

S.C. No. \_\_\_\_\_

IN THE SUPREME COURT OF THE YUKON TERRITORY

PURSUANT TO THE ADULT PROTECTION AND DECISION MAKING ACT, S.Y. 2003, C.21  
IN THE MATTER OF THE APPLICATION FOR GUARDIANSHIP OF

\_\_\_\_\_  
(name of adult)

also known as, (if applicable)

\_\_\_\_\_

APPLICANT'S AFFIDAVIT

I, \_\_\_\_\_, of the City/Town/Village of  
(name)

\_\_\_\_\_, in the Yukon Territory, MAKE OATH AND SAY, to the best of my knowledge, information and belief, as follows:

1. The adult is incapable of managing some or all of their affairs as set out in the Incapability Assessment Report filed with my application.
2. Some or all of the adult's affairs need to be managed by a guardian as set out in the Preliminary Guardianship Plan filed with my application.
3. The adult will benefit from the appointment of a guardian.
4. In addition to the information in the other documents accompanying my application, the Court should also be aware of the following:

(Give particulars of any other information. Attach separate sheets if needed.)

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

SWORN before me at the City of  
\_\_\_\_\_

in the Yukon Territory on the \_\_\_\_\_ day  
\_\_\_\_\_, \_\_\_\_\_.  
(month) (year)



\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
A Notary Public in and for the Yukon Territory

S.C. No. \_\_\_\_\_

IN THE SUPREME COURT OF THE YUKON TERRITORY

PURSUANT TO THE *ADULT PROTECTION AND DECISION MAKING ACT, S.Y. 2003, C.21*  
IN THE MATTER OF THE APPLICATION FOR GUARDIANSHIP OF

\_\_\_\_\_

*(name of adult)*

also known as, *(if applicable)*

\_\_\_\_\_

APPLICANT'S AFFIDAVIT

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*Address*

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