Form 4

Substitute Decisions Act, 1992

REQUEST FOR ASSESSMENT OF CAPACITY UNDER SUBSECTION 16 (1) OF THE ACT

1.	I,	, of the	in the
	(full name)	(city, town, etc.)	
		request that an assessor perforn	n an assessment of
	(county, municipality)		
		for the purpose of determining	whether the Public
a	(full name of person to be assessed)		
Guar	dian and Trustee should become	my/his/her statutory guardian of proper	rty.
	Itoms 2 2 and 4 are to h	a completed only if the request i	a mada in
		e completed only if the request i	s made m
	respect of another perso	n.	
2.	I have reason to believe that _		of the
		(full name of person to be assessed)	
	(county, municipality)	may be incapable of managing	property.
	(county, municipanty)		
3.	I have made reasonable inquir	ries and I have no knowledge of the exis	stence of any
	•	attorney that gives the attorney authorit	•
	erty of		.,
РТОР	(full name of person to		
4.	I have made reasonable inquir	ries and I have no knowledge of any spo	ouse, partner or
relati	ive of	who intends to make an	application under
	(full name of person to be assessed		
		Act, 1992 for the appointment of a gua	rdian of property
for h	im or her.		
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SUB	SECTIONS 89 (5) AND (6) OF	THE SUBSTITUTE DECISIONS ACT	, 1992 STATE:
(5) ľ	NO PERSON SHALL. IN A STA	ATEMENT MADE IN A PRESCRIBEI	DEORM ASSERT
` ′	·	HE KNOWS TO BE UNTRUE OR PRO	ŕ

OPINION THAT HE OR SHE DOES NOT HOLD.

## (6) A PERSON WHO CONTRAVENES SUBSECTION (5) IS GUILTY OF AN OFFENCE AND IS LIABLE, ON CONVICTION, TO A FINE NOT EXCEEDING \$10,000.

Dated		
	(Signature of person making the request)	
	Name	
	Address	
	Address	
	Phone Number (include area code) ( )	
	TO:	
	(Name of assessor)	