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| **AUTOMATIC REVIEW OF ADMINISTRATION ORDER** |
| **Response form for the Administrator Public Trustee** |

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| --- | --- |
| **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 | **$** |
| Funds owed to the Administrator | **$** |
|  |  |

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| --- |
| **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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