



Your name:

Your date of birth: Case number:

Representative details

Title: (Mr/Mrs/Ms/Miss/Other)

Name:
(First name) (Last name)

Organisation:
(If applicable)

Postal address:

Telephone: Mobile:

Email:

My representative is: (tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> a legal representative | <input type="checkbox"/> relative or friend |
| <input type="checkbox"/> a legal guardian | <input type="checkbox"/> community support provider |
| <input type="checkbox"/> other (e.g.: Accountant) | <input type="text"/> |

Will your representative be attending the proceeding with you? Yes No

The Tribunal Member or registrar may wish to talk to you about the review, therefore you should attend all case events even if your representative is also planning to attend.

I appoint the person whose details are above to act as my representative.

Your signature:

Date: