



Barristers & Solicitors

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Represented Adult - Trusteeship Worksheet

What type of application is this?

NEW

REVIEW

If Review, what was the date of

the first Trusteeship Order issued by the Court? _____

the most recent Trusteeship Order issued by the Court? _____

APPLICANT #1 – PRIMARY TRUSTEE

| | | | | |
|---------------------------|-------------------|----------------------------------|-----------------------------------|-------------|
| 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 | | <input type="checkbox"/> Current | <input type="checkbox"/> Proposed | |

REFERENCE #1 (NAME and CONTACT INFO)

REFERENCE #2 (NAME and CONTACT INFO)

APPLICANT #2 – PRIMARY TRUSTEE

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)

ALTERNATE TRUSTEE #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 TRUSTEE #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 Trustee is being appointed, select from the following:

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

- Each Trustee has separate powers to act solely in financial decisions (if selected, specify which Trustee and the powers they are solely responsible for):

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. Are you requesting to dispense service of the application documents on the adult?

Yes No

IF YES, provide reasons: _____

Does the Capacity Assessment Report indicate that it would be harmful to serve the adult? Yes No

6. Are you 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:

| |
|---|
| Questions about the Adult's Finances |
|---|

1. Does the adult have a safety deposit box? Yes No
2. Does the adult own any land or mineral titles in Alberta? Yes No

3. Is the adult involved in any ongoing legal proceedings relating to property or financial matters? Yes No

4. Are there any outstanding tax matters? Yes No

5. Does the adult have one or more bank accounts? Yes No

If yes, provide the following information for each known account

(i) Financial Institution _____

Account number _____

Estimated Balance _____

Joint Account? Yes No

Joint Holder's name and relationship to adult

(ii) Financial Institution _____

Account number _____

Estimated Balance _____

Joint Account? Yes No

Joint Holder's name and relationship to adult

(iii) Financial Institution _____

Account number _____

Estimated Balance _____

Joint Account? Yes No

Joint Holder's name and relationship to adult

6. Does the adult have one or more tax-sheltered investment accounts (e.g. RRSP, RESP, TFSA, RDSP)? Yes No

If yes, provide the following information for each known account:

(i) Financial Institution _____

Account number _____

Estimated Balance _____

Type: _____

Designated Beneficiary: _____ (if known)

(ii) Financial Institution _____

Account number _____

Estimated Balance _____

Type: _____

Designated Beneficiary: _____ (if known)

(iii) Financial Institution _____

Account number _____

Estimated Balance _____

Type: _____

Designated Beneficiary: _____ (if known)

7. Does the adult have one or more non-tax-sheltered accounts (e.g. GIC, mutual funds, life insurance with cash value)? Yes No

If yes, provide the following information for each known account:

(i) Financial Institution _____

Account number _____

Estimated Balance _____

Joint Account? Yes No

Joint Holder's name and relationship to adult

(ii) Financial Institution _____

Account number _____

Estimated Balance _____

Joint Account? Yes No

Joint Holder's name and relationship to adult

- (iii) Financial Institution _____
Account number _____
Estimated Balance _____
Joint Account? Yes No

Joint Holder's name and relationship to adult

8. Does the adult own any other financial assets (e.g. shares in private companies, cash on hand) or assets with significant monetary value (e.g. vehicles, boats, farm machinery, tools)? Yes No

If yes, provide the following information about other known financial assets

- (i) Description _____
Estimated Value _____
- (ii) Description _____
Estimated Value _____
- (iii) Description _____
Estimated Value _____
- (iv) Description _____
Estimated Value _____
- (v) Description _____
Estimated Value _____

9. Does the adult currently owe money to anyone (e.g. mortgage loans, personal loans, credit card balances, outstanding taxes, support obligations)? Yes No

If yes, provide details below

(i) Name of Creditor _____

Type of Debt _____

Estimated amount _____

(ii) Name of Creditor _____

Type of Debt _____

Estimated amount _____

(iii) Name of Creditor _____

Type of Debt _____

Estimated amount _____

(iv) Name of Creditor _____

Type of Debt _____

Estimated amount _____

(v) Name of Creditor _____

Type of Debt _____

Estimated amount _____

10. What is the adult's estimated income from all sources? _____

Please use the worksheet from Schedule 3 attached at end as a guide for estimating the adult's monthly income.

11. Do you anticipate any substantial change (increase or decrease) in the amount of the adult's monthly income? Yes No

If yes, provide details: _____

12. Are you sure that the adult is currently receiving all benefits for which they may be eligible for? Yes No

If no, please explain how you plan to ensure the adult is receiving all benefits for which they are eligible:

13. What is the adult's estimated average monthly expenditure? _____

Please use the worksheet from Schedule 4 on page 7 as a guide for estimating the adult's monthly expenditures.

14. Do you anticipate any substantial change (increase or decrease) in the amount of the adult's monthly expenditures? Yes No

If yes, provide details:

15. Do you anticipate having to make any substantial non-recurring expenditures (e.g. one-time purchases) on the adult's behalf? Yes No

If yes, describe the purpose and number of anticipated expenditures below:

16. Do you expect the adult's income to be sufficient to cover all expenditures required for their education, support, and care? Yes No

If no, explain your plan for dealing with the anticipated shortfall of income versus expenditures:

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): | |
| Estimated Total Monthly Income | |

Schedule 4: Expenditures Worksheet

| Expenditure Type | Estimated Monthly Amt |
|--|-----------------------|
| 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 | |
| Estimated Total Recurring Expenses | |

