

**Form 1 - Application to Replace the  
Public Guardian and Trustee as  
Statutory Guardian of Property by  
a Person Authorized to Apply  
under Subsection 17(1)1, 2, 3, 4***Substitute Decisions Act, 1992*

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**Notice to the Applicants:**

1. The personal information contained in your application is collected under the authority of section 17 of the *Substitute Decisions Act, 1992*, and will be used to process your application to replace the Public Guardian and Trustee as statutory guardian of property in accordance with the law and policies of the Office of the Public Guardian and Trustee. Questions about this collection of information should be directed to:

Office of the Public Guardian and Trustee  
595 Bay Street, Suite 800  
Toronto ON M5G 2M6  
Tel: 416 314-2800  
Attention: Screening Unit

**Notice of Fee**

The Public Guardian and Trustee charges a fee of **\$382.00 plus GST of \$19.10** for processing an application for statutory guardianship, under the authority of s.8 of the *Public Guardian and Trustee Act*. This fee will be collected from the incapable person's property at the time the application process is completed or, if insufficient funds are held by the Public Guardian and Trustee, will be payable by the applicant prior to issuance of the certificate of statutory guardianship. In cases where payment of the fee will cause undue financial hardship to the incapable person, it is possible to obtain a waiver of the fee.

**Form 1 - Application to Replace the  
Public Guardian and Trustee as  
Statutory Guardian of Property by  
a Person Authorized to Apply  
under Subsection 17(1)1, 2, 3, 4***Substitute Decisions Act, 1992*

(Please note: attach additional pages if more space is needed)

Name of Incapable Person (in full):

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(Surname, first and initials)

Address:

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Telephone: Residence \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Day, Month, Year)

Your relationship to the incapable person is:

1.  spouse \*      2.  partner \*\*      3.  relative \_\_\_\_\_  
(describe relation)

Or, you are a:

4.  trust corporation
5.  attorney under a continuing power of attorney made prior to the date the Certificate of Incapacity was issued and which does not give the attorney authority over all of the incapable person's property

Attachment(s) required:

- if box 4 above is completed, copy of the consent of the incapable person's spouse or partner
- if box 5 above is completed, copy of continuing power of attorney

**\*Spouse' means a person,**

- (a) to whom the person is married, or
- (b) with whom a person is living in a conjugal relationship outside marriage, if the two persons:
- (i) have cohabited for at least one year,
  - (ii) are together the parents of a child, or
  - (iii) have together entered into a cohabitation agreement under Section 53 of the *Family Law Act*.

\*\* Two persons are 'partners' if they have lived together for at least one year and have a close personal relationship that is of primary importance in both persons' lives.

Please list any other person who is entitled to apply under subsection 17(1) \*\*\* who is known to you. Please state whether you have informed each person listed on your application for statutory guardianship and indicate if they have informed you of whether they support or oppose your appointment.

\*\*\* Any of the following persons may apply to the Public Guardian and Trustee to replace the Public Guardian and Trustee as an incapable person's statutory guardian of property:

- (i) the incapable person's spouse or partner,
- (ii) a relative of the incapable person,
- (iii) the incapable person's attorney under a continuing power of attorney, if the power of attorney was made before the Certificate of Incapacity was issued and does not give the attorney authority over all of the incapable person's property, or
- (iv) a trust corporation within the meaning of the *Loan and Trust Corporations Act*, if the incapable person's spouse or partner consents in writing to the application.

Name	Person(s) Informed Yes/No	Relationship to Incapable Person	Address and Telephone Number	Support or Oppose Application

**Applicant's Statement:**

1. Have you been in personal contact with the incapable person during the preceding 12-month period?

Or, if you are a trust corporation, has the incapable person's spouse or partner been in personal contact with the incapable person during the preceding 12-month period?

Yes  No

2. Are you willing to perform all duties required of a guardian in respect of the incapable person's property and do you agree to act in accordance with the Management Plan?

Yes  No

3. To the best of my knowledge and belief, the total approximate value of the property of the incapable person is \$\_\_\_\_\_. Particulars of the assets and their respective approximate value are listed on the attached Management Plan, forming part of this application.

*(If you are a trust corporation, please skip questions 4-8)*

4. Is your relationship with the incapable person a friendly one?

Yes  No

5. Have you been found guilty of any offence relating to financial mismanagement under the *Criminal Code*?

Yes  No

6. Are you an undischarged bankrupt?

Yes  No

7. Have you been held liable in a civil proceeding relating to fraud, breach of trust or any other type of financial mismanagement?

Yes  No

8. I understand that the Public Guardian and Trustee may refuse my application unless I provide a bond securing the value of the incapable person's property in a form and amount agreeable to the Public Guardian and Trustee of Ontario.

Yes  No

NOTE: Attach Management Plan

**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**

\_\_\_\_\_  
Date Signature of proposed Statutory Guardian(s) of Property or, if a trust corporation an authorized signing officer

Name(s): \_\_\_\_\_  
(Please Print)

Address(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number(s): \_\_\_\_\_

NOTE: If you are proposing the appointment of two or more persons as joint statutory guardians, please indicate to which applicant the property and accounts, if applicable, and the Certificate of Statutory Guardianship should be delivered if the appointment is made:

Name of proposed statutory guardian of property:  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_