

ADULT GUARDIANSHIP/TRUSTEESHIP QUESTIONNAIRE

1. Client Information

Your full name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Your relationship to the Adult: _____

2. Adult's Information

Adult's full name: _____

Any other names: _____

Date of Birth: _____ Marital Status: _____

Permanent Address: Residential Facility _____

Address: _____

Phone: _____ Name of Director: _____

Present Address if different from permanent address:

Phone: _____

3. Information about Current Decision-Making Arrangements

Does the Adult already have a supported decision-making authorization or a co-decision-maker, guardian or trustee? If so, provide details:

Name: _____ Address: _____

Phone: _____ Email: _____

Date on which order is to be reviewed: _____

Has Adult signed an enduring power of attorney? If so please provide details for each attorney:

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Does the adult have a personal directive? If so please provide details for each agent:

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

4. Information about Family members & other interested Persons

Provide the following information for each living family member of the adult who fits into any of the following categories and lives in Canada:

Spouse

Parents

Children over 18

Adult Interdependent Partner

Siblings over 18

Please provide names, addresses, phone numbers, email and state relationship to the Adult for each family member and interested person. You may attach a separate sheet.

If the adult is an Indian who is a member of a band and is ordinarily resident on a reserve, provide the following information:

Name of Band: _____

Address: _____

Phone: _____ Fax: _____

5. Information about Proposed Guardian, Alternate Guardian, Trustee, Alternate Trustee

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

6. Trusteeship Checklist

If you are applying for a trusteeship please provide the following:

Assets:

- Information about or copies of titles for real property including any mines and mineral, owned in whole or in part by the adult;
- Copies of statements or information about bank statements, investments, life insurance, term deposits, GICs
- Other assets such as cash, account at a residential facility, shares, security certificates, shareholders loans, private loans.
- Other types of property owned jointly or solely by the adult such as vehicles, livestock, tools, inventory, valuables.

Liabilities:

- Information about money the adult owes to anyone such as loans, child support arrears, spousal support arrears, mortgages, credit cards, outstanding taxes or other debts.

Income & Expenses:

- Information about the adult's income sources.
- Information about any benefits the adult receives such as pension, disability benefits, veteran's benefits and the like.
- Information about the adult's monthly expenses.

Other Information:

Does the adult have:

- A Will? (if so, where is it?)
- A safety deposit box? (If so, where is it located?)
- Any outstanding tax matters?
- Unfinished legal matters?