Consent to Act as Defendant's Litigation Guardian Form 4B

Claim No.

[SEALED]

PIG	วเท	titt	No.	•
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Plaintiff No. 2 (if applicable)

Full name	Full Name	
A.11 C. G. :	A 11 C C .	
Address for Service	Address for Service	
Phone No.	Phone No.	
Fax No. (If any)	Fax No. (If any)	
Plaintiff's Lawyer/Agent	Plaintiff's Lawyer/Agent	
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) fax no.
Defendant's Lawyer/Agent	Defendant's Lawyer/Agent
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)

Note:	For additional defendants, please list on attached sheet with all the necessary information as requested above.
I, (Nan	ne of litigation guardian)
living a	t (Street and number)
	City, province, postal code
	Telephone number and fax number, if any
consen	to act as litigation guardian for the defendant 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 number and fax number, if any
to act i	n this proceeding.
The de	Fendant is under the following disability
[]	a minor whose birth date is (State date of birth of minor)
[] —6-1.	meets the criteria for appointment of a guardian under s. 40(4) of the Mental Health Act R.S.P.E.I. 1988, Cap.
My rela	ationship to the defendant is:
State i	relationship, if any

ave no interest in this action adverse to that of the dole for any costs awarded me or against the defendant	lefendant and I acknowledge that I know that I may be personally ant.