

Appointment of Supportive Attorney

Choosing a person to help you make decisions

What this form is for

A supportive attorney appointment is a legal document. Making a supportive attorney appointment is a formal process that allows you (the principal) to appoint a person(s) you trust to **help** you make your own decisions while you have capacity to make decisions.

The short version of this form allows you to appoint up to two supportive attorneys, and up to two alternative supportive attorneys for each attorney. The long version of this form allows you to appoint up to four supportive attorneys, and up to two alternative supportive attorneys for each attorney.

What is a supportive attorney?

The person you appoint to help you make decisions is called your 'supportive attorney'. You can choose whether your supportive attorney can help you to make financial decisions, personal decisions or other decisions. Your supportive attorney cannot help you with decisions about medical treatment, or medical research procedures. You will need a different form if you wish to appoint a support person for medical treatment decisions.

You can appoint your supportive attorney to:

- access information about you from organisations such as banks and utility providers
- communicate with organisations
- communicate your decisions to organisations
- take reasonable steps needed to make your decisions happen.

Your supportive attorney **cannot** make decisions for you.

If you do not have capacity to make decisions, your supportive attorney will not be able to act under this appointment.

Who can be a supportive attorney?

A supportive attorney can be a family member or friend or someone else that you trust.

A supportive attorney **must** be 18 years of age or older.

A supportive attorney **cannot** be an insolvent under administration.

You **cannot** appoint:

- your care worker
- your health provider, or
- your accommodation provider.

If the person who will be your supportive attorney for financial matters has been convicted or found guilty of an offence involving dishonesty, they have to tell you about it and have it recorded in this form.

Choosing your supportive attorney(s)

You can appoint one or more supportive attorneys. You can also appoint a person(s) to be a back-up for one or more supportive attorney(s), in case your usual supportive attorney is ever unable or unwilling to act. This person is called an 'alternative supportive attorney'.

You can specify when your alternative supportive attorney can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider)
- in the same way (that is, make the same types of decisions and make decisions in the same way) as the supportive attorney they are acting in place of.

What you will need

- The contact details of your supportive attorney(s) and alternative supportive attorney(s), and
- Two witnesses to sign the form.

Who can be a witness

Witnesses must be 18 years of age or older.

One of the witnesses to a supportive attorney appointment must be:

- a person who is authorised by law to witness the signing of a statutory declaration, or
- a special witness if witnessing using the remote witnessing procedure, who is either:
 - an Australian legal practitioner, or
 - a justice of the peace appointed under section 7 of the **Honorary Justices Act 2014**.

If more than one witness qualifies as a special witness, only one of the witnesses is to be a special witness.

The signing of the statement of acceptance of appointment as your supportive attorney (section 5 and section A5), or as your alternative supportive attorney (section 6 and section A6), requires **one** witness who is 18 years of age or older.

A witness **cannot** be:

- your relative
- someone being appointed as your supportive attorney
- a relative of your supportive attorney(s)
- your care worker or accommodation provider
- a person who has signed the form on your behalf.

Filling in the form

To appoint your supportive attorneys and specify their powers, complete Sections 1 to 5. If you wish to appoint more than two supportive attorneys, complete Section A4. You can complete these sections electronically or by hand. Print the form to fill it in by hand.

Signing the form

You can sign this form in person by hand, electronically, using the remote witnessing procedure, or a combination of these approaches.

Whichever way you sign, you need to do the following:

- sign the form (or have a person sign at your direction) in front of two witnesses who must see the form being signed, and
- have your two witnesses sign and date the form in front of you and each other, and
- have the supportive attorney(s) and any alternative supportive attorney(s) sign the statement of acceptance in front of a witness, and
- have a witness sign for each statement of acceptance.

Your supportive attorney(s) and any alternative supportive attorney(s) do *not* need to be present when you are signing the appointment form.

Each person signing the form must also enter their personal details.

Signing the form in person and by hand

- If you filled in the form **electronically**, print the filled-in form and follow the steps outlined above under 'Signing the form'.
- If you filled in the form **by hand**, ensure you have all pages of the form together and follow the steps outlined above under 'Signing the form'.

Preparing the form for electronic signing

If you have filled in the form electronically, you have the option of signing it electronically and asking your witnesses, your supportive attorney(s) and their witness(s) to sign electronically. Note the following:

- People signing electronically must all sign the same form that you filled in and signed.
- If more than one person is signing at the same time and in the same place, you may all do so on the same device. Otherwise, you will need to share the file, for example by email, and have the file returned to you after signing or witnessing.
- When sharing the file for electronic signing, ask the people signing to use the **Draw** tool (or **Pencil** tool in some PDF readers). Do *not* use the E-Sign, Fill and Sign, or Request Signatures tools as they are not suitable for this form.
- Save a backup copy of your form before sending it to another person to sign electronically, in case there are problems with the form when it is returned – for example, it becomes read-only. Alternatively, you may print and scan the newly signed page and replace the original page in your backup copy.

When you sign the form electronically, you may do so in person or, if you choose, using the remote witnessing procedure. These procedures are explained below. Your attorney(s) may also use either option.

Signing the form in person using an electronic signature

Fill in the form electronically, then follow the steps outlined above under 'Signing the form' and 'Preparing a form for electronic signing'.

If signing and witnessing electronically is not done in person, refer to 'Signing the form using the remote witnessing procedure' below.

Signing the form using the remote witnessing procedure

Fill in the form electronically, then follow the steps outlined above under 'Signing the form' and 'Preparing a form for electronic signing'.

Signing the supportive attorney appointment or revocation form can be witnessed using the remote witnessing procedure, where:

- one or more people participating can be present via audio visual link, or a combination of physical presence and audio visual link, provided they are physically situated in Victoria
- each witness is still required to fulfil all existing obligations under the **Powers of Attorney Act 2014**. For example, a witness must:
 - confirm the identity of the person signing
 - determine that the person signing has capacity to understand the form they are signing
 - establish that the person is signing freely and voluntarily
 - be satisfied the transaction is not affected by an 'apparent defect'. This can include behaviour such as undue influence, duress or unconscionable conduct.

If a witness is not able to satisfy themselves of these matters by audio visual link, they should not execute the document online.

Remote witnesses have additional certification requirements:

- a *special witness* is required for online witnessing of an appointment or revocation of an enduring power of attorney or a supportive attorney
- the remote witnessing procedure must be completed within the one day.

Note: some powers of attorney forms have more than one requirement for using the remote witnessing procedure, for example the principal signing the supportive attorney appointment and a supportive attorney signing the statement of acceptance. These can be done on separate days, provided each use of the remote witnessing procedure is completed within the one day.

Making arrangements for remote witnessing

When organising to have a form witnessed via an audio visual link, you should consider:

- How will you meet online? For example, through Teams, Zoom or Skype.
- How will you send the form to one another? For example, through an email.
- Do you want to use a scanned copy or an electronic copy of the form?
- Do you have access to a printer and a scanner (or a mobile device to photograph the signed page)?
- Is a 'special witness' required?

Special witness

One witness must be a special witness when the remote witnessing procedure is used for making or revoking an enduring power of attorney or supportive attorney appointment.

A special witness must be an Australian legal practitioner, or a justice of the peace. The role of the special witness is to oversee the use of the remote witnessing procedure.

The statements of acceptance of appointment in the powers of attorney forms can be witnessed remotely *without* a special witness, for example, acceptance of appointment by a supportive attorney or an alternative supportive attorney under a supportive attorney appointment.

Steps to using the remote witnessing procedure

The remote witnessing procedure requires the following steps to occur within Victoria (Note: these steps can be recorded when all parties agree):

Step 1

The witnesses see you (or a person you are directing to sign for you) sign the form by audio visual link or in person.

- If you are directing a person to sign for you, the witnesses must also see and hear your direction.

Step 2

Any witness physically present with you – so long as they are not the special witness – signs the form.

Step 3

A copy of the form is then sent by electronic communication to any witnesses who are attending online. The remote witness(es) must:

- be reasonably satisfied that the form is the same form that you (or the person you directed to sign for you) signed
- certify that they witnessed the form by audio visual link in accordance with the remote witnessing procedure, and
- sign and date the form in the presence by audio visual link of you and the other witness. They can use a handwritten signature on a printed copy of the form.

Step 4

The special witness must fulfil the requirements of an ordinary witness (above). The special witness must be the final signatory, and only sign the form after:

- checking the form for compliance with the remote witnessing procedure, and
- certifying:
 - that the form was signed and witnessed in accordance with the remote witnessing procedure
 - that they are a special witness and include their qualification as a special witness, and
 - whether, to their knowledge, an audio visual recording was made of the remote witnessing procedure.

Replacing form pages with scanned pages

If you need to replace pages in this form with a scanned page, you will need to use a PDF reader or editor that includes a Replace Pages function.

Adobe Reader includes an Organise Pages button for this purpose, but the process is more complex. The button opens the Adobe online cloud service in your browser, and there is an option to replace pages in a copy of your file.

This form is an accessible document if completed electronically. This means it can be read by most users in the way they prefer, including using a screen reader. If you need your completed form to be an accessible document, ask people signing to do so electronically.

When the form is filled out and signed

You do not need to submit this form anywhere. You need to complete it, make sure it is signed and witnessed properly, and then keep the original in a safe place.

You should keep all pages of the final signed form together at all times. You do not need to keep the instructions on pages i–viii with the form.

If you have not completed any of the continuation sections, you do not need to keep those pages – only keep pages 1–13. If you have completed some of the continuation sections (Sections A1 to A6), you only need to keep all pages up to the final section you have used. Do not discard any prior pages, even if you have not used them. There should not be any missing page numbers in your final printed form.

You should give your attorney(s) a certified copy of this form. There is no central power of attorney register in Victoria to lodge the form.

More information about making certified copies is available on the Office of the Public Advocate website at publicadvocate.vic.gov.au.

Need more information or help?

- You can find general information about powers of attorney and medical treatment decision makers on the Office of the Public Advocate (OPA) website at publicadvocate.vic.gov.au.
- If you have a general question about powers of attorney and cannot find the information on the OPA website, you can contact the OPA Advice Service on 1300 309 337. Please note that members of the OPA Advice Service team are not legally trained and cannot provide legal advice.
- You can also find information about enduring powers of attorney and supportive attorneys (and download the forms) on the Department of Justice and Community Safety website at justice.vic.gov.au.
- This area of law can be complex. It can be helpful to get legal advice for your circumstances, particularly if your financial circumstances are complicated or if you think you may need to use the remote witnessing procedure. Look for a lawyer who understands this area of law. Keep in mind there is likely to be a cost. To find a lawyer, you can contact:
 - Law Institute of Victoria via the LIV Find Your Lawyer Referral Service, liv.asn.au/referral, or phone 9607 9311
 - Victoria Legal Aid via Legal Help Chat at www.legalaid.vic.gov.au, or phone the Legal Help phoneline on 1300 792 387.

Appointment of Supportive Attorney

This supportive attorney appointment is made under Part 7 of the **Powers of Attorney Act 2014**.

Section 1: Principal (You)

The person making this supportive attorney appointment is known as the 'principal'. Whenever you see the word 'principal' in this form, it means you.

Name of principal

Residential address

Email (if known)

Phone number (if known)

Section 2: Appointing your supportive attorney(s)

The next two pages allow you to appoint a supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

I appoint the person listed below as my supportive attorney.

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

What types of decisions can this supportive attorney help me make?

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters only

*personal matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your personal or lifestyle affairs, but does not include any matter relating to your medical treatment, or to medical research procedures.*

Financial matters only

*financial matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your financial and property affairs.*

The following specified personal matter(s), financial matter(s) and/or other matter(s)

Please specify each matter that you want to authorise

What powers will this supportive attorney have?

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

Information power (under section 87 of the **Powers of Attorney Act 2014**)

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

Communication power (under section 88 of the **Powers of Attorney Act 2014**)

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

Power to give effect to decisions (under section 89 of the **Powers of Attorney Act 2014**)

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?

No ► **Go to ‘[Do you want to appoint a second supportive attorney?](#)’ on the next page**

Yes ► **Provide details**

I appoint the person(s) listed below as my alternative supportive attorney(s).

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Do you want to appoint another alternative supportive attorney for this supportive attorney?

No ► **Go to ‘[When can your alternative supportive attorney\(s\) act?](#)’ in the next column**

Yes ► **Provide details**

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

When can your alternative supportive attorney(s) act?

You can specify below when your alternative supportive attorney(s) can act. Under section 93 of the **Powers of Attorney Act 2014**, if you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

The next two pages allow you to appoint a second supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

Do you want to appoint a second supportive attorney?

No ► Go to [Section 3](#) on page 6

Yes ► Provide details

I appoint the person listed below as my supportive attorney.

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

What types of decisions can this supportive attorney help me make?

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters only

*personal matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your personal or lifestyle affairs, but does not include any matter relating to your medical treatment, or to medical research procedures.*

Financial matters only

*financial matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your financial and property affairs.*

The following specified personal matter(s), financial matter(s) and/or other matter(s)

Please specify each matter that you want to authorise

What powers will this supportive attorney have?

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

Information power (under section 87 of the **Powers of Attorney Act 2014**)

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

Communication power (under section 88 of the **Powers of Attorney Act 2014**)

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

Power to give effect to decisions (under section 89 of the **Powers of Attorney Act 2014**)

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?

No ► **Go to [‘Do you want to appoint another supportive attorney?’](#) at the end of this page**

Yes ► **Provide details**

I appoint the person(s) listed below as my alternative supportive attorney(s).

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Do you want to appoint another alternative supportive attorney for this supportive attorney?

No ► **Go to [‘When can your alternative supportive attorney\(s\) act?’](#) in the next column**

Yes ► **Provide details**

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

When can your alternative supportive attorney(s) act?

You can specify below when your alternative supportive attorney(s) can act. Under section 93 of the **Powers of Attorney Act 2014**, if you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

Do you want to appoint another supportive attorney?

No ► **Go to [Section 3](#) on the next page**

Yes ► **Go to [Section A4](#) on page 21**

Section 3: Start date

If you do not complete this section, your supportive attorney(s) can start helping you to make decisions immediately on the making of this supportive attorney appointment.

This supportive attorney appointment commences:

Please choose **one** option.

Immediately, on its making

From the time, in the circumstance or on the occasion

► ***Specify***

Section 4: Principal's signature

You need to sign and date this supportive attorney appointment form by hand. You must sign the form in front of two witnesses. They must then sign and date the form in front of you and each other. The form can also be signed using the remote witnessing procedure by audio visual link or a combination of physical presence and audio visual link.

If you are signing on this page in front of two witnesses, one witness must be a person who is authorised by law to witness the signing of statutory declarations. A list of people who are authorised to witness the signing of statutory declarations can be found at justice.vic.gov.au/statdecs.

If you need someone to sign for you due to a physical disability, do not fill out this section. Fill out [Section A1](#) on page 15.

If you are signing the form using the remote witnessing procedure, do not fill out this section. Fill out [Section A2](#) on page 17.

If you need someone to sign for you due to a physical disability, using the remote witnessing procedure do not fill out this section. Fill out [Section A3](#) on page 19.

In this section, the words 'I', 'my' or 'me' refer to a witness. The word 'principal' means the person making this supportive attorney appointment.

Name of principal

Signature

Date [DD/MM/YYYY]

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Witness certification

Each witness **certifies** that:

- the principal appeared to freely and voluntarily sign this instrument in my presence, and
- at that time, the principal appeared to me to have decision making capacity in relation to making this supportive attorney appointment, and
- I am not an attorney under this supportive attorney appointment, and
- I am not a relative of the principal or of an attorney under this supportive attorney appointment, and
- I am not a care worker or accommodation provider for the principal. [*care worker and accommodation provider are defined in section 3(1) of the **Powers of Attorney Act 2014***]

Name of authorised witness**Residential or business address****Email (if known)****Phone number (if known)****Qualification**

I am a person authorised
to witness statutory declarations

Signature**Date** [DD/MM/YYYY]**Name of other witness****Residential or business address****Email (if known)****Phone number (if known)****Signature****Date** [DD/MM/YYYY]

Section 5: Statement of acceptance of appointment by supportive attorney

This section needs to be read and signed by each supportive attorney being appointed. A witness must also sign the witness certificate for each supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

Supportive attorney

I accept my appointment as supportive attorney for the principal under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Supportive attorney

I accept my appointment as **supportive attorney for the principal** under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Appointed more than two supportive attorneys?

If you have appointed more than two supportive attorneys, each supportive attorney must sign [Section A5: Acceptance by supportive attorneys](#) on pages 25–26.

Section 6: Statement of acceptance of appointment by alternative supportive attorney

This section needs to be read and signed by each alternative supportive attorney being appointed. A witness must also sign the witness certificate for each alternative supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Name(s) of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the alternative supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the alternative supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and

- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Name(s) of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the alternative supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the alternative supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Appointed more than two alternative supportive attorneys?

If you have appointed more than two alternative supportive attorneys, each alternative supportive attorney must sign [Section A6: Acceptance by alternative supportive attorneys](#) on pages 27–29.

Continuation sections

Only use these continuation sections if you are told to in the supportive attorney appointment form.

Section A1: Signed at the direction of the principal

Use this section if you need someone to sign for you.

Section A2: Principal's signature, using the remote witnessing procedure

Use this section if the principal's signature will be witnessed using the remote witnessing procedure.

Section A3: Signed at the direction of the principal, using the remote witnessing procedure

Use this section if you need someone to sign for you, and their signature will be witnessed using the remote witnessing procedure.

Section A4: Appointment of supportive attorneys

Use this section if you need to appoint more than two supportive attorneys.

Section A5: Acceptance by supportive attorneys

Use this section if you used Section A4 to appoint more than two supportive attorneys. This is where the additional supportive attorneys can sign and accept their appointment.

Section A6: Acceptance by alternative supportive attorneys

Use this section if you have more than two alternative supportive attorneys. This is where the additional alternative supportive attorneys can sign and accept their appointment.

Section A1: Signed at the direction of the principal

If you need someone to sign for you, at your direction, they must be 18 years or older. They cannot be a supportive attorney under this supportive attorney appointment or a witness to the signing of this form. They must sign the form in front of you and two witnesses, who must then sign and date the form in front of you and each other.

One witness must be authorised to witness a statutory declaration.

Alternatively, the form can be signed using the remote witnessing procedure. In that case, do not fill out this section. Fill out [Section A3](#) on page 19.

Name of principal

Name of person signing at the direction of the principal

Residential address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

Each witness **certifies** that:

- in my presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this supportive attorney appointment in my presence and in the presence of the principal, and
- at that time, the principal appeared to me to have decision making capacity in relation to making this supportive attorney appointment, and
- I am not a supportive attorney under this appointment, and
- I am not the person who is signing at the direction of the principal.

Name of authorised witness

Residential or business address

Email (if known)

Phone number (if known)

Qualification

I am a person authorised
to witness statutory declarations

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A2: Principal's signature, using the remote witnessing procedure

You need to sign and date this supportive attorney appointment form by hand. When using the remote witnessing procedure, you must sign the form in front of two witnesses, by audio visual link or a combination of physical presence and audio visual link, and one witness must be a special witness (that is, an Australian legal practitioner, or a justice of the peace appointed under section 7 of the **Honorary Justices Act 2014**). Please refer to guidance for using the remote witnessing procedure on pages v–vii of this form.

In this section, the words 'I', 'my' or 'me' refer to a witness. The word 'principal' means the person making this supportive attorney appointment.

Name of principal

Signature

Date [DD/MM/YYYY]

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Witness certification

Each witness **certifies** that:

- the principal appeared to freely and voluntarily sign this instrument in my presence, and
- at that time, the principal appeared to me to have decision making capacity in relation to making this supportive attorney appointment, and
- I am not an attorney under this supportive attorney appointment, and
- I am not a relative of the principal or of an attorney under this supportive attorney appointment, and
- I am not a care worker or accommodation provider for the principal. [*care worker and accommodation provider are defined in section 3(1) of the **Powers of Attorney Act 2014***]

Each witness attending by audio visual link **also certifies** that:

- I witnessed the signing of this supportive attorney appointment by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I have signed and dated this supportive attorney appointment in the presence by audio visual link of the principal and the other witness.

The special witness **certifies** that:

- This supportive attorney appointment was signed and witnessed in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I am a special witness (please select **one** option):
 - an Australian legal practitioner or
 - a justice of the peace
- An audio visual recording (please select **one** option):
 - was made or
 - was not made

of the signing and witnessing of this supportive attorney appointment by the remote witnessing procedure.

*Under section 5C of the **Powers of Attorney Act 2014**, an audio visual recording of the execution or signing of a supportive attorney appointment by the remote witnessing procedure may be made only if all the parties to the procedure consent to the recording being made.*

- I have signed this supportive attorney appointment last, following the principal and the other witness.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of special witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A3: Signed at the direction of the principal, using the remote witnessing procedure

If you need someone to sign for you, at your direction, they must be 18 years or older. They cannot be a supportive attorney under this supportive attorney appointment or a witness to the signing of this form. When using the remote witnessing procedure, the person signing at your direction must sign the form in your presence and in front of two witnesses, by audio visual link or a combination of physical presence and audio visual link, and one witness must be a special witness (that is, an Australian legal practitioner, or a justice of the peace appointed under section 7 of the **Honorary Justices Act 2014**). Please refer to guidance for using the remote witnessing procedure on pages v–vii of this form.

Name of principal

**Name of person signing
at the direction of the principal**

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

Each witness **certifies** that:

- in my presence, the principal appeared to freely and voluntarily direct the person to sign for the principal and that person signed this supportive attorney appointment in my presence and in the presence of the principal, and
- at that time, the principal appeared to me to have decision making capacity in relation to making this supportive attorney appointment, and
- I am not a supportive attorney under this appointment, and
- I am not the person who is signing at the direction of the principal.

Each witness attending by audio visual link **also certifies** that:

- I witnessed the person signing this supportive attorney appointment at the direction of the principal by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I have signed and dated this supportive attorney appointment in the presence by audio visual link of the principal, the person who signed this document at the direction of the principal, and the other witness.

The special witness **certifies** that:

- This supportive attorney appointment was signed and witnessed in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**, and
- I am a special witness (please select **one** option):
 - an Australian legal practitioner or
 - a justice of the peace
- An audio visual recording (please select **one** option):
 - was made or
 - was not made

of the signing and witnessing of this supportive attorney appointment by the remote witnessing procedure.

*Under section 5C of the **Powers of Attorney Act 2014**, an audio visual recording of the execution or signing of a supportive attorney appointment by the remote witnessing procedure may be made only if all the parties to the procedure consent to the recording being made.*

- I have signed this supportive attorney appointment last, following the person who signed at the direction of the principal and the other witness.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of special witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Name of other witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A4: Appointment of supportive attorneys

The next two pages allow you to appoint a third supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

I appoint the person listed below as my supportive attorney.

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

What types of decisions can this supportive attorney help me make?

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters only

*personal matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your personal or lifestyle affairs, but does not include any matter relating to your medical treatment, or to medical research procedures.*

Financial matters only

*financial matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your financial and property affairs.*

The following specified personal matter(s), financial matter(s) and/or other matter(s)

Please specify each matter that you want to authorise

What powers will this supportive attorney have?

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

Information power (under section 87 of the **Powers of Attorney Act 2014**)

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

Communication power (under section 88 of the **Powers of Attorney Act 2014**)

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

Power to give effect to decisions (under section 89 of the **Powers of Attorney Act 2014**)

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?

No ► Go [‘Do you want to appoint another supportive attorney?’ on the next page](#)

Yes ► **Provide details**

I appoint the person(s) listed below as my alternative supportive attorney(s).

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Do you want to appoint another alternative supportive attorney for this supportive attorney?

No ► Go to [‘When can your alternative supportive attorney\(s\) act?’ in the next column](#)

Yes ► **Provide details**

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

When can your alternative supportive attorney(s) act?

You can specify below when your alternative supportive attorney(s) can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

Any supportive attorney or alternative supportive attorney appointed in Section A4 will also need to sign a statement of acceptance. This can be completed by supportive attorneys in [Section A5](#) on pages 25–26 and by alternative supportive attorneys in [Section A6](#) on pages 27–29.

The next two pages allow you to appoint a fourth supportive attorney and an alternative supportive attorney(s) (if required). You also need to specify what types of decisions your supportive attorney can help you to make.

Do you want to appoint another supportive attorney?

No ► **Return to [Section 3](#) on page 6**

Yes ► **Provide details**

I appoint the person listed below as my supportive attorney.

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

What types of decisions can this supportive attorney help me make?

I authorise my supportive attorney to exercise powers for the **matters** specified in this appointment.

Select **all** options that apply.

Personal matters only

*personal matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your personal or lifestyle affairs, but does not include any matter relating to your medical treatment, or to medical research procedures.*

Financial matters only

*financial matters are defined in section 3(1) of the **Powers of Attorney Act 2014** to mean any matter, including any legal matter, relating to your financial and property affairs.*

The following specified personal matter(s), financial matter(s) and/or other matter(s)

Please specify each matter that you want to authorise

What powers will this supportive attorney have?

I authorise my supportive attorney to exercise the powers specified below.

Select as many options as you need.

Information power (under section 87 of the **Powers of Attorney Act 2014**)

To access, collect or obtain from or assist me in accessing, collecting or obtaining from any person any personal information about me that:

- (a) is relevant to a supported decision; and
- (b) may lawfully be collected or obtained by me.

To disclose any personal information about me given to the supportive attorney for the purpose of:

- (a) anything that is relevant and necessary to carry out the role of supportive attorney; or
- (b) any legal proceeding or report of a legal proceeding under the **Powers of Attorney Act 2014**; or
- (c) any other lawful reason.

Communication power (under section 88 of the **Powers of Attorney Act 2014**)

To communicate any information about me that is relevant or necessary to the making of or giving effect to a supported decision, or to communicate or assist me to communicate a supported decision.

Power to give effect to decisions (under section 89 of the **Powers of Attorney Act 2014**)

To take any reasonable action or to do anything that is reasonably necessary to give effect to a supported decision, other than a decision about a significant financial transaction.

Do you want to appoint an alternative supportive attorney(s) for this supportive attorney?

No ► **Return to [Section 3](#) on page 6**

Yes ► **Provide details**

I appoint the person(s) listed below as my alternative supportive attorney(s).

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Do you want to appoint another alternative supportive attorney for this supportive attorney?

No ► **Go to '[When can your alternative supportive attorney\(s\) act?](#)' in the next column**

Yes ► **Provide details**

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

When can your alternative supportive attorney(s) act?

You can specify below when your alternative supportive attorney(s) can act. If you do not specify, an alternative supportive attorney can **only** act:

- once your usual supportive attorney is unable or unwilling to act
- if the appointment of your usual supportive attorney is revoked (cancelled) because they are no longer eligible to be your supportive attorney (for example, the supportive attorney becomes your care worker, health provider or accommodation provider).

Any supportive attorney or alternative supportive attorney appointed in Section A4 will also need to sign a statement of acceptance. This can be completed by supportive attorneys in [Section A5](#) on pages 25–26 and by alternative supportive attorneys in [Section A6](#) on pages 27–29.

Return to [Section 3](#) on page 6

Section A5: Acceptance by supportive attorneys

This section needs to be read and signed by each supportive attorney being appointed. A witness must also sign the witness certificate for each supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

Supportive attorney

I accept my appointment as supportive attorney for the principal under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Supportive attorney

I accept my appointment as supportive attorney for the principal under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of supportive attorney

Residential address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Section A6: Acceptance by alternative supportive attorneys

This section needs to be read and signed by each alternative supportive attorney being appointed. A witness must also sign the witness certificate for each alternative supportive attorney.

The word 'principal' means the person making this supportive attorney appointment.

Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of alternative supportive attorney

Residential address

Email (if known)

Phone number (if known)

Name(s) of supportive attorney(s) for whom accepting appointment as an alternative supportive attorney

Signature

Date [DD/MM/YYYY]

Witness certification

- I witnessed the alternative supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the alternative supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness

Residential or business address

Email (if known)

Phone number (if known)

Signature

Date [DD/MM/YYYY]

Alternative supportive attorney

I accept my appointment as an alternative supportive attorney under this supportive attorney appointment and **state** that:

- I am eligible under the **Powers of Attorney Act 2014** to act as a supportive attorney under a supportive attorney appointment, and
- I understand the obligations of a supportive attorney under the **Powers of Attorney Act 2014** and the consequences of failing to comply with the **Powers of Attorney Act 2014**, and
- I undertake to act in accordance with the **Powers of Attorney Act 2014**, and
- I understand the circumstances in which the alternative supportive attorney is authorised to act under the **Powers of Attorney Act 2014**, and
- I am prepared to act in place of the supportive attorney for whom I am appointed when authorised to do so under the **Powers of Attorney Act 2014**.

If appointed for financial matters and you have been convicted or found guilty of an offence involving dishonesty

I have disclosed to the principal that I have been convicted or found guilty of an offence involving dishonesty

Name of alternative supportive attorney**Residential address****Email (if known)****Phone number (if known)****Name(s) of supportive attorney(s)
for whom accepting appointment as
an alternative supportive attorney****Signature****Date** [DD/MM/YYYY]**Witness certification**

- I witnessed the alternative supportive attorney signing this statement of acceptance.

OR

If the witness is attending by audio visual link:

- I witnessed the alternative supportive attorney signing this statement of acceptance by audio visual link in accordance with the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014**.

*All elements of the remote witnessing procedure in section 5A of the **Powers of Attorney Act 2014** must be carried out on the same day and within Victoria.*

Name of witness**Residential or business address****Email (if known)****Phone number (if known)****Signature****Date** [DD/MM/YYYY]

You have reached the end of this form. You do **not** need to submit this form anywhere.

You need to complete it, make sure it is signed and witnessed properly, and then keep the original in a safe place. You should give your supportive attorney(s) a certified copy of this form.