# Application for Dispute Resolution

| For office use only | |
|---|---|
| Received Date | |
| Client No | |
| Form Review Date | 01/03/2026 |

*Advance Care Directives Act 2013*

*Consent to Medical Treatment and Palliative Care Act 1995*

## What is this form for?

Use this form to apply for Dispute Resolution:

- if the person has made an Advance Care Directive (ACD) and there is a disagreement about a health, accommodation or personal decision that has to be made for that person.
- if a person does not have an advance care directive, but there is a disagreement about health care and/or medical treatment. This includes disputes involving children under 16 years of age.

## Who can apply?

- the person who the decision is about (relevant person/self)
- a substitute decision-maker appointed under an ACD
- if the matter relates to a child (under 16yrs), a parent or guardian of the child
- a relative of the relevant person
- if the relevant person is a patient with impaired decision making capacity in respect to a particular decision, a Person Responsible for the patient
- a health practitioner giving, or proposing to give health care to the relevant person
- a person in charge of the day to day care of the relevant person
- any other person the Public Advocate assesses as having a proper interest in the life of the person and the dispute.

**If you are making the application about yourself, skip section 2.**

## Lodging the application

If you require assistance a verbal application can be made over the phone or in person at the Office of the Public Advocate.

| | |
|---|---|
| **Mail** | Office of the Public Advocate, GPO Box 464, Adelaide SA 5001 |
| **Email** | opamailbox@sa.gov.au |
| **Deliver** | Shop 1, 211 Victoria Square, Adelaide 5000 |
| **Telephone** | 1800 066 969 |

## Section 1

### Person the dispute is about (relevant person)

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Preferred name**

**Currently residing at**

**Suburb**

**Postcode**

**Home address (if different from above)**

**Suburb**

**Postcode**

**Email**

**Phone number**

**Date of birth** (dd/mm/yyyy)

**Gender**

☐ M ☐ F ☐ Other

**Is an interpreter required?**

☐ Y ☐ N

**Primary language**

**Does the relevant person identify as Aboriginal or Torres Strait Islander?**

☐ Y ☐ N ☐ Prefer not to say

**Has the relevant person made an Advance care Directive?**

☐ Y ☐ N If possible please provide a copy of this document

**Who has been appointed as substitute decision-maker/s (SDM)?**

**Has the relevant person made an Enduring Power of Attorney?** ☐ Y ☐ N

**Who has been appointed as Attorney?**

**Have you informed the relevant person about this application?** ☐ Y ☐ N

## Section 2

### Person making this application (Applicant)

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Preferred name**

**Home address**

**Suburb**

**Postcode**

**Email**

**Phone number**

**Where did you hear about the Dispute Resolution Service?**

**Your relationship to the relevant person**

## Section 3

### Other people involved in this dispute (Interested Parties)

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Email**

**Phone number**

**Their relationship to the relevant person**

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**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Email**

**Phone number**

**Their relationship to the relevant person**

### 

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Email**

**Phone number**

**Their relationship to the relevant person**

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Email**

**Phone number**

**Their relationship to the relevant person**

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Email**

**Phone number**

**Their relationship to the relevant person**

**Title** ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

**Last name**

**Given names**

**Email**

**Phone number**

**Their relationship to the relevant person**

## Section 4

**Issue(s) in dispute:**

- ☐ Health
- ☐ Accommodation
- ☐ Lifestyle/Care
- ☐ Access
- ☐ Other

## Notes - for office use only