

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)

PRELIMINARY GUARDIANSHIP PLAN

(Attach additional pages if more space is needed)

NOTE: A Preliminary Guardianship Plan (Form 7) is required for all applications for guardianship. Complete all information required to the best of your knowledge. Specifically, you must provide financial information even if you are not requesting financial authority, and you must provide non-financial information even if you are only requesting financial authority. However, you do not need to fill in sections of this form marked "plan" for guardianship powers not being sought in section 5 of your Guardianship Application (Form 3). If a guardianship order grants financial decision-making authority, you are also required to file an Inventory, Account and Subsequent Guardianship Plan (Form 8), unless the court orders otherwise, within 6 months after your appointment.

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. This guardianship plan is for the adult, particulars for whom are set out in Section A, following.
- 2. Particulars of the adult's family members are set out in Section B, following.
- 3. Particulars of the adult's financial circumstances are set out in Section C, following.
- 4. Particulars of the adult's non-financial circumstances are set out in Section D, following.
- 5. The plans for exercising guardianship powers with respect to the adult are included in Section C, following.
(check if applicable)
- 6. The plans for exercising guardianship powers with respect to the adult are set out in Section D, following.
(check if applicable)

7. I have consulted with the following persons in preparing this guardianship plan:

- the adult
- family members of the adult
- friends of the adult
- care providers to the adult
- the adult's power of attorney
- others (please be specific) _____

SECTION A: INFORMATION ABOUT THE ADULT

Name:

_____ (last name) _____ (first name) _____ (middle name(s))

also known as (if applicable): _____

Male

Date of Birth _____ / _____ / _____
(day) (month) (year)

Female

Place of Birth: _____
(city/province/territory/country)

Marital Status

Single Common-law (for how long? _____) Divorced

Married Separated (for how long? _____) Widowed

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)

1. Does the adult already have a guardian? Yes No

If yes, provide name and address

(last name) (first name(s)) (address) (postal code)

Date on which appointment is to be reviewed (if applicable): _____
(dd/mm/yy)

2. Has the adult signed an enduring power of attorney?

Yes No Unknown

If yes, provide name and address of the holder of the enduring power of attorney

(last name) (first name(s)) (address) (postal code)

3. Does the adult have a health care directive?

Yes No Unknown

If yes, provide name and address of the proxy

(last name) (first name(s)) (address) (postal code)

What are the areas of authority given to the proxy under the health care directive, which may impact the application?

4. Have the following lesser forms of support for the adult, as set out in the *Adult Protection and Decision Making Act* been tried?

Supported Decision-Making Agreement. If yes, what was the result and who was the decision maker?

Representation Agreement. If yes, what was the result and who was the representative?

SECTION B: INFORMATION ABOUT THE ADULT'S FAMILY MEMBERS

1. Provide the name of the spouse, common-law spouse or other life partner, if living.
(include extra names on separate sheet if necessary)

(last name) (first name(s)) (address) (postal code)

2. Children and step-children (if living) (List in **birth order**, include full name(s), address(es) & birthdate(s))

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

3. Provide names and address of the parents of the adult (if living)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

4. Siblings of the adult (if living).

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

5. Name(s) of other interested parties, if any.

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

(last name) (first name(s)) (address) (postal code) (birthdate)

SECTION C: FINANCIAL CIRCUMSTANCES AND MANAGEMENT PLAN

INCOME

1. Does the adult receive pension income or social assistance benefits? If yes, check off the source below and the approximate **monthly** amounts, if known.

- | | |
|--|----------|
| <input type="checkbox"/> Old Age Security | \$ _____ |
| <input type="checkbox"/> Canada Retirement Pension Plan | \$ _____ |
| <input type="checkbox"/> Canada Pension Survivor's Benefit | \$ _____ |
| <input type="checkbox"/> Canada Pension Disability Pension | \$ _____ |
| <input type="checkbox"/> Other Disability Pension | \$ _____ |
| <input type="checkbox"/> Canada Pension Commission (Veteran Affairs Pension) | \$ _____ |
| <input type="checkbox"/> Elders' Benefits | \$ _____ |
| <input type="checkbox"/> Yukon Social Assistance | \$ _____ |
| <input type="checkbox"/> Other Retirement Pension | \$ _____ |

TOTAL PENSION & SOCIAL ASSISTANCE INCOME: \$ _____

2. Does the adult have other regular sources of income? If yes, name the source and the approximate **monthly** amounts, if known?

- | | |
|--|----------|
| <input type="checkbox"/> Employment Income | \$ _____ |
| Name of Employer _____ | |
| <input type="checkbox"/> Self-Employment Income | \$ _____ |
| Name of Business _____ | |
| <input type="checkbox"/> Other – Please specify source – including investment income | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL OTHER INCOME: \$ _____

EXPENSES

3. Please list the incapable adult's **monthly** expenses.

- | | |
|----------------------------------|----------|
| <input type="checkbox"/> Housing | |
| i. Rent/Mortgage | \$ _____ |
| ii. Taxes | \$ _____ |
| iii. Home Insurance | \$ _____ |
| iv. Heat | \$ _____ |
| v. Electricity | \$ _____ |
| vi. Phone | \$ _____ |
| vii. Cable | \$ _____ |
| viii. Other _____ | \$ _____ |

<input type="checkbox"/> Food, Groceries etc	\$ _____
<input type="checkbox"/> Health & Medical Insurance	\$ _____
<input type="checkbox"/> Credit	
i. Credit Cards	\$ _____
ii. Loan	\$ _____
iii. Line of Credit	\$ _____
iv. Vehicle Payment	\$ _____
v. Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

Explain below:

(a) Whether any of the payments described above are of direct or indirect financial benefit to you, a person you live with or to whom you are related. If so, please explain why these payments are necessary and appropriate:

(b) Whether any significant increases or decreases in the above expenditures are anticipated, or whether any additional expenditures are likely. If so, please explain:

(c) Whether the expenditures listed above will adequately meet the personal needs and maximize the enjoyment of life of the person for whom guardianship is sought:

(d) If you are planning to make gifts, loans or charitable donations, please explain the reasons why you believe these expenditures are appropriate:

(e) If payments to dependants, or for their benefit, are required please provide details about the nature of these payments and the reasons for them:

(f) Are there any expenditures which others have recommended which you are **not** planning to make? If so, please explain:

ASSETS

4. Please address and give an estimate of value of all real property owned by the adult.

- | | |
|---|----------|
| <input type="checkbox"/> Personal Residence | \$ _____ |
| <input type="checkbox"/> Rental Property(s) | \$ _____ |
| <input type="checkbox"/> Recreational Property | \$ _____ |
| <input type="checkbox"/> Vehicle(s) | \$ _____ |
| <input type="checkbox"/> Recreational Vehicle(s) | \$ _____ |
| <input type="checkbox"/> Jewelry and valuables | \$ _____ |
| <input type="checkbox"/> Accounts receivable | \$ _____ |
| <input type="checkbox"/> Other (please be specific) | |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL VALUE OF PROPERTY \$ _____

5. Does the adult have investments? If so, please provide details and estimated value.

- | | |
|---|----------|
| <input type="checkbox"/> Stocks | \$ _____ |
| <input type="checkbox"/> Bonds | \$ _____ |
| <input type="checkbox"/> Canada Savings Bonds | \$ _____ |
| <input type="checkbox"/> Guaranteed Investment Certificates | \$ _____ |
| <input type="checkbox"/> Term Deposits | \$ _____ |
| <input type="checkbox"/> Mutual Funds | \$ _____ |
| <input type="checkbox"/> Registered Retirement Savings (RRSP) | \$ _____ |
| <input type="checkbox"/> Registered Investment Funds (RIF) | \$ _____ |

TOTAL VALUE OF INVESTMENTS \$ _____

6. Does the adult own furniture and personal effects? If so, provide brief details of them and indicate any items that may be worth more than \$2000.

7. Does the adult have any interest in any estate or trust? If so, provide details.

8. Has the adult been filing Income Tax returns? If so, provide year of last return and name of person who prepared it, if known.

9. Does the adult have any dependents? If so, please provide their names and information concerning any regular payments to them.

10. Does the adult have a will? If so, where is the original copy located?

11. Is the adult involved in any on-going legal proceeding? If so, please provide details.

12. Are there any business interests or other matters which require attention if you are appointed guardian for financial decision making? If so, please provide details.

Identify the sources of the applicant’s knowledge, information and belief and provide other information relevant to the accuracy and reliability of the above information:

PLAN: *(Do not complete if not requesting financial decision-making authority in your application.)*

Indicate briefly the steps you will be taking to collect and safeguard the adult’s income, pay the adults expenses, manage or deal with the adult’s property and other assets, and manage or attend to the adult’s liabilities if an order granting guardianship for financial decision making is obtained.

SECTION D: PERSONAL CARE CIRCUMSTANCES AND MANAGEMENT PLAN

3.1 Living Arrangements

Where does the adult currently live?

Private Home.

Please name any other persons living in the private home and their relationship to the adult.

- Group Home
- Long-term care facility
- Other – be specific

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your plans for the next 3 years regarding the adult's living arrangements. If you plan to change the existing arrangements, explain how and why.

3.2 Work Arrangements

Is the adult currently employed?

- Yes
 No

If so, please describe and provide details including the name and address of the employer, type of work performed, hours of work, length of tenure etc.

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your plans for the next 3 years regarding the adult's work arrangements. If you plan to change the existing arrangements, explain how and why.

3.3. Education/Training

Is the adult currently participating in any educational, vocational or other training?

- Yes No If yes, provide details.

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your plans for the next 3 years regarding the adult's participation in education or training. If you plan to change the existing arrangements, explain how and why.

3.4 Licences/Permits

Does the adult hold any licences, permits approvals or any other authorization required by law? (driver's licence, professional licence, etc)

Yes No If yes, provide details.

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your plans for the next 3 years regarding the adult's holding of any licence, permit, approval or other authorization required by law. If you plan to change the existing arrangements, explain how and why.

3.5 Legal Proceedings

Describe the current status of any existing or anticipated legal proceedings relating to the adult (including divorce, custody, access, adoption, restraining orders, criminal matters, landlord and tenant matters):

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

If legal proceedings are in progress, describe arrangements for legal representation of the adult, if known:

Where there is a guardian for financial decision making, or an enduring power of attorney, is the adult aware of the existing or anticipated legal proceedings described above?

Yes No

If yes, please describe the adult's involvement:

Are you aware of any outstanding court orders or judgments involving the adult?

Yes No If yes, describe or attach copies:

Is the adult on probation or are there pending criminal proceedings in which the adult is involved? Yes No If yes, provide details.

Describe your plans in the next 3 years for decisions in these areas and your reasons for doing so.

3.6 Health Care (Including Treatment)

Describe the current status of the health of the adult, including all known health conditions for which treatment is being received or is proposed:

Describe any wishes or instruction made by the adult while capable, that are known by you and that relate to the adult's preference about health care treatment and attach a copy of any written wishes or instructions (e.g. an advance directive, living will, power of attorney for personal care, etc)

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your short term plans related to health care decisions for the adult in the next two years.

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your long term plans related to health care decisions for the adult in the six years.

Briefly describe your reasons for these plans in both the short term, and the long term.

3.7 Daily Living Activities

Describe the adult's current daily living activities in the following areas:

Hygiene

Diet & Dress

Social Activities

Companions (Including Pets)

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe your plans for the next 3 years regarding the adult's daily living activities. If you plan to change the existing arrangements, explain how and why.

3.8 Persons Cared For or Supported by the Adult

Does the adult currently provide care or support to minor children or any other persons?

Yes No

If yes provide details, including names and ages of supported persons and the type of care or support provided to each.

PLAN *(Do not complete if not requesting this decision-making authority in your application.)*

Describe what arrangements you will put into place to continue this support for these persons.

3.9 Duty to Comply With Adult's Wishes

To the best of your knowledge, would the adult object to any aspect of this guardianship plan?

Yes No

Please explain.

3.10 Duty to Involve & Consult Adult

Describe how you intend to involve and consult with the adult about personal care decisions.

3.11 Other Information

List any other information you feel the Court should be aware of with regard to the guardianship plan for the adult.

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

A Notary Public in and for the Yukon Territory



(Applicant's Signature)

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)*

PRELIMINARY GUARDIANSHIP PLAN

Address

