



Barristers & Solicitors

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Represented Adult - Guardianship Worksheet

What type of application is this?

NEW

REVIEW

If Review, what was the date of

the first Guardianship Order issued by the Court? _____

the most recent Guardianship Order issued by the Court? _____

APPLICANT #1 – PRIMARY GUARDIAN

Full Legal Name

Other Names Known By

Home Address

City/Town

Province

Postal Code

Home Phone Number

Cell Phone Number

E-mail

Relationship to the Adult

Current

Proposed

REFERENCE #1 (NAME and CONTACT INFO – address and phone numbers)

REFERENCE #2 (NAME and CONTACT INFO)

APPLICANT #2 – PRIMARY GUARDIAN

Full Legal Name

Other Names Known By

Home Address

City/Town

Province

Postal Code

Home Phone Number

Cell Phone Number

E-mail

Relationship to the Adult

Current

Proposed

REFERENCE #1 (NAME and CONTACT INFO)

REFERENCE #2 (NAME and CONTACT INFO)

ALTERNATE GUARDIAN #1

Full Legal Name

Other Names Known By

Home Address

City/Town

Province

Postal Code

Home Phone Number

Cell Phone Number

E-mail

Relationship to the Adult

Current

Proposed

REFERENCE #1 (NAME and CONTACT INFO)

REFERENCE #2 (NAME and CONTACT INFO)

ALTERNATE GUARDIAN #2

Full Legal Name _____ Other Names Known By _____

Home Address _____ City/Town _____ Province _____ Postal Code _____

Home Phone Number _____ Cell Phone Number _____ E-mail _____

Relationship to the Adult _____ Current Proposed

REFERENCE #1 (NAME and CONTACT INFO)

REFERENCE #2 (NAME and CONTACT INFO)

If more than one Guardian is being appointed, select from the following:

- Guardians can act jointly and separately, meaning independently of each other at times (but must always confer on decisions)
- Guardians must act jointly, meaning they must work together and agree on all decisions, as well as communicate those decisions collectively

FAMILY MEMBERS

*(Including spouse, adult interdependent partner, parents, children over 18, and siblings over 18)
Attach more pages if needed*

Full name _____ Relationship to Adult _____

Address _____

Home Number _____ Cell Number _____ E-mail _____ Fax Number _____

Full name	Relationship to Adult		
Address			
Home Number	Cell Number	E-mail	Fax Number

Full name	Relationship to Adult		
Address			
Home Number	Cell Number	E-mail	Fax Number

Full name	Relationship to Adult		
Address			
Home Number	Cell Number	E-mail	Fax Number

Full name	Relationship to Adult		
Address			
Home Number	Cell Number	E-mail	Fax Number

Full name	Relationship to Adult		
Address			
Home Number	Cell Number	E-mail	Fax Number

Full name	Relationship to Adult		
Address			
Home Number	Cell Number	E-mail	Fax Number

INFORMATION ABOUT THE REPRESENTED ADULT

Full Legal Name

Other Names Known By

Residence Address

City/Town

Province

Postal Code

Mailing Address (if different from above)

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:

Date of Cohabitation:

NOTE: If there is a separation agreement, a cohabitation agreement, a pre-nuptial agreement, or any other similar type of agreement or court order please provide us with a copy.

QUESTIONS ABOUT THE ADULT

1. Does the adult have a will?

Yes No

2. Has the adult signed an enduring power of attorney? Yes No

If yes, list all Attorneys named in power of attorney: _____

3. Does the adult have a personal directive?

Yes No

If yes, list all Agents named in power of attorney: _____

4. Have you had a Capacity Assessment Report (frequently called a CAR) completed yet?

Yes No

If so, what is the date the CAR was completed? _____

5. According to the CAR, is it likely that the adult will regain capacity in the future?

Yes No

6. Are there less intrusive and restrictive measures that would assist the adult?

Yes No

If no, why not?

7. Areas of authority for decisions on behalf of the adult you are requesting authority to have *(must be same as those selected on CAR – if an area of authority if not checked off on CAR and you think adult does not have capacity to make decisions in that area, please speak with assessor before proceeding with application)*:

- health care
- accommodations
- with whom the adult may live and associate
- participation in social activities
- participation in education activities
- participation in employment activities
- legal matters that don't relate to finances
- other:

8. What types of personal decisions do the Guardians(s) anticipate will need to be made for the adult...

In the next 1 year:

In the next 5 years:

9. How will the Guardian(s) ensure that decisions are made in the best interests of the adult?

10. Does the Capacity Assessment Report indicate that it would be harmful to serve the adult?

Yes No

11. Is the Guardian requesting to dispense service of the application documents on the adult?

Yes No

IF YES, provide reasons:

12. Is the Guardian requesting to dispense service of the application documents on someone other than the adult? Yes No

If yes, please provide details below

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

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

13. Who will be paying for the costs of the application?

adult applicant

- Crown (if selecting this option, only a portion of costs may be subsidized, and balance paid from private resources; also, must establish hardship on part of adult and applicant)