

My name is: \_\_\_\_\_  
(print full name)

I apply to the Board for a hearing to review a finding that I am incapable of managing my property.

Are you currently a patient or resident at a psychiatric, health or residential facility?

**no**

**yes** name, address and telephone no. of facility

\_\_\_\_\_  
\_\_\_\_\_

Your home address and telephone number:

\_\_\_\_\_ (address) \_\_\_\_\_ (telephone no.)

Name, address, telephone number and fax number of the person who made the original finding of incapacity:

\_\_\_\_\_ (name) \_\_\_\_\_ (address)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(telephone no.) (fax no.)

When was that finding made? \_\_\_\_\_

Has there been an assessment of your capacity to manage property within the last six months?

**no**

**yes** name, address telephone and fax numbers of the person who conducted that assessment:

\_\_\_\_\_ (name) \_\_\_\_\_ (address)  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(telephone no.) (fax no.)

Have you applied to the Board during the past year for a review of a finding regarding your capacity to manage property?

**no**

**yes** If known, provide place and date of last hearing

\_\_\_\_\_ (name of place) \_\_\_\_\_ (date)

Name and telephone number of your client representative at the office of the Public Guardian and Trustee

\_\_\_\_\_ (name) \_\_\_\_\_ ( ) \_\_\_\_\_ (telephone no.)

Name, address, telephone number and fax number of your lawyer or agent (*if any*):

\_\_\_\_\_ (name) \_\_\_\_\_ (address)  
( ) \_\_\_\_\_ (telephone no.) \_\_\_\_\_ ( ) \_\_\_\_\_ (fax no.)

If someone helped you to fill out this application form, please provide his / her name, address, telephone and fax numbers:

\_\_\_\_\_ (name) \_\_\_\_\_ (address)  
( ) \_\_\_\_\_ (telephone no.) \_\_\_\_\_ ( ) \_\_\_\_\_ (fax no.)

\_\_\_\_\_ (date) \_\_\_\_\_ (signature)

Collection of this information is for the purpose of conducting a proceeding before this board. It is collected/used for this purpose under the authority of subsection 20.2 of the Substitute Decisions Act. For information about collection practices, contact the office of the Regional Vice-Chair of the Board or call toll free at 1 800 461-2036.

*Send this form by fax to the Office of the Regional Vice-Chair of the Board or call toll free at 1 800 461 -2036 for assistance.*