



Western Australia

Rules of the Guardianship and Administration Board

Compare between:

[01 Jul 2003, 00-d0-03] and [30 Dec 2004, 00-e0-06]

Western Australia

Guardianship and Administration Act 1990

Rules of the Guardianship and Administration Board

~~Made by the Board under section 121 of the Act.~~

1. Filing and Passing Accounts

- (1) Within one month of the making of an Administration Order the Administrator shall lodge with the Executive Officer of the Board a duly completed Estate Information Form in the form of Form A.
- (2) Unless the Board otherwise orders, the Administrator shall, at yearly intervals from the date of the making of an Administration Order or within one month after his discharge, lodge with the Executive Officer an account set out in accordance with Form B, and verified by affidavit in the form of Form C, together with vouchers for the payment of all disbursements and where the vouchers are numerous they must be marked with the corresponding number in the account.
- (3) The Board shall examine the accounts and vouchers so lodged and may —
 - (a) without any attendance by the Administrator, allow them;
 - (b) require the Administrator to attend at a time and place specified and furnish such books, accounts or other information as required.

- (4) The Board may allow the reasonable and proper costs of the Administrator of passing the account, and of any other person permitted to attend, in whole or in part; and, where the Administrator is in default under these rules or in complying with any direction or order of the Board may deprive him of the costs of passing his accounts or may order him to pay those costs, personally.
- (5) If, upon the taking of the account of an Administrator following upon his discharge, a balance is certified to be due from the Administrator, he shall pay the balance to the Board within such time as the Board directs.

If, on the taking of the account, a balance is certified to be due to the Administrator, it shall be paid by the new Administrator out of the Represented Person's estate.

- (6) Upon the death of an Administrator, the Board shall take his account from the date of his appointment or from the date of the last account which has been lodged with the Executive Officer.

If a balance is certified to be due from the estate of the Administrator, his legal personal representative shall pay the balance to the Board within such time as the Board directs.

If, on the taking of the account, a balance is certified to be due to the Administrator, it shall be paid to his legal personal representative by the new Administrator within such time as the Board directs.

- (7) Upon the death of a Represented Person, the Administrator shall, within one month, lodge with the Executive Officer an account as provided in sub-rule (2) from the date of his appointment or from the date of the last account which has been lodged with the Executive Officer.

If, on the taking of the account, a balance is certified to be due from the Administrator, he shall pay the balance to the legal personal representative of the Represented Person within such time as the Board directs.

If a balance is certified to be due to the Administrator, it shall be paid to him by the legal personal representative of the Represented Person within such time as the Board directs.

- (8) If an Administrator makes default in bringing in his account or in having the same passed or in paying the balance certified to be due from him or in causing the same or any sum of cash under his control to be laid out, paid, or received pursuant to any certificate or direction in that behalf, the Board may, unless cause be shown to the contrary, disallow his salary or remuneration, if any, and may also charge him with interest at a rate of not more than 14.5% yearly upon any balance or cash for the time during which the same appears to have been improperly retained in hand or uninvested.
- (9) The Board may refer any account which has been lodged under Section 80 (1) or delivered under Section 80 (2) to the Public Trustee whereupon the Public Trustee shall perform an audit of that account.
- (10) In conducting an audit of any account referred to the Board the Public Trustee may perform any functions of the Board under Section 80 and Schedule 1 Part B Clause 7, or under sub-rules (3) and (4) of these rules save and except —
 - (a) the power to exempt an Administrator from submitting accounts pursuant to Section 80 (1);
 - (b) the power to allow an account or disallow any amount paid pursuant to Section 80 (3);
 - (c) the power to relieve an Administrator of liability pursuant to Section 80 (4);
 - (d) the power conferred upon the Executive Officer pursuant to Section 80 (6).

[(11) Repealed]

*[Rule 1 amended in Gazette 9 December 1994 pp.6680-81;
21 July 1995 p.3073.]*

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FORM A

ESTATE INFORMATION FORM

When completed please return to the Executive Office of the Guardianship and Administration Board, Perth.

If exact replies cannot be given, give approximate details. If the space provided for any answer is insufficient please attach a separate sheet.

1. DETAILS OF THE REPRESENTED PERSON		
Miss		
Mrs		
Dr/Mr	(Given Names)	(Surname)
Current Address		
		Postcode
Residential Address		
		Postcode
Phone: (Home)	(Work)	Date of Birth/...../.....

2. RELATIVES	
FULL NAME	ADDRESS (If deceased give date and place of death)
Spouse or de facto partner	
Sons and Daughter (if under 21 years also give date of birth)	
Parent/s	
Brothers and Sisters	

3. SALARY OR WAGES DUE TO THE REPRESENTED PERSON		
Name of Employer	Address of Employer	Amount due or entitlement

4. BENEFIT (War, Invalid, Age, Service, Superannuation, Overseas, Annuity, Retiring Allowance)		
Type of Benefit	Benefit Number	Source from which received

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5. DETAILS OF SERVICE IN ARMED FORCES		
Regimental Number	Unit	Rank
If possible, state date of enlistment and discharge, and areas of service		

6. TAXATION	
Is the Represented Person liable to lodge Income Tax Returns? YES/NO*	If liable was a return lodged for year ended 30 June last? YES/NO*
File No.	Please attach copy of last return if applicable or give Name and Address of Accountant or Tax Agent who may have completed last return.

7. REAL ESTATE (Including any Interest therein)	
Description (e.g. Land, House and Land, Shop Property, etc.) and Full Address	
Who holds title documents?	Name in which title stands or interest in property
Is property subject to mortgage? (please give details).	
If buildings are insured, state Name of Insurer and give details of Policy.	
Who occupies property?	
If property is vacant, give Name and Address of person holding keys.	
If property is let, state amount of rental, date to which paid and by whom collected.	

*Strike out whichever is not applicable.

8. FURNITURE DESCRIPTION
Local of furniture
If furniture is insured, state Name of Insurer and give details of Policy

9. PERSONAL EFFECTS (Clothing, books, tools, jewelry, etc)
Description and location of effects.

10. BANK OR BUILDING SOCIETY ACCOUNTS				
Name	Branch	Account Number	Location of Passbook or Card	Balance

11. SHARES, STOCK UNITS, DEBENTURES, ETC			
Name	Branch	Account Number	Location of Passbook or Card

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12. MONEY INVESTED IN PUBLIC LOANS			
Borrowing Authority	Amount Invested	Interest Rate and date of Maturity	No. and Location of Receipt or Certificate

13. MONEY LOANED ON MORTGATE
Give full details, including nature of security and Name and Address of person who holds documents.

14. LIFE ASSURANCE				
Name of Company	Policy Number	Premium	Premium Payable By	Policy Held By

15. INTEREST IN AN ESTATE		
Name of Deceased	Date and Place of Death	Name and Address of Administrator and/or Solicitor

16. VEHICLES OR AGRICULTURE EQUIPMENT			
Make	Model and Year	Type	Registration Number
Location of Vehicle			
In Whose Care			
Particulars of Comprehensive Insurance			

17. LIVESTOCK (Horses, Cattle, Sheep, etc.)
Description, Location and Number of Livestock
Name and Address of person who has charge of stock

18. GOODS ON HIRE PURCHASE OR LEASE	
Description of Goods	Name and Address of Finance Company and/or Dealer or Lessor

19. DEBTS DUE TO REPRESENTED PERSON

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Name of Debtor	Address of Debtor	Amount Owing
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20. DETAILS OF ANY OTHER ASSETS, INTEREST OR ENTITLEMENTS
Please give description

21. FEES OF NURSING HOME, PRIVATE HOSPITAL etc	
Name and Address of Home, Hospital, etc.	
Weekly Fee Charged.	Date to Which Fees Paid.

22. HOSPITAL AND MEDICAL FUND, BENEFIT OR FRIENDLY SOCIETY	
Name of Fund or Society	Membership Number and Nature of Cover
Location of Subscription Book (if applicable)	

23. DEBTS OWING BY REPRESENTED PERSON (Please list all debts currently outstanding)		
Name of Creditor	Address of Creditor	Amount Owing

24. WILL	
Has the Represented Person made a Will? YES/NO*	If so, who holds Will? (Attach a copy if possible)

25. POWER OF ATTORNEY	
Has the Represented Person executed a Power of Attorney? YES/NO*	
Date when Power of Attorney granted.	
Name and Address of person in favour of whom Power of Attorney was given.	

* Strike out whichever is not applicable

26. SOLICITOR	
Name and address of Solicitor who may have acted for protected person.	

27. ACCIDENTS	
Please set out below full particulars of any accident, within the last six years, in which the Represented Person was injured. What action (if any) has already taken place to pursue either a claim for damages at Common Law or a claim for compensation pursuant to the provisions of the Workers' Compensation Act?	

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28. OTHER MATTERS
Please mention any matters or offer any suggestions which you consider might be of assistance in the management of the Represented Person’s affairs.

29. OUTLINE OF PROPOSALS
Outline the way in which, over the next 12 months, you propose to deal with the Represented Person’s assets including what you expect the annual income and expenses will be.

30. DECLARATION BY ADMINISTRATOR
I have read this completed form and consider to the best of my knowledge, that all of the information provided is true and correct, is not misleading and that no relevant information has been omitted.

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Signature of Administrator Date/...../...../

[Form A amended in Gazette 30 Jun 2003 p. 2630.]

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FORM B

STATEMENT OF ACCOUNT No.

In the Estate of
.....
From 19..... to 19.....

Receipts	Amount		Payments	Amount	
To balance from account No. General Receipts as per Abstract 1			To balance from account No. Payment as per Abstract 2		
BALANCE			BALANCE		
\$			\$		

(Signature of Deponent)

This is the account numbered “.....” with abstracts referred to in the accompanying affidavit of (name of Administrator)

Sworn before me this day of 19.....

.....
(Signature of Commissioner for
Affidavits/Justice of Peace)

I certify that this account has been checked and audited and found to be correct and that the same is passed.

..... Date:

Board/Public Trustee

ABSTRACT 1 — RECEIPTS

In the estate of

.....

From 19..... to 19.....

No of Item	Date when received	Names of person from whom received	Particulars	Amount received
RENTS RECEIVED AS PER ABSTRACT 3			\$	
CARRY TOTAL TO STATEMENT OF ACCOUNT No.			\$	

(Signature):

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ABSTRACT 2 — DISBURSEMENTS

In the estate of

From 19..... to 19.....

No of Item	Date when paid or allowed	Names of person to whom paid or allowed	For what purposes paid or allowed	Amount paid
EXPENDITURE ON PROPERTY AS PER ABSTRACT 4				\$
CARRY TOTAL TO STATEMENT OF ACCOUNT No.				\$

(Signature):

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**ABSTRACT 3 — STATEMENT OF RENTS
COLLECTED BY ADMINISTRATOR**

In the estate of
From 19..... to 19.....

Address of Property	Tenant's Name	Rent Payable and Whether Weekly, Monthly etc.		Arrears at Opening Day of Account		Total Rent Due (Including Arrears)		Rent Received		Arrears at Closing Date of Account		Remarks e.g. Change of Tenant, Rent Insurance, etc. (with dates)
		\$	c	\$	c	\$	c	\$	c	\$	c	

CARRY TOTAL TO ABSTRACT 1 — "RECEIPTS" \$

(Signature):

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**ABSTRACT 4 — STATEMENT OF EXPENDITURE ON RENTED
PROPERTY PAID BY ADMINISTRATOR**

In the Estate of

From 19..... to 19.....

Date	No.	Address Property Concerned	Nature of Expenditure and to Whom Paid	\$	c
				\$	
CARRY TOTAL TO ABSTRACT 2 — “DISBURSEMENTS”				\$	

(Signature):

ABSTRACT 5 — ASSETS

In the Estate of

Particulars of Assets as at

Particulars	Title Deeds and other securities by whom held	Amount or Value	

(Signature):

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ABSTRACT 6 — LIABILITIES

In the Estate of

Particulars of Liabilities as at

Particulars	Amount

(Signature):

FORM C
AFFIDAVIT VERIFYING ACCOUNT

On, 19....., I
(Name, address and occupation)

.....
.....

say on oath —

1. I am the Administrator of the estate of
..... (“the Represented Person”).
(Name of Represented Person)

2. The account number “.....” with abstracts, all of which have
been lodged by me, contain a full and true account of all moneys
belonging to the said Represented Person received by me or by any other
person on my behalf from the
..... 19....., to the 19.....

3. The several sums of money mentioned in the said account and abstracts
as having been paid have been actually paid by or allowed by me for or
on account of the estate of the Represented Person for the several
purposes specified. The said account and abstracts disclose the whole of
the moneys paid or allowed by me or by any other person on my behalf in
the said estate for the aforesaid period together with details of all assets
belonging to the Represented Person and details of liabilities owed by the
Represented Person.

.....
Deponent Commissioner for Affidavits/Justice of
the Peace

4. There is not, to the best of my knowledge and belief, any error or
omission in the said account and abstracts.

SWORN at in the said }
State of Western Australia this }
day of 19..... }

BEFORE ME:

A Commissioner of the Supreme Court of Western Australia for
taking Affidavits
or
Justice of the Peace

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[Schedule amended in Gazette 30 June 2003 p.2630.]

Notes

- ¹ This is a compilation of the *Rules of the Guardianship and Administration Board* and includes the amendments made by the other written laws referred to in the following table.

Compilation table

Rule	Gazettal	Commencement
<i>Rules of the Guardianship and Administration Board</i>	20 Oct 1992 p. 5210-20	20 Oct 1992
<i>Guardianship and Administration Amendment Rules 1994</i>	9 Dec 1994 p. 6680-81	9 Dec 1994
<i>Guardianship and Administration Amendment Rules 1995</i>	21 Jul 1995 p.3073	21 Jul 1995
<i>Equality of Status Subsidiary Legislation Amendment Regulations 2003 Pt. 35</i>	30 Jun 2003 p. 2581-638	1 Jul 2003 (see r. 2 and <i>Gazette</i> 30 Jun 2003 p. 2579)
<u>These rules were repealed by the Rules of the Guardianship and Administration Board (Repeal) Rules 2004 r. 3 as at 30 Dec 2004 (see r. 2 and Gazette 30 Dec 2004 p. 7024)</u>		