



**DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA**

Master's ref: _____

DEPARTMENT OF HEALTH

MHCA 39

APPLICATION TO MASTER OF A HIGH COURT TO APPOINT ADMINISTRATOR
[Section 60(1) and (2) of the Mental Health Care Act 2002 (Act no. 17 of 2002)]

1. Surname of user in respect of whom application is made: _____
2. First name(s) of user: _____
3. Date of birth: _____ or estimated age _____
4. Gender: Male Female
5. Occupation: _____
6. Marital status: S M D W
7. Name of applicant: _____
(Print initials and surname)
8. The above user has been admitted at: _____
(Name of health establishment)
9. Relationship of applicant to the user: _____
10. **If the applicant is not the spouse or next of kin:**
Give reasons why the spouse or next of kin are not making the application:

11. **If the spouse or next of kin are not available:**
What steps have been made to trace the whereabouts of the spouse or next of kin?

12. All medical certificates or relevant reports related to the mental health status and the ability of the user to manage his / her own property (enclose and list). **The medical certificates must clearly indicate that the person concerned suffers from a mental illness or severe or profound intellectual disability as defined in the Act.**

13. On what grounds do you believe that the user is incapable of managing his / her property?

14. Have you seen the user within seven days of this application: Yes No
Give details:

15. Give the particulars and estimated value of the property of the user:

16. What is the annual income of the user?

17. Who, in your opinion, would be most suited to be an administrator for the property of the user?

18. Provide further particulars of the person (e.g. relationship to user, occupation):

19. Give the name(s) and contact details of people who may be able to provide further information relating to the mental health status of the user:

20. Attach proof that a copy of this application has been given to or served on the person in respect of whom this application is made:

21. Name and surname of applicant: _____

Signature: _____
(Applicant)

Date: _____

Place: _____

22. Postal address of applicant: _____

23. *Domicilium citandi et executandi* address of applicant: _____

24. I confirm that to the best of my knowledge and belief no similar application has been lodged in respect of _____ to any other Master of the High Court in the Republic of South Africa.

It will be to the best interest of _____ that the Master's Office of _____ exercise jurisdiction in this matter based on the following reasons:

25. **Affidavit to be signed by a Justice of the Peace / Commissioner of Oaths**

25.1. I, the undersigned and applicant, hereby affirm that:

25.2. I am 18 years of age or older: _____

25.3. *I am a relative, being _____

25.4. *I am not a relative, being _____

Signature: _____

The above statements was solemnly declared or sworn before me at: _____

The respondent has acknowledged that he / she knows and understands the content of the affidavit which was sworn to / affirmed before me.

Print initials and surname: _____

Signature: _____
Justice of the Peace / Commissioner of Oaths

Date: _____

Place: _____

* Delete whichever is not applicable.