



Representing Minors and Mentally Incapable Persons Form P

Date of Accident

mm/dd/yyyy

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

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Last name	First name	Middle name
Street address				Apt./Unit	
City		Province/State		Postal Code/Zip	
Home phone number () () ()		Work phone number () () ()		Ext. Fax number () ()	
1. What is the best way to reach you?			2. Where is the best place to reach you?		
<input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> through my representative			<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other, specify ►		
3. When is the best time to reach you? Specify days of the week and time.					
Signature				Date	
				mm/dd/yyyy	