

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)

\_\_\_\_\_

INCAPABILITY ASSESSMENT REPORT

(Attach additional pages if more space is needed)

To be filled out by an assessor as set out in regulations under the *Adult Protection and Decision Making Act*.

**SECTION 1: GENERAL INFORMATION**

**Name:**

\_\_\_\_\_

(last name)

(first name)

(middle name(s))

also known as (if applicable): \_\_\_\_\_

**Permanent Home Address**

\_\_\_\_\_

(street address)

(city/town)

(postal code)

(phone number)

**Mailing Address, if different from home address**

\_\_\_\_\_

(street address)

(city/town)

(postal code)

(phone number)

**Present Address, if different from permanent home address**

\_\_\_\_\_

(street address)

(city/town)

(postal code)

(phone number)

Location of the Assessment \_\_\_\_\_

Date(s) of Assessment \_\_\_\_\_

Name of Assessor \_\_\_\_\_

Agency \_\_\_\_\_

Profession \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

If you used standards, tools or tests as part of this assessment, please list and attach copies of these to this report.

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## SECTION 2: SUMMARY OF INCAPABILITY ASSESSMENT

### Assessment of Incapability Related to:

Financial    Health Care    Personal    Legal

*(Fill out a separate Section 2 for each box checked.)*

1. Briefly describe the problem or referral issue(s):

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2. How long has the problem existed?

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3. Briefly describe the adult's understanding of the problem:

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4. If the adult does not understand the problem, what appears to be preventing understanding?

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5. Briefly describe the adult's understanding of the choices:

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6. If the adult does not understand the choices, what appears to be preventing understanding?

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7. Briefly describe the adult's appreciation of the consequences of the choices:

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8. If the adult does not appreciate the consequences, what appears to be preventing this appreciation?

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9. Briefly describe the adult's ability to execute their decision:

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10. If the adult is not able to execute their decision, what appears to be preventing this ability?

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**SECTION 3: COLLATERAL INFORMATION SOURCES**

1. Who are the people available to the adult?

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2. Of the people available to the adult, who was contacted for collateral information and why?

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3. What information was gained through the collection of collateral information?

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4. What is the nature of the relationship between the adult and the collateral source (e.g. length of relationship, degree of intimacy, absence/presence of conflict, attitudes towards adult) and the assessed reliability of the information?

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5. Is there a discrepancy between the collateral information collected, your observations or the adult's answers?

Yes  No

If yes, please describe:

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**SECTION 5: NEED FOR GUARDIANSHIP AND BENEFIT TO PERSON**

1. Briefly describe the needs of the adult and any intolerable risks to self or others.

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2. What supports are available to the adult and which supports have been tried or carefully considered?

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3. Are there less intrusive measures than guardianship that are available and could be put into place to address the adult's problem(s) and reduce any risk to tolerable levels?

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4. Will the benefits derived from the appointment of a guardian be outweighed by any negative impacts on the adult's quality of life or psychological well-being?

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5. Will the adult face likely and serious harm to their well-being or their estate if a guardian is not appointed?

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6. Will the adult cooperate with the guardian and benefit from the decisions of the guardian? If not, will the adult benefit from being physically restrained, moved or managed? Will the benefit of this measure outweigh the negative impacts on the adult?

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### SECTION 6: ADULT'S WISHES

Has the adult expressed any wishes regarding who he or she would like to act as their guardian?

Yes  No

Name of the person: \_\_\_\_\_

Relationship to the adult: \_\_\_\_\_

Reason why the adult would like this person to act as guardian:

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### SECTION 7: SUMMARY OPINION

In my opinion the adult is **capable** and does not need a guardian to manage their affairs.

In my opinion the adult is **incapable** and needs a guardian to manage their:

**financial affairs**

\_\_\_\_\_ specifically \_\_\_\_\_

**legal affairs**

\_\_\_\_\_ obtain legal services for the adult and instruct counsel to commence, continue, compromise, defend, or settle any legal proceeding on the adult's behalf

\_\_\_\_\_ specifically \_\_\_\_\_

**health care**

\_\_\_\_\_ decide whether or not the adult should receive care, and give or refuse consent to care in accordance with the *Care Consent Act* (including whether the adult should live in a care facility)

\_\_\_\_\_ specifically \_\_\_\_\_

**personal affairs**

- \_\_\_ decide where the adult is to live and with whom
- \_\_\_ decide whether the adult should work and, if so, the type of work, for whom the adult is to work, and related matters
- \_\_\_ decide whether the adult should participate in any educational, vocational or other training and, if so, the type of training and related matters;
- \_\_\_ decide whether the adult should apply for any licence, permit, approval, or other authorization required by law;
- \_\_\_ make decisions about daily living activities on behalf of the adult including decisions about the adult's hygiene, diet and dress, social activities and companions;
- \_\_\_ physically restrain, move, and manage the adult, or have the adult physically restrained, moved or managed
- \_\_\_ make arrangements for the temporary care, education, and financial support of the adult's minor children or any other persons who are cared for or supported by the adult
- \_\_\_ specifically \_\_\_\_\_

**My opinion is based on the following**

- \_\_\_ Referral information
- \_\_\_ Functional and decisional capacity assessment
- \_\_\_ Medical and other professional assessments
- \_\_\_ Collateral information
- \_\_\_ Other \_\_\_\_\_

**This opinion has been provided by:**

Name \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_ (day/month/year)

SWORN before me at the City of \_\_\_\_\_,  
in the Yukon Territory on the \_\_\_\_\_ day  
\_\_\_\_\_, \_\_\_\_\_.  
(month) (year)



\_\_\_\_\_  
(Assessor's Signature)

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



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*(name of adult)*

also known as, *(if applicable)*

\_\_\_\_\_

INCAPABILITY ASSESSMENT REPORT

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*Address*

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