Consent to Act as Plaintiff's Litigation Guardian Form 4A

Claim No.

[SEALED]

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

I, (<i>Na</i>	me of litigation guardian)
living	at Street and number
	city, province, postal code
	telephone no.
consei	nt to act as litigation guardian for the plaintiff in this action.
I have	given written authority
to	(Name of lawyer/agent with authority to act in this proceeding)
of	Street and number
	city, province, postal code
	telephone no.
to act	in this proceeding.
The pl	laintiff is under the following disability
[]	a minor whose birth date is (State date of birth of minor)
[] Cap	meets the criteria for the appointment of a guardian under s. 40(4) of the <i>Mental Health Act</i> R.S.P.E.I. 1988—6-1.
My re	lationship to the plaintiff is:
(State	relationship, if any)

Note: For additional defendants, please list on attached sheet with all the necessary information as requested above.

I have no interest in this action adverse to that of the plaintiff and I acknowledge that I know that I may be personally liable for any costs awarded me or against the plaintiff.		
(Date)	(Signature of Litigation Guardian)	