

S.C. No. _____

SUPREME COURT OF YUKON

PURSUANT TO THE *DECISION MAKING, SUPPORT AND PROTECTION TO ADULTS ACT*, S.Y. 2003, C.21 (the "Act"); specifically *SCHEDULE A, THE ADULT PROTECTION AND DECISION MAKING ACT, PART 3, COURT APPOINTED GUARDIANS* ("Part 3")

IN THE MATTER OF THE APPLICATION FOR GUARDIANSHIP OF

(name of adult)

also known as, (if applicable)

INCAPABILITY ASSESSMENT REPORT

To be completed by an assessor as set out in regulations under the *Adult Protection and Decision Making Act*. (Attach additional pages if more space is needed)

SECTION 1: GENERAL INFORMATION**Name of Adult:**

(last name) (first name) (middle name(s))

also known as (if applicable): _____

Date of Birth:

(day) (month) (year)

Permanent Home Address

(street address) (city/town) (postal code) (phone number)

Mailing Address, if different than home address

(street address) (city/town) (postal code) (phone number)

Present Address, if different than permanent home address

(street address) (city/town) (postal code) (phone number)

Location of the Assessment

Date(s) of Assessment _____

Name of Assessor _____

Agency _____

Profession _____

Mailing Address _____

Phone _____ Email _____

If you used standards, tools or tests as part of this assessment, please list and attach copies of these to this report.

[illegible]

SECTION 2: SUMMARY OF INCAPABILITY ASSESSMENT

Assessment of Incapability Related to:

☐ Financial ☐ Health Care ☐ Personal ☐ Legal

1. Briefly describe the problem or referral issue(s).

2. How long has the problem existed?

3. Briefly describe the adult's understanding of the problem.

a. Financial

b. Health Care

c. Personal

d. Legal

-
-
-
-
4. If the adult does not understand the problem, what appears to be preventing understanding? (Please discuss all the areas of decision making affected i.e. financial, health care, personal and/or legal in this subsection)

-
-
-
-
5. Briefly describe the adult's understanding of the choices.

-
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-
-
6. If the adult does not understand the choices, what appears to be preventing understanding?

-
-
-
-
7. Briefly describe the adult's appreciation of the consequences of the choices.

8. If the adult does not appreciate the consequences, what appears to be preventing this appreciation?

9. Briefly describe the adult's ability to execute their decision.

10. If the adult is not able to execute their decision, what appears to be preventing this ability?

SECTION 3: COLLATERAL INFORMATION SOURCES

1. Who are the people available to the adult?

2. Of the people available to the adult, who was contacted for collateral information and why?

3. What information was gained through the collection of collateral information?

4. What is the nature of the relationship between the adult and the collateral source (e.g. length of relationship, degree of intimacy, absence/presence of conflict, and attitudes towards adult) and the assessed reliability of the information?

5. Is there a discrepancy between the collateral information collected, your observations or the adult's answers?

☐ Yes ☐ No

If yes, please describe:

SECTION 4: LIKELIHOOD OF CHANGE

1. What is the extent, duration and reversibility of the person's incapability and likelihood of change?

2. What medical and other information is this opinion based upon?

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SECTION 5: NEED FOR GUARDIANSHIP AND BENEFIT TO PERSON

1. Briefly describe the needs of the adult and any intolerable risks to self or others.

2. What supports are available to the adult and which supports have been tried or carefully considered?

3. Are there less intrusive measures than guardianship that are available and could be put into place to address the adult's problem(s) and reduce any risk to tolerable levels?

4. Will the benefits derived from the appointment of a guardian be outweighed by any negative impacts on the adult's quality of life or psychological well-being?

5. Will the adult face likely and serious harm to their well-being or their estate if a guardian is not appointed?

6. Will the adult cooperate with the guardian and benefit from the decisions of the guardian? If not, will the adult benefit from being physically restrained, moved or managed? Will the benefit of this measure outweigh the negative impacts on the adult?

SECTION 6: ADULT'S WISHES

Has the adult expressed any wishes regarding who he or she would like to act as their guardian?

☐ Yes ☐ No

Name of the person: _____

Relationship to the adult: _____

State reasons given by the adult why they would like this person to act as guardian.

SECTION 7: SUMMARY OPINION

☐ In my opinion the adult is **capable** and does not require a guardian to manage their affairs.

☐ In my opinion the adult is **incapable** and needs a guardian to manage their:

☐ **Financial affairs**

_____ specifically _____

☐ **Legal affairs**

_____ obtain legal services for the adult and instruct counsel to commence, continue, compromise, defend, or settle any legal proceeding on the adult's behalf

_____ specifically _____

☐ **Health care**

_____ decide whether or not the adult should receive care and give or refuse consent to care in accordance with the *Care Consent Act* (including whether the adult should live in a care facility)

_____ specifically _____

☐ **Personal affairs**

_____ decide where the adult is to live and with whom;

_____ decide whether the adult should work and, if so, the type of work, for whom the adult is to work, and related matters;

_____ decide whether the adult should participate in any educational, vocational or other training and, if so, the type of training and related matters;

_____ decide whether the adult should apply for any licence, permit, approval, or other authorization required by law;

_____ make decisions about daily living activities on behalf of the adult including decisions about the adult's hygiene, diet and dress, social activities and companions;

_____ physically restrain, move, and manage the adult, or have the adult physically restrained, moved or managed;

_____ make arrangements for the temporary care, education, and financial support of the adult's minor children or any other persons who are cared for or supported by the adult;

_____ specifically _____

My opinion is based on the following

_____ Referral information

_____ Functional and decisional capacity assessment

_____ Medical and other professional assessments

_____ Collateral information

_____ Other _____

Attached as Exhibit “A” to this Report is a copy of my *curriculum vitae*.

SWORN before me at the City of _____)	
_____ ,)	
in the Yukon Territory on the _____ day of _____)	_____
_____ , _____)	Assessor's Signature
(month) (year))	
_____)	
A Notary Public in and for the Yukon Territory		

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Address
