

**Document Release Form**  
**On behalf of a person who is incapacitated**

This is to request information or apply for release of documentation on behalf of a person who is incapacitated (the "Incapacitated Person"). Information can only be given to the Attorney/Agent under a Power of Attorney or Administrator under an Order from VCAT (the "Applicant"). Please note, a Guardianship Order from VCAT is not acceptable. If there is no Agent/Attorney or Administrator, you will need to contact VCAT to make an application for appointment.

**Please:**

1. Complete this form and read through **Note** overleaf; and
2. Provide a certified copy of Power of Attorney or Administration Order from VCAT; and
3. Provide either an original or certified copy of a letter from a Medical Practitioner confirming the Incapacitated Person's (mental and/or physical) incapacity to act for themselves; and
4. Provide certified copies totalling 100 points of identification for the Applicant (\*\*AND the Incapacitated Person) from the list below:
  - Australian passport (expired no more than 2 years) - **70 points**
  - Birth certificate - **70 points**
  - Citizenship certificate – **70 points**
  - Current Australian drivers licence - **40 points**
  - Medicare card or pension card - **25 points**
  - Current credit card or ATM access card issued by a financial institution - **25 points**
  - Passbook or statement from a bank, building society or credit union (not more than 12 months old) - **15 points**
  - Telephone, gas or electricity account (not more than 12 months old) - **15 points**
  - Water or Council rate notice (not more than 2 months old) - **15 points**

**Applicant's details:**

Firm/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Are you (please tick):
- Solicitor
  - Agent/Attorney under Power of Attorney or Administrator under VCAT Order
  - Other (Please specify) \_\_\_\_\_

**Incapacitated Person's details:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration:** I declare that this information is true and correct.

## Information Required:

I request from Rennick & Gaynor the following (please tick):

Original	Copy	Information	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Title for the property at _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lease/s for the property at _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trust Deed/s for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Probate for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court Orders for _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify) _____

**Note:** Whilst you may request the above information, there is no certainty that we are able to comply with your request.

\*\* If you wish to collect a Title and the Title is in more than one name please provide written authority from all parties. If the Title is in a company name please use the Company document release form. ID for the Incapacitated Person must be provided if a Title only is being released (and no other documents) to the Applicant.

The Will of an Incapacitated Person cannot be provided under a Power of Attorney.

All deeds will be forwarded by either regular post or DX. If required to be sent by express post or registered mail, please provide us with a pre-paid envelope.