



About this Form

Complete this form if you want to be litigation guardian for an applicant who does not have mental capacity to make decisions about the Application.

If an applicant lacks mental capacity to make decisions about an Application to the Child and Family Services Review Board (CFSRB), another adult person can apply to be the applicant's litigation guardian. A litigation guardian is responsible for managing the Application and making decisions on behalf of the applicant. Rule A10 of the Social Justice Tribunals Ontario Common Rules sets out the process for appointing litigation guardians and their responsibilities. For more information about litigation guardians and how to complete this form, read the SJTO [Practice Direction on Litigation Guardians](#).

Instructions

1. Complete all sections of the form.
2. Sign and date the form.
3. Deliver the form:

By Email: CFSRB@ontario.ca

By Fax: 416-327-0558

By Mail/In Person: Tribunals Ontario
Child and Family Services Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

For more information, call 416-327-0111 or toll-free 1-888-777-3616.



1. Name of Person Represented

Last Name	First Name
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2. Litigation Guardian's Name and Contact Information

Last Name	First Name
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Address (Number and Street)	Suite/Unit/Apt.
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City/Town	Province	Postal Code
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Telephone (Day)	Telephone (Evening)	Fax
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Email *

* Providing your email address means you agree the CFSRB can email you instead of using mail or fax.

3. Litigation Guardian's Declaration
For each declaration below please mark the box confirming the statement

- 1. I request to act as litigation guardian for _____ (name), a person who lacks the mental capacity to participate in this Application before the Child and Family Services Review Board (CFSRB).
- 2. I declare that I am at least 18 years of age and that I understand what this Application is about and why it has been made to the CFSRB.
- 3. I declare that my relationship with the person is as follows (for example – friend, sister, father):

- 4. I declare that:
 - I do not have any existing substitute decision making authority for the person.
OR
 - I am a court appointed litigation guardian or substitute decision-maker for the applicant and have the authority to make decisions about this Application on behalf of the applicant (please attach a copy of the document(s) authorizing you to act in this capacity i.e. a continuing power of attorney and related document(s), or appointment under the *Substitute Decisions Act, 1992*, or Court order.)
(IF THIS APPLIES, YOU NEED NOT COMPLETE SECTIONS 5-8 OF THIS FORM.)
OR
 - I am a substitute decision maker for the applicant for matters other than this Application.
 - If you check this box, please attach a copy of the document authorizing you to act in this capacity (i.e. a continuing power of attorney, or appointment under the *Substitute Decisions Act, 1992*).
- 5. I declare that no other person has authority to be the litigation guardian for the person in this CFSRB proceeding.

6. I declare that:

No other person has guardianship or substitute decision making powers for the applicant for any matters.

OR

_____ (name) holds power of attorney or guardianship for the applicant for other matters, but this power does not apply to this Application. I have provided that person or organization with a copy of all the materials related to this Application and a copy of the Social Justice Tribunals Ontario practice direction on litigation guardians.

7. I declare that I believe:

a. the applicant does not have mental capacity to make decisions about this Application on his or her own behalf.

b. the applicant cannot understand information relevant to making the decisions to:

- i. apply to the CFSRB.
- ii. delegate the power to pursue or respond to an Application.
- iii. withdraw or settle an Application.

c. the applicant cannot understand the consequences of making or not making these decisions.

8. I declare that the reasons for my belief that the applicant is not mentally capable of making decisions about this proceeding, and the nature and extent of the disability causing the lack of mental capacity, are as follows: (Explain and provide evidence of the applicant's incapacity. Attach additional pages if you need to.)

- 9. I declare that I have no interest that would conflict with the interests of the applicant.
- 10. I declare that I will diligently attend to the interests of the applicant and take all steps necessary to protect those interests including:
 - a. Informing and consulting with the applicant about the proceedings, to the extent possible.
 - b. Considering the impact of the proceeding on the applicant.
 - c. Deciding whether to hire a legal representative and providing instructions to the representative.
 - d. Helping gather evidence to support the proceeding and putting forward the best possible case to the CFSRB.

4. Signature of Litigation Guardian

By signing my name, I declare that, to the best of my knowledge, the information that is found in this form and declaration is complete and accurate.

Name

Signature

Date (yyyy/mm/dd)

Please check this box if you are filing this form electronically. This represents your signature. You must fill out the date above.

Notice Regarding the Collection of Personal Information

The Child and Family Services Review Board's (CFSRB) proceedings are closed to the public. However, the information collected in this form will be shared with the parties to the Application. Copies of all documents filed with the CFSRB which relate to the Application will also be shared with the parties to the Application.

The CFSRB posts a redacted version of its decisions on the website of the Canadian Legal Information Institute (www.canlii.org).