....		
.....		
JOINT MANAGER (IF APPLICABLE)		
Name.....		
Address.....	Postcode.....	
Postcode	Telephone (H)	Telephone (W)
Mobile	Facsimile	Email.....
Relationship to person under financial management		
Details of financial management experience		

3. DETAILS OF FAMILY/FRIENDS OF PERSON UNDER MANAGEMENT
 (If deceased, write "Deceased" under Address)

Spouse/Partner		
Address.....		
Home Telephone		

Father	Address	Home Telephone
.....
Mother	Address	Home Telephone
.....

Brothers/Sisters	Address	Home Telephone
.....
.....
.....
.....
.....
.....
.....

4. OTHER CONTACTS

	Address	Telephone
Case Manager.....
Carer
Service Provider
Guardian

Other(s)	Address	Home Telephone
.....
.....
.....
.....

5. INCOME AND SOURCE OF INCOME

<u>Description</u>	<u>From</u>	<u>How Often</u>	<u>Amount</u>
Pension	DSS/DVA.....		
Other Pension.....			
Superannuation.....			
Salary or Wages.....			
Interest.....			
Dividends.....			
Rent.....			
Other.....			
.....			
.....			
.....			

6. REGULAR EXPENSES

<u>Description</u>	<u>Payable to</u>	<u>How often</u>	<u>Amount</u>
Nursing Home			
Rent Paid			
Rates			
Insurance – specify			
.....			
Pharmaceuticals.....			
Private Medical Insurance			
Personal.....			
Other.....			
.....			
.....			
.....			

7. DEBTS AND LIABILITIES

<u>Description</u>	<u>Owed to</u>	<u>Ref No</u>	<u>Amount</u>	<u>As at Date</u>
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.....				
.....				
.....				
.....				

8. REAL ESTATE

Type (e.g., land, house & land, strata, etc.).....	
Address	Postcode.....
Title Deeds Held by	
Title is in the name/s of	
If mortgaged, name of mortgagor	Owed \$.....
Keys Held by	
Occupied by	
Insured with	Policy number Value \$.....
Contents Insured with	Policy number Value \$.....
Council	
Water	
Managing Agent	
Strata Manager (if applicable)	

9. OTHER ASSETS

<u>Description</u>	<u>With</u>	<u>Ref No</u>	<u>Amount</u>	<u>As at Date</u>
Bank Account.....				
Bank Account				
Bank Account.....				
Bank Account				
Credit Union.....				
Credit Union.....				
Building Society.....				
Building Society.....				
Term Deposits.....				
Term Deposits.....				
Managed Funds.....				
Managed Funds.....				
Investments.....				
.....				
.....				
Other				
.....				
(Real Estate see separate section)				

10. MOTOR VEHICLES

Make	Model	Reg. No	Expires.....
Address where garaged			
Used by			
Insured with	Policy number		
CTP Insured with	Policy number		

11. HEALTH INSURANCE

Provider	Member No
Level of cover	

12. TAXATION

Tax File No	Last year filed
Accountant/Tax Agent	

13. WILL

Has the person made a Will? Yes/No	If so, who holds the Will (Attach a copy if possible)
Name	Address
.....	Telephone

14. SOLICITOR

Name	Address
.....	Telephone

15. POWER OF ATTORNEY (if applicable)

Date when Power of Attorney was granted	
Held by	Address
.....	Telephone
Name of Person in favour of whom the Power of Attorney was given	
Address	
Telephone.....	
Relationship to the person.....	

16. DETAILS OF ACCIDENTS OR CLAIMS FOR COMPENSATION (If applicable)

Please set out particulars of any accidents within the last six years in which the protected person was injured

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.....

.....

What action (if any) has already been taken to pursue a claim for damages?

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17. LIST YOUR VIEWS AS TO HOW FINANCIAL MANAGEMENT SHOULD BE IMPLEMENTED

e.g. Should any assets be sold?

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18. OTHER

Is there anything else you think the Office of the Protective Commissioner should know?

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Your name (please print)

Signature Date

Address Post Code

Telephone (0...)

All personal information being collected will be dealt with in accordance with the Privacy and Personal Information Act 1998. The person's personal information will be held on the person's file at this Office. This Office may also need to contact other people or organisations to get details of the person's estate or to exchange information in the management of person's affairs. Please contact your Support Officer if you wish to find out about or correct the details held.