

**GUARDIANSHIP AND TRUSTEESHIP  
QUESTIONNAIRE**

**SECTION 1 - BASIC INFORMATION**

<b>1. APPLICANT'S INFORMATION</b>			
<i>Full Name</i>			
<i>Present Address</i>			
<i>Mailing Address (if different from above)</i>			
<i>Home Phone Number</i>	<i>Work Phone Number</i>	<i>Cell Phone Number</i>	<i>Fax Number</i>
<i>Email Address</i>			
<i>Your relationship to the Assisted Adult (e.g., parent, spouse, adult interdependent partner, sibling, etc.)</i>			

<b>2. ASSISTED ADULT'S INFORMATION</b>	
<i>Full Name of the Assisted Adult (the "Adult")</i>	
<i>Permanent Address</i>	
<i>Present Address (if different from above)</i>	
<i>Date of Birth</i>	<i>Marital Status</i>
<i>Has the Adult signed an Enduring Power of Attorney?</i>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<i>Has the Adult signed a Personal Directive?</i>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<i>Has the Adult made a Will?</i>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	



Is the Adult a member of a First Nation Band and ordinarily resident on a reserve?

Yes     No

If yes, please provide the following information

Name of First Nation Band

Address

Primary Phone Number

Fax Number

Email Address

Are there any other interested persons, who are 18 years or older, who you think should be given notice of this application? (e.g., sibling living outside of Canada)

Yes     No

If yes, please provide their contact information and relationship to the Adult

Full Name

Role / Relationship

Address

Primary Phone Number

Fax Number

Email Address

Full Name

Role / Relationship

Address

Primary Phone Number

Fax Number

Email Address

Full Name

Role / Relationship

Address

Primary Phone Number

Fax Number

Email Address

Full Name

Role / Relationship

Address

Primary Phone Number

Fax Number

Email Address

Full Name

Role / Relationship

Address

Primary Phone Number

Fax Number

Email Address

**Provide the following information for each proposed guardian, alternate guardian, trustee, and alternate trustee**

<i>Full Name</i>		<i>Role / Relationship</i>
<i>Address</i>		
<i>Primary Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Proposed Position</i>		
<i>Full Name</i>		<i>Role / Relationship</i>
<i>Address</i>		
<i>Primary Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Proposed Position</i>		
<i>Full Name</i>		<i>Role / Relationship</i>
<i>Address</i>		
<i>Primary Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Proposed Position</i>		
<i>Full Name</i>		<i>Role / Relationship</i>
<i>Address</i>		
<i>Primary Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Proposed Position</i>		
<i>Full Name</i>		<i>Role / Relationship</i>
<i>Address</i>		
<i>Primary Phone Number</i>	<i>Fax Number</i>	<i>Email Address</i>
<i>Proposed Position</i>		
<i>Full Name</i>		<i>Role / Relationship</i>
<i>Address</i>		
<i>Primary Phone Number</i>	<i>Fax Number</i>	<i>Primary Phone Number</i>
<i>Proposed Position</i>		

#### 4. GUARDIANSHIP ORDER

**If you are asking for a guardianship order**, for which of the following personal matters of the Adult are you proposing the guardian have authority to act and make decision (select all that apply)

- The Adult's Health Care
- Where, with whom, and under what conditions the Adult is to live, either permanently or temporarily
- The persons who the Adult can associate
- The Adult's participation in social activities
- The Adult's participation in any educational, vocational, or other training
- The Adult's employment
- The carrying on of any legal process that does not relate primarily to the financial matters of the Adult
- Any other personal matter the Court considers necessary, specifically:

Are you asking the Court to appoint more than one person as guardian?

- Yes       No

Does the capacity assessment report indicate that the Adult's capacity to make decisions in personal matters is likely to improve?

- Yes       No

If yes, propose a review date for the Guardianship Order:

Guardianship orders are considered intrusive and restrictive. Are there any alternative, less intrusive measures to guardianship that have been considered or implemented and have not been effective? (for example co-decision making)

- Yes       No

If yes, describe alternative measures that have been considered or implemented, and what there are not effective to meet the Adult's needs.

## 5. GUARDIANSHIP PLAN

*Do you have any additional information (other than what is in the Capacity Assessment Report) about what the Adult needs a Guardian?*

**Yes**       **No**

*If yes, please specify:*

*If more than one person is appointed as a guardian for the Adult, how do you intend to carry out your roles as guardians?*

## 6. TRUSTEESHIP ORDER

***If asking for a Trusteeship Order**, are you requesting that the Court give the trustee any special authority or direction or impose any special limitation or condition on the trustee's authority?*

**Yes**       **No**

*If yes, please indicate the special authority that you are requesting:*

- Limit authority to specific property or financial matters*
- Extend authority to land outside of Alberta, subject to rules of that jurisdiction*
- Authorise the trustee to permit the Adult to open or maintain a deposit account at a financial institution, subject to any conditions imposed by the Court*
- Authorise the trustee to sell, encumber, or purchase real property of or for the Adult*  
*Please provide details of real property:*
- Give exclusive authority to the Trustee over the following financial matters*  
*Please specify:*
- Authorize any one of the trustees to act separately in respect of the financial matters of the Adult within the scope of the trusteeship (where there will be two or more trustees)*
- Approve security to be provided by a non-resident trustee*
- Dispense with the requirement for a non-resident trustee to provide a bond or other security*

*What is your proposal for the Court's period examination and approval of the trustee's accounts?*

- That the Court require the trustee to submit accounts for review within \_\_\_\_\_ years; or*
- That the trustee not be required to periodically submit accounts for the Court's examination and approval.*

*If the Capacity Assessment Report indicates the Adult's capacity to make decisions in financial matters is likely to improve, when do you propose the Court require the trusteeship order to be reviewed (e.g 2 yrs)*

*Trusteeships are considered intrusive and restrictive. Are there any alternate, less intrusive measures to trusteeship that have been considered or implemented and have not been effective?*

**Yes**       **No**

*If yes, please describe the alternate measures that have been considered or implemented, and why they are not effective to meet the Adult's needs.*

## **7. TRUSTEESHIP PLAN**

*Does the Adult own any land in Alberta, either as a sole owner or a co-owner with someone else?*

**Yes**       **No**

*If yes, please provide the address of the property together with the type of property and its current use (residential, agricultural, rental, etc.)*

<i>Address of Property</i>	<i>Type of Property and Current Use</i>
<i>Address of Property</i>	<i>Type of Property and Current Use</i>
<i>Address of Property</i>	<i>Type of Property and Current Use</i>

*Does the Adult own any mineral titles, either as sole owner or as a co-owner with someone else?*

**Yes**       **No**

*If yes, please provide details:*

Does the Adult have one or more bank accounts (e.g., chequing, savings account)?

Yes     No

If yes, please provide details of these accounts:

Name of Financial Institution		Type of Account
Estimated Balance	Joint Holder (if any)	Joint Holder's Relationship
Name of Financial Institution		Type of Account
Estimated Balance	Joint Holder (if any)	Joint Holder's Relationship
Name of Financial Institution		Type of Account
Estimated Balance	Joint Holder (if any)	Joint Holder's Relationship
Name of Financial Institution		Type of Account
Estimated Balance	Joint Holder (if any)	Joint Holder's Relationship

Does the Adult have any tax sheltered investment accounts (e.g. RDSP, RRSP, RESP, TFSA, RRIF)?

Yes     No

If yes, please provide details of these accounts:

Name of Financial Institution	Type of Account
Estimated Balance	Designated Beneficiary
Name of Financial Institution	Type of Account
Estimated Balance	Designated Beneficiary
Name of Financial Institution	Type of Account
Estimated Balance	Designated Beneficiary
Name of Financial Institution	Type of Account
Estimated Balance	Designated Beneficiary





Does the Adult own any other types of assets with significant monetary value (e.g. vehicles or boats, household effects and furnishing, valuables such as jewelry, artwork, or collectibles, farm machinery, livestock, crops, tools, equipment, or business inventory)?

Yes       No

If yes, please provide details of any such known assets

Description	Estimated Value
Description	Estimated Value
Description	Estimated Value
Description	Estimated Value
Description	Estimated Value
Description	Estimated Value
Description	Estimated Value
Description	Estimated Value

Does the Adult have a safety deposit box?

Yes       No

Does the Adult currently owe money to anyone (e.g., mortgage loans, personal loans, credit card balances, outstanding taxes, etc.)?

Yes       No

If yes, please provide details of any such known debt, including any relevant information such as the name of any person jointly responsible for the debt.

Name of Creditor		Type of Debt
Estimated Amount	Other Relevant Info	
Name of Creditor		Type of Debt
Estimated Amount	Other Relevant Info	
Name of Creditor		Type of Debt
Estimated Amount	Other Relevant Info	
Name of Creditor		Type of Debt
Estimated Amount	Other Relevant Info	

What is the Adult's estimated monthly income from all source (including social assistance, spousal support, etc.)

Do you anticipate any substantial change (increase or decrease) in the amount of the Adult's monthly income?

Do you anticipate any substantial change (increase or decrease) in the amount of the Adult's monthly income?

Do you know if the Adult is currently receiving all benefits for which they may be eligible?

Yes  No

What is the Adult's estimated monthly expenditures?

Are there any financial matters that require immediate attention, if you are appointed trustee?

Yes  No

If yes, provide details of the matters, and your plan for dealing with them

Will you make any payment, loan, or gift from the Adult's property to yourself, or to another person?

Yes  No

If yes, please provide details of the proposed payment, loan, or gift, and explain why it would be appropriate for you to make it.

Are you requesting the Court's authority to make payments or expenditures from, or use the Adult's property for the benefit or any other person? (e.g. child support, spousal support, continuing regularly made charitable contributions)

Yes  No

If yes, please provide details

Are there any outstanding tax matters (e.g. unfiled tax returns) for you to deal with on the Adult's behalf?

Yes  No

Is the Adult involved in any ongoing legal matters relating to property or financial matters?

Yes  No

