



**Barristers & Solicitors**

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## Represented Adult – Examination of Accounts Worksheet

### ABOUT THE APPLICATION

1. What was the date of:  
 the first Trusteeship Order issued by the Court? \_\_\_\_\_  
 the most recent approval / passing grant on? \_\_\_\_\_

2. Period of Accounting Review:  
*Start Date:* \_\_\_\_\_ *End Date:* \_\_\_\_\_

3. Proposal for new review period:  Within \_\_\_\_ years  No specified review date

4. Are you requesting compensation for the accounting period?  Yes  No

- IF YES:  In the amount prescribed by the Regulations?  
 In the amount set by the Court?  
 Other (specify): \_\_\_\_\_

5. Are you proceeding by:  Desk  Hearing

6. Are you requesting to dispense service of the application documents on:

*The adult?*  Yes  No *Anyone else?*  Yes  No

If anyone else, please provide details below: *(attach separate sheet if insufficient room)*

(i) Name of the person \_\_\_\_\_  
 Relationship to the adult \_\_\_\_\_  
 Reasons: \_\_\_\_\_

(ii) Name of the person \_\_\_\_\_  
 Relationship to the adult \_\_\_\_\_  
 Reasons: \_\_\_\_\_

**CURRENT OR PROPOSED SUPPORTERS, CO-DECISION MAKERS, GUARDIANS, TRUSTEES**

Full Legal Name		Other Names Known By		
Home Address		City/Town	Province	Postal Code
Home Ph. Number	Cell Ph. Number	Fax Number		
Relationship to Adult		Email Address		
Current:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alternate Guardian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Alternate Trustee
Proposed:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alternate Guardian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Alternate Trustee

Full Legal Name		Other Names Known By		
Home Address		City/Town	Province	Postal Code
Home Ph. Number	Cell Ph. Number	Fax Number		
Relationship to Adult		Email Address		
Current:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alternate Guardian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Alternate Trustee
Proposed:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alternate Guardian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Alternate Trustee

Full Legal Name		Other Names Known By		
Home Address		City/Town	Province	Postal Code
Home Ph. Number	Cell Ph. Number	Fax Number		
Relationship to Adult		Email Address		
Current:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alternate Guardian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Alternate Trustee
Proposed:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alternate Guardian	<input type="checkbox"/> Trustee	<input type="checkbox"/> Alternate Trustee

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Full Legal Name Other Names Known By

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Home Address City/Town Province Postal Code

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Home Ph. Number Cell Ph. Number Fax Number

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Relationship to Adult Email Address

Current:     Guardian     Alternate Guardian     Trustee     Alternate Trustee

Proposed:    Guardian    Alternate Guardian     Trustee     Alternate Trustee

**FAMILY MEMBERS**

*(Include information about each living family member over 18 years, who resides in Canada and is not listed above. Family members include: spouse/partner, parents, children, and siblings. Attach separate sheet if more space required.)*

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Full Legal Name Other Names Known By

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Home Address City/Town Province Postal Code

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Home Ph. Number Cell Ph. Number Fax Number

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Relationship to Adult Email Address

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Relationship to Adult Email Address

**INFORMATION ABOUT THE REPRESENTED ADULT**

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Full Legal Name Other Names Known By

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Residence Address City/Town Province Postal Code

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Mailing Address (if different from above)

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Home Number Cell Number E-mail Date of Birth

**Marital Status** (please check appropriate box)

Single (never married)     Widowed     Married     Common Law Partner

Separated     Divorced    Date of Separation/Divorce: \_\_\_\_\_

1. Does the adult already have a supporter under a Supported Decision-Making Authorization, or a Co-Decision Maker, Guardian, or Trustee?     Yes  No

*IF YES: (check all that apply and include review date per document or Order)*

	Next Review Date		Next Review Date
<input type="checkbox"/> Supporter	_____	<input type="checkbox"/> Guardian	_____
<input type="checkbox"/> Co-Decision Maker	_____	<input type="checkbox"/> Trustee	_____

2. Does the adult have a personal directive?     Yes  No

*IF YES, list all Agents named in Personal Directive:*

\_\_\_\_\_

3. Does the adult have a Power of Attorney?     Yes  No

*IF YES, list all Attorneys named in Power of Attorney:*

\_\_\_\_\_

4. Is the adult an Indian (as defined in the *Indian Act?*), a member of a band and living on the reserve?     Yes  No

*IF YES, provide information about the name of band and address:*

\_\_\_\_\_

**ADULT'S FINANCES**

**ASSETS and DEBTS**

Summary of Assets:	Start Date Value	End Date Value
Land (net of mortgages)	\$ _____	\$ _____
Investments/Bank accts	\$ _____	\$ _____
Other (motor vehicles, farm assets, personal and household contents)	\$ _____	\$ _____
Summary of debts:	Start Date Value	End Date Value
Lines of credit	\$ _____	\$ _____

Credit cards	\$ _____	\$ _____
Other	\$ _____	\$ _____

**ATTACH STATEMENTS/SUMMARIES FOR THE ENTIRE ACCOUNTING PERIOD FOR THE FOLLOWING:**

- LAND* – including municipal and legal land descriptions, fair market value, and balance owing on mortgages
- INVESTMENTS and BANK ACCOUNTS* – separate statements for each bank account or investment accounts
- OTHER ASSETS* – List details of all other assets, including year/make/model of vehicles
- DEBTS* – include separate statements for each debt

**INCOME and EXPENSES**

1. What is the adult’s estimated income from all sources? \_\_\_\_\_

*Please use the worksheet attached as a guide for estimating the adult’s monthly income.*

2. What is the adult’s estimated average monthly expenditure? \_\_\_\_\_

*Please use the worksheet attached as a guide for estimating the adult’s monthly expenditures.*

3. Did the Trustee or any other member of the Trustee’s family (other than the adult) receive any benefit from the adult’s assets or income (*including payment of rent or reimbursement of other expenses*)?

*IF YES, provide details:*

\_\_\_\_\_

**ATTACH SUMMARY OF ALL TRANSACTIONS FOR THE ENTIRE ACCOUNTING PERIOD IN FORM OF EXCEL SPREADSHEET OR COMPARABLE**

**SCHEDULE 3: INCOME WORKSHEET**

Source of Income	Estimated Monthly Amt
Assured Income for the Severely Handicapped (AISH)	
Income Support	
Old Age Security (OAS) Program	
Pension	
Guaranteed Income Supplement	
Spouse/Partner Allowance	
Survivor Allowance	
Alberta Seniors Benefits	
Canada Pension Plan (CPP)	
Retirement Pension	
Disability Benefits	
Survivor Benefits	
Veteran's Benefits	
Employment Pension Plan	
Retirement Pension	
Disability Benefits	
Survivor Benefits	
Other Disability Pension	
Workers Compensation Payments	
Life Annuity (issued by an insurance company)	
Investment Income (e.g. RRSP, RRIF, dividends, interest)	
Rental Income	
Employment Income	
Self-employment Income	
Spousal/Partner Support (under a court order or agreement)	
Other (describe):	
<b>Estimated Total Monthly Income</b>	

**SCHEDULE 4: EXPENDITURES WORKSHEET**

<b>Expenditure Type</b>	<b>Estimated Monthly Amt</b>
Home Ownership Expenses	
Mortgage Payment	
Utilities	
Repairs and Maintenance	
Property Taxes	
Accommodations, food, and care in a residential care facility	
Rent payments or other accommodation costs not included above	
Food not included above	
Prescriptions not included above	
Personal Care not included above	
Recreation and Entertainment	
Travel (including local travel)	
Education and Training	
Insurance	
Life	
General (e.g. household)	
Other:	
Spousal/Partner or child support (i.e. per court order or agreement)	
Income Tax	
Payments on existing debts (i.e. mortgage, personal loan, credit card)	
Other recurring expenditures not included above	
<b>Estimated Total Recurring Expenses</b>	