



Representing Minors and Mentally Incapable Persons Form P

Date of Accident

The claimant/applicant _____, is
(name)

- a minor (less than 18 years old)
- mentally incapable

For minors

I, _____, am filing this application on behalf of the claimant/applicant as:

- a parent with whom the minor resides;
- a person with lawful custody of the minor;
- a court appointed guardian of the minor's property under the provisions of the *Children's Law Reform Act*;* or
- the Children's Lawyer.

For mentally incapable persons

I, _____, am filing this application on behalf of the claimant/applicant as:

- the Public Guardian and Trustee or a Court appointed guardian of the claimant's property under the *Substitute Decisions Act, 1992*;*
- an attorney under a valid continuing power of attorney that gives the attorney authority over all of the claimant's/applicant's property;* or
- other authority.*

*** Provide a copy of the document authorizing you to act. For example, the custody order, guardianship order, continuing power of attorney, or order appointing a litigation guardian.**

My contact information

Last name

First name

Middle name

Mr. Mrs. Ms.

Street address

Apt./Unit

City

Province/State

Postal Code/Zip

Country

Home phone number

Work phone number

Ext.

Fax number

Electronic mail address

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1. What is the best way to reach you?

- phone
- mail
- fax
- through my representative

2. Where is the best place to reach you?

- home
- work
- other, specify ►

3. When is the best time to reach you? Specify days of the week and time.

Signature

Date