

**QUESTIONNAIRE REGARDING THE INTENDED COMMITTEE (Client)
and INTENDED PATIENT (Person needing a committee)**

Client's full name: _____

Client's address: _____

Client's occupation: _____

Client's age: _____ Client's relationship to patient: _____

Patient's full name: _____

Patient's date of birth: _____

Patient's address (owned or rented): _____

Patient's marital status (single/married/widowed/divorced/common-law): _____

Patient's spouse's name (if any) (include full name, address and phone number: _____

Patient's children (if any) (include full names, ages, addresses and phone numbers, and please note if child is close to or estranged from the Patient):

If no family members who could act as committee, are there friends, relatives or other persons who could act? Who? _____

Patient's total assets (including approximate values for real and personal property): PLEASE SUMMARIZE **HERE** AND COMPLETE THE DETAILED LIST REQUESTED AT THE END OF THIS QUESTIONNAIRE.

Real property: _____

Personal property: _____

Patient's total debts: _____

Patient's income sources: (please indicate NET amount received per month)

_____ Canada Pension Plan
_____ Old Age Security
_____ Other pension: _____
_____ RRIF(s)
_____ RRSP(s)
_____ Other investments
_____ Any other sources of income

Patient's monthly expenses: _____

Any anticipated changes to patient's monthly expenses: _____

Any anticipated changes to patient's income: _____

Any anticipated changes to patient's residence: _____

Patient's family physician - name, address, phone #: _____

Name(s), address(es) and phone #(s) of any specialists treating the patient:

Medical information regarding the patient's current condition: _____

Any pressing decisions to be made for the patient? (ie. present living conditions, need to arrange long-term care, etc.) _____

Is the patient receiving any home care or home support services at present? _____

Please detail: _____

Has the patient nominated a committee in writing through a lawyer or notary? _____

If yes, who: _____

Has the patient appointed one or more persons as attorney(s) pursuant to a Power of Attorney (these people need to be notified as their status as attorney(s) will end once a committee order is made) _____

Has the patient made a Will (who are the named executor(s) and beneficiaries in the Will)? _____

Is the proposed committee a beneficiary in the Will or the executor of the estate or an attorney pursuant to a Power of Attorney? _____

DETAILS FOR ASSETS: PLEASE LIST BELOW (OR IN A SEPARATE TABLE IN WORD OR EXCEL), THE FOLLOWING:

FOR BANK ACCOUNTS: Name(s) on account, name and address of institution, number and type of account, balance in account as of a specified date.

FOR ANY INVESTMENTS (RRSPs, RRIFs, non-registered accounts, TFSAs, GICs, TERM DEPOSITS, STOCKS, BONDS, etc.): Name(s) on account, name and address of institution, number and type of account, balance in account as of a specified date, maturity dates, and name of financial advisor).

FOR LIFE INSURANCE POLICIES on the Patient or another person: Type of insurance, amount payable, named beneficiaries, annual cost of premiums, any cash surrender value.

FOR BUSINESS INTERESTS: Name and location of business, other owners or partners, any outstanding business matters.

FOR MOTOR VEHICLES AND BOATS – Name(s) of owners, make, model and/or registration number, location and approximate value.

DEBTS OWED TO PATIENT: Name(s) of debtors, amount owed, payment terms and whether payments are current or outstanding.

ASSETS HELD IN TRUST FOR THE PATIENT: Name(s) of Trustees, amount of money or description of property, and terms of trust. Trusts may include those created informally or with a written trust document.