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| |  |  | | --- | --- | |  |  | | **AUTOMATIC REVIEW OF ADMINISTRATION ORDER** | | **Response form for the Administrator Public Trustee** |  |  |  | | --- | --- | | **Administration order for:** |  | | **Case number:** |  | | **Form issued to:**  **Case officer:** |  |  1. **Should the current administration order continue?**   Yes  No  Unsure  **Please provide relevant details:**     1. **Does the person have any outstanding financial or legal issues?**   Yes  No  **Please provide details:**   1. **Do you communicate with anyone about the person’s needs relevant to the administration order?**   Yes  No  **If yes, please specify with who you communicate with:**  Name:  Organisation:  Contact Details:  **Are they willing to continue to do this?**  Yes  No  Unsure  **If no, please provide details:**   1. **How often have you had contact with the person or who you communicate with about the person’s needs in the last year?**   Weekly  Monthly  As required  No contact has been made  **If “no contact has been made” please provide an explanation:**     1. **Please provide the following financial information as at today:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Assets** | | | | | | **Amount** | | Cash balance | | | | | | **$** | | Shares or investments | | | | | | **$** | | Other: | | | | | | **$** | |  | | | | | | **$** | | **Real estate** | | | | | |  | | Address: | | | | | | **$** | | Is the property currently occupied? | | | Yes, by: | | | | |  | | | No, will the property be:  Rented or  Sold | | | | | Rental income (if applicable) | | | | | | **$** | | **Income per fortnight** | | | | | |  | | Pension | Super | Wages | |  | | **$** | | Other: | | | | | | **$** | |  | | | | | | **$** | | **Expenses** | | | | |  |  | | **Approximate expenses per fortnight** | | | | | |  | | Accommodation | | | | | | **$** | | Personal allowance | | | | | | **$** | |  | | | | | | **$** | | **Other expenses** *(furniture, transport, bills, healthcare, etc)* | | | | | |  | |  | | | | | | **$** | |  | | | | | | **$** | |  | | | | | | **$** | |  | | | | | | **$** | | **Debts or loans** | | | | | |  | | Loans | | | | | | **$** | | Funds owed to the Administrator | | | | | | **$** | |  | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | | **Form Issued to:** | | | | | **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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