IN THE SUPREME COURT OF VICTORIA
IN ITS PROBATE JURISDICTION

S PRB [*Application No.*]

In the matter of the deceased estate of *[name]*

Application by:

[Plaintiff's name] Plaintiff(s)

CONSENT TO APPLICATION ON BEHALF OF SOMEONE UNABLE TO APPLY

Date of document:
Filed on behalf of the plaintiff
Prepared by: *[name and address of lodging party]*

Ref: *[solicitors only]*
CODE: *[solicitors only]*
Tel: *[number]*
E-mail: *[e-mail address]*

Guidance for completing this form

This form should be completed by a person who would be entitled to receive part of the estate of a person who is unable to apply for a grant because of mental incapacity.

The form records the person's agreement to another person applying for the grant instead.

Complete the information requested wherever you see words in square brackets [ ]. Before the document is signed, remove this guidance section and any instructions or examples in the document.

I *[name]* of *[address]*, state:

1. I am over 18 years of age.
2. I would be entitled to receive part of the estate of *[name of incapable person]* if they died without a will because I am their *[relationship].*
3. I consent to *[name of proposed administrator]* applying for and obtaining a grant in relation to the estate of *[name of deceased]* on behalf of *[name of incapable person].*

Dated:

SIGNED by *[name]*

_____

In the presence of *[name]*

_____
Signature of witness