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| **AUTOMATIC REVIEW OF GUARDIANSHIP ORDER** |
| **Response form for the Protected Person** |

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| **Guardianship order for:** |  |
| **Case number:** |  |
| **Form issued to:****Case officer:** |   |

1. **Should the current Guardianship Order continue?**

[ ]  Yes[ ]  No[ ]  Unsure**If you answered no or undecided, please provide details about why the current order should be revoked:**1. **If you think the order should continue, please provide details of what the order should cover:**
2. **Accommodation -** **Are decisions needed about where you will live?**

[ ]  Yes[ ]  No[ ]  Unsure1. **Lifestyle - Are decisions needed about services, activities or access?**

[ ]  Yes[ ]  No[ ]  Unsure1. **Healthcare – Are decisions needed about medical treatment and health care?**

[ ]  Yes[ ]  No[ ]  Unsure1. **Please provide any additional relevant information:**

(Attach additional pages if required**)** |
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| **Form Issued to:** [$SentToFullName] |
| **Your relationship to the person:**(unless you are the protected person)  |
| **Email:** |
| **Address:** |
| **Telephone:** |  | **Mobile:**  |  |
| **Signature:** |  | **Date:** |  |
| **Please return this form to:** | Email: **sacat@sacat.sa.gov.au**Post: **GPO Box 2361, ADELAIDE SA 5001** |

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