



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 cognitive impairment (ie. mental incapacity) to act for themself; 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

Applicant's Full 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.

- (a) It is recommended that requested documents are collected or provide your prepaid express post/registered mail envelope.
- (b) ** For a Title: (i) if the Title is in more than one name, provide written authority from all parties; (ii) if the Title is in a company name, use the Company document release form from our website; (iii) LIV Verification of Identity is required for the Applicant in person and the Incapacitated Person.
- (c) A Will of an Incapacitated Person cannot be provided under a Power of Attorney.