

## FORM A

*Substitute Decisions Act, 1992*

### STATEMENT OF ASSESSOR

### DETERMINATION OF CAPACITY / INCAPACITY OR CERTIFICATE OF INCAPACITY

### PROPERTY

### Reason for Assessment

An assessment was conducted to determine capacity to manage **property**, as defined under section 6 of the *Substitute Decisions Act, 1992*, for the purpose indicated below:

- subsection 9(3) ( to provide notice to attorney for property that grantor is capable or incapable of managing property)
- subsection 16(1) (to determine whether statutory guardian of property is required)
- section 20, subparagraph 3 iii (to terminate statutory guardianship of property created under s.15)
- section 20, subparagraph 4 i (to terminate statutory guardianship of property created under s.16)
- section 22 (to provide evidence in a court application for appointment of guardian of property NOT by summary disposition)
- section 27 (to provide evidence in a court application for appointment of temporary guardian of property)
- section 28 (to provide evidence in a motion to court to terminate guardianship of property NOT by summary disposition)
- section 72 (to provide a statement to accompany an application for appointment of guardian of property by summary disposition under section 77)
- section 73 (to provide a statement to accompany a motion for termination of guardianship of property by summary disposition under section 77)
- section 79 (court ordered assessment)

\_\_\_\_\_  
(full name of person assessed)

## Statement/Notice of Assessor under the *Substitute Decisions Act, 1992*.

I, \_\_\_\_\_ of \_\_\_\_\_ state that:  
(assessor name) (city / town)

1. I am an assessor within the meaning of subsection 1(1) of the *Substitute Decisions Act, 1992*.
2. I assessed \_\_\_\_\_ to determine whether \_\_\_\_\_ is capable or incapable  
(full name of person assessed) (he / she)  
of managing property. I conducted the assessment interview(s) on: \_\_\_\_\_  
(date(s))
3. \_\_\_\_\_ was born on \_\_\_\_\_ and is \_\_\_\_\_ years of age.  
(full name of person assessed) (dd/mm/yyyy)
4. I performed the assessment in accordance with the procedures for assessing capacity for managing property established by the Attorney General.
5. Attached to this Form is a copy of the Assessment Report in Form C.
6. (*Do not complete paragraph 6 if statement is made pursuant to a court order under section 79 of the Substitute Decisions Act, 1992.*)

Before performing the assessment, I explained to \_\_\_\_\_  
(full name of person assessed)  
the purpose of the assessment, the significance and effect of a finding of capacity or incapacity and \_\_\_\_\_  
(his / her)  
right to refuse to be assessed.

7. Under section 6 of the *Substitute Decisions Act, 1992*, a person is incapable of managing property if the person is not able to understand information that is relevant to making a decision in the management of his or her property, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.
8. I am of the opinion that \_\_\_\_\_ is \_\_\_\_\_  
(full name of person assessed) (capable / incapable)  
of managing property based on the facts set out in the Assessment Report in Form C.

\_\_\_\_\_  
(full name of person assessed)

9. Complete this part only if you have indicated in "Reason for Assessment", Page 1, that this assessment is being performed because of a request under subsection 16(1) **and** you have indicated in paragraph 8, page 2, that the person assessed is incapable of managing property.

**A signed Form 4 (Request for Assessment of Capacity under Subsection 16(1) of the Act) must accompany a Certificate of Incapacity.**

## CERTIFICATE OF INCAPACITY

I find that \_\_\_\_\_ is *incapable* of managing property  
(full name of person assessed)

**and this document is a Certificate of Incapacity, issued under subsection 16(3) of the *Substitute Decisions Act, 1992.***

10. (Not applicable if this statement is made pursuant to subsection 9(3) of the *Substitute Decisions Act, 1992.*)

I can expect no direct or indirect pecuniary benefit as the result of the appointment of a guardian of property or the termination of the guardianship.

11. (Optional – Needs Statement – Complete only if requested or required under section 72 of the Act.)

I am of the opinion

I am not of the opinion

that it is necessary for decisions to be made on behalf of \_\_\_\_\_

(full name of person assessed)

by a person who is authorized to do so, and I base this opinion on the facts set out in Section 7 of the Assessment Report in Form C.

12. I understand that in all cases a copy of this statement must be given to the person assessed.

My statement was completed and filed on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
(signature of assessor)

Name of Assessor (Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

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(full name of person assessed)

A copy of this statement is given to the person assessed:

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

\* Name \_\_\_\_\_

\* Where the person resides in a communal setting – If you believe that the person assessed will require assistance to open, read and keep this legal notice, please give the name of a responsible person who has agreed to provide confidential assistance to the person assessed and to offer to safely keep the document for them.

A copy is also given to: (according to procedural guidelines)

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_