

Request for Assessment of Capacity under Section 16 Form 4

Substitute Decisions Act, 1992, O. Reg. 26/95

1. I (Full name),

Last Name	First Name	Middle Initial
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of the _____
(City, Town, etc.)

in the _____ request that an assessor perform
(County, Municipality)

an assessment of (Full name of person to be assessed)

Last Name	First Name	Middle Initial
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for the purpose of determining whether the Public Guardian and Trustee should become their statutory guardian of property.

Items 2, 3 and 4 are to be completed only if the request is made in respect of another person.

2. I have reason to believe that (Full name of person to be assessed)

Last Name	First Name	Middle Initial
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of the _____ may be incapable of managing property.
(County, Municipality)

3. I have made reasonable inquiries and I have no knowledge of the existence of any attorney under a continuing power of attorney that gives the attorney authority over all the property of (Full name of person to be assessed)

Last Name	First Name	Middle Initial
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4. I have made reasonable inquiries and I have no knowledge of any spouse, partner or relative of (Full name of person to be assessed)

Last Name	First Name	Middle Initial
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who intends to make an application under section 22 of the *Substitute Decisions Act, 1992* for the appointment of a guardian of property for them.

Subsections 89 (5) and (6) of the *Substitute Decisions Act, 1992* provide:

ss. 89 (5): No person shall, in a statement made in a prescribed form, assert something that he or she knows to be untrue or profess an opinion that he or she does not hold.

ss. 89 (6): A person who contravenes subsection (5) is guilty of an offence and is liable, on conviction, to a fine not exceeding \$10,000.00.

Dated _____, 20 ____.

Signature of person making the request

Last Name	First Name	Middle Initial
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Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code
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Telephone Number (include area code)

To: (Name of assessor)

Last Name	First Name	Middle Initial
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