



CONSENT TO ACT AS LITIGATION GUARDIAN

File # _____

Plaintiff(s)

Name, address, telephone 1. _____
2. _____

Defendant(s)

Name, address, telephone 1. _____
2. _____

I,

Name _____

whose address and telephone number are

Address and telephone number _____

consent to act as litigation guardian for the

Check one box Name plaintiff _____

Name defendant _____

who is under a disability as follows:

Check one box minor (under 18 years of age)

mentally incompetent or incapable of managing his or her affairs

absentee.

My relationship to the defendant/plaintiff is:

Relationship _____

I have no interest in this action adverse to that of the person under disability.

If I am representing the plaintiff, I acknowledge that I know I may be personally liable to pay any costs awarded against him/her or against their person under disability.

SWORN before me this _____ day of _____,

20____, at _____ in the Yukon Territory.

SIGNATURE OF LITIGATION GUARDIAN

SIGNATURE OF NOTARY PUBLIC IN AND FOR THE YUKON TERRITORY

Reference: Sections 6-11, 78, *Small Claims Court Regulations*