

# Adult Capacity and Decision Making Act

## FORM 2 REPRESENTATION PLAN



Please check one:

- I am making an application under the Act to become a representative.
- I am an existing representative under the Act and am filing an amended representation plan.
- I am an existing guardian/representative appointed under the former Incompetent Persons Act and I am making an application to have the order reviewed under the Adult Capacity and Decision-making Act

### Proposed Represented Adult ("Adult")

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Number (*if any*) \_\_\_\_\_ Fax (*if any*) \_\_\_\_\_

Email \_\_\_\_\_

Living Situation \_\_\_\_\_

### Proposed Represented/Alternate Representative

#### Proposed Representative

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Number (*if any*) \_\_\_\_\_ Fax (*if any*) \_\_\_\_\_

Relationship to Adult \_\_\_\_\_

### **Proposed Alternate Representative**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Alternate Number (*if any*) \_\_\_\_\_ Fax (*if any*) \_\_\_\_\_  
Relationship to Adult \_\_\_\_\_

### **Others** \_\_\_\_\_

*If different from above list the following information for the adult's spouse, children, parents and siblings.*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Alternate Number (*if any*) \_\_\_\_\_ Fax (*if any*) \_\_\_\_\_  
Relationship to Adult \_\_\_\_\_

### **Details** \_\_\_\_\_

1. I have reviewed the Capacity Assessment Report, dated \_\_\_\_\_ which was prepared to support an application for a representation order for ("proposed represented adult") \_\_\_\_\_

In that report, the adult was assessed as needing a representative to make decisions about the following matters:

- where, with whom and under what conditions the adult is to live, either permanently or temporarily;
- with whom the adult may associate;
- the adult's participation in social and recreational activities;
- the adult's employment;
- the adult's participation in any educational, vocational or other training;
- the application for any license, permit, approval or other consent or authorization required by law;

- the commencement, continuation, settlement or defence of any claim or proceeding that relates to the adult;
- personal and health care;
- financial matters;
- other: \_\_\_\_\_

**2.** What types of decisions for the adult are expected to come up in the next year?

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**3.** What types of decisions for the adult are expected to come up in the next five years?

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**4.** How do you plan to involve the adult in making decisions?

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**5.** How do you plan to inform the adult about the decisions that you make as a representative?

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**6.** The Adult Capacity and Decision Making Act says that decisions made by the representative must be made in the least restrictive and least intrusive manner, having regard to the adult's rights, freedoms, dignity and autonomy. Specifically, any previous clear instructions must be followed. In the absence of instructions, the current wishes of the adult should be followed if reasonable to do so. If not reasonable, decisions ought to be based on what the representative believes the adult's wishes would be based on what they know of the adult's values and beliefs.

a) Are you aware of any clear and relevant instructions given by the adult while the adult had capacity?

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b) Describe any known values and beliefs of the adult.

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c) How do you plan to ensure your future decisions as a representative reflect the adult's instructions, beliefs and values?

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**7.** Are there any other issues or comments that you would like to share with the Court?

## **Multiple Representatives** ---

Only answer if more than 1 representative.

- 8.** If more than one person is appointed as a representative for the adult, how do you intend to carry out your roles?

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- 9.** Is the Court being requested to give exclusive authority over certain matters to one of two or more representatives?

Yes    No

Identify the representative who would be given exclusive authority, the matters with respect to which the representative would be given exclusive authority and explain the reason for your request.

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- 10.** Is the Court being requested to allow each of two or more representatives to act separately, rather than jointly?

Yes    No

Explain reason for your request.

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## **Adult's Assets** ---

- 11.** Does the adult own or co-own any land?

Yes    No    Do not know

If Yes, complete Schedule 1.

**12. Does the adult have one or more bank accounts?**

Yes    No    Do not know

Provide the following information for each known account.

Financial Institution: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_

Joint Account?       Yes     No

Joint Holder's Name and Relationship to Adult: \_\_\_\_\_

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Financial Institution: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_

Joint Account?       Yes     No

Joint Holder's Name and Relationship to Adult: \_\_\_\_\_

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Explain your plan for taking control of funds in the accounts (e.g., Close account and transfer funds to a trust account operated by you.) For any joint accounts, indicate how you will identify and protect the adult's share of the funds.

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**13. Does the adult have any tax sheltered investment accounts (e.g., RRSP, RRIF, RESP, TFSA or RDSP)?**

Yes    No    Do not know

Provide the following information for each known account.

Financial Institution: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Designated Beneficiary (*if known*): \_\_\_\_\_

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Financial Institution: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Designated Beneficiary (*if known*): \_\_\_\_\_

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Explain your plan for dealing with any tax sheltered accounts

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- 14.** Does the adult have any non-tax sheltered investment accounts (e.g., GIC, term deposit, brokerage account, savings bond, mutual funds, segregated accounts, life insurance with cash value)?

Yes    No    Do not know

Provide the following information for each known account.

Financial Institution: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_

Joint Account?    Yes    No

Joint Holder's Name and Relationship to Adult: \_\_\_\_\_

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Financial Institution: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_

Joint Account?    Yes    No

Joint Holder's Name and Relationship to Adult: \_\_\_\_\_

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Explain your plan for taking control of assets in such investment accounts.

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- 15.** Does the adult own other financial assets?

Examples of other financial assets may include cash on hand, account at residential facility, business interests (including shares in private company or partnership), security certificates held outside of a brokerage account, shareholder loans, private loans made by the adult, an interest in a trust or in a deceased person's estate.

Yes    No    Do not know

Provide the following information about other known financial assets.

Description: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

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Provide the following information about other known financial assets.

Description: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

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Explain your plan for taking control of, realizing or protecting such financial assets.

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**16.** Are you aware of any pending court settlement or decision which would result in a monetary award being provided to the adult?

Yes    No    Do not know

Provide the following details.

Description: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

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Estimated date of receipt: \_\_\_\_\_

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Provide the following details.

Description: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

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Estimated date of receipt: \_\_\_\_\_

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**17.** What other types of assets with significant monetary value does the adult own?

Type of Property	Yes	No	DK*	Estimated Value	Other information (if any)
Vehicles, mobile homes, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Household effects and furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Valuable (jewelry, collectibles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tools, equipment, business inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\*DK means Do Not Know

Briefly explain your plan for taking control of such property and your plan for dealing with any property that is no longer required for the adult's own use. For example, what will you do with a car that the adult no longer requires for his or her own use (e.g. sell it, store it)? You may describe a specific plan for dealing with property that you know the adult owns but no longer requires for his or her own use. Alternatively, or in addition, you may describe generally how you will evaluate available options (e.g. storing, renting, selling) for dealing with property no longer required for the adult's own use.

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## Liabilities

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**18. Does the adult currently owe money to anyone (e.g., Mortgage loans, judgements, personal loans, credit card balances, outstanding taxes)?**

Yes    No    Do not know

Provide the following details.

Name of Creditor: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Type of Debt: \_\_\_\_\_

Other information, including name of any other individual jointly responsible for the debt.

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Provide the following details.

Name of Creditor: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Type of Debt: \_\_\_\_\_

Other information, including name of any other individual jointly responsible for the debt.

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Explain your plan for dealing with the adult's debts.

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**19. Are you aware of any court actions that are pending which may result in a monetary award against the adult?**

Yes     No

Provide the following details.

Description: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Estimated date of judgement: \_\_\_\_\_

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Provide the following details.

Description: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Estimated date of judgement: \_\_\_\_\_

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## **Income** \_\_\_\_\_

**20. What is the adult's estimated monthly income from all sources?**

You may use the worksheet in Schedule 2 as a guide for estimating the adults monthly income. \_\_\_\_\_

**21. Do you anticipate any significant change in the amount of the adult's monthly income?**

Yes     No     Do not know

Provide the details below.

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**22.** Do you know whether the adult is currently receiving all benefits for which he or she may be eligible?

Yes    No    Do not know

Explain how you plan to ensure the adult is receiving all benefits for which they are eligible.

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## Expenses

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**23.** What is the adult's estimated average monthly expenses?

You may use the worksheet in Schedule 3 as a guide for estimating the adults monthly expenses. \_\_\_\_\_

**24.** Do you anticipate any significant change in the amount of the adult's monthly expenses?

Yes    No    Do not know

Provide the details below.

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**25.** Do you anticipate having to make any significant non-recurring expenditure(s) (e.g., One-time purchases) on the adult's behalf?

Yes    No    Do not know

Describe the purpose and amount of any anticipated expenditure below.

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**26.** Do you expect the adult's income to be sufficient to cover all expenses required for his or her education, support and care?

Yes    No    Do not know

What is your plan for dealing with the anticipated shortfall of income versus expenditures (e.g., using the adult's savings or selling assets)?

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## **Administration of Adult's Financial Matters** ——————

**27.** Are there any financial matters that require immediate attention?

Yes    No    Do not know

Provide details of the matters requiring attention and explain your plan for dealing with them.

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**28.** As a representative of financial matters you must make investment decisions in accordance with section 3 of the Trustee Act (the "prudent investor rule"). Are you requesting the Court's advance approval of a specific investment decision or investment plan (e.g. to retain specific financial assets the adult already owns)?

Yes    No

Describe the specific investment decision(s) of which you are requesting the Court's advance approval.

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**29.** Do you plan to set up or maintain an account for the adult at a residential facility into which you will deposit money to be used to pay for incidental expenses incurred by the adult?

Yes     No     Do not know

If you do set up and maintain such an account, you must ensure that payments out of the account are properly documented by the facility.

**30.** Are you requesting the Court's authority to permit the adult to open or maintain a deposit account at a financial institution, into which you would deposit funds and from which the adult could make withdrawals or payments without your involvement?

Yes     No

Provide the following information.

Proposed maximum monthly deposit: \_\_\_\_\_ Proposed maximum balance: \_\_\_\_\_

**31.** You must hold money and other financial assets of the adult in an account(s) that identifies the adult as the sole beneficial owner of the funds or assets in the account, unless the Court specifically authorizes you to do otherwise. Are you requesting the Court to authorize you to hold any money or other financial assets of the adult otherwise than in an account that identifies the adult as the sole beneficial owner?

Yes     No

Describe the proposed arrangement you are requesting the Court's authority and explain why it would be appropriate for the Court to give you the requested authority.

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**32.** You must keep property of the adult separate from your own property unless the Court specifically permits you to do otherwise. Are you requesting the Court to authorize you to keep certain property of the adult together with your own property?

Yes     No

Describe the property and explain why it would be appropriate to keep the adult's property together with your own property.

## **Use of Adult's Property for Benefit of Others** ---

**33.** Are you requesting authority to make any payments, loans or gifts to yourself?

Yes     No

Provide details of the proposed payment, loan or gift and explain why it would be appropriate for you to make it?

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**34.** Will you make any payment, loan or gift from the adult's property to a person you live with or to a person (other than the adult) to whom you are related or to a business or corporation in which you have a substantial financial interest?

Yes     No

Provide details of the proposed payment, loan or gift and explain why it would be appropriate for you to make it?

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**35.** Are you requesting the Court's authority to make payments or expenditures from or use the adult's property for the benefit of any other person?

Yes     No

Provide details of the proposed payment, loan or gift and explain why it would be appropriate for the Court to authorize the proposed payments, expenditures or use.

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## Other Matters

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**36.** A representative must provide a bond or other form of security equal to 1.25 times the value of the adult's personal property.

a) I undertake to file a bond in the amount of \_\_\_\_\_ pursuant to s. 46 of the Act

or

b) I request an order dispensing with the requirement to file a bond.

If you are requesting the Court to dispense or reduce the amount of the bond, explain why the Court should do so.

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**37.** Has the adult made an enduring power of attorney?

Yes    No    Do not know

Provide the name of the attorney and the location of the original document (*if known*):

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**38.** Has the adult made a personal directive?

Yes    No    Do not know

Provide the name of the delegate named in the personal directive and the location of the original document (*if known*):

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**39.** Has the adult made a will?

Yes    No    Do not know

Briefly describe how you plan to safeguard the adult's will and perform your duties as a representative taking into account the adult's testamentary intentions.

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Provide the name of the personal representative and the location of the original document (if known):

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If you do not know, briefly describe what steps you will take to find out.

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**40. Does the adult have a safety deposit box?**

- Yes    No    Do not know

Explain your plan for dealing with it and the contents.

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If you do not know, briefly describe what steps you will take to find out.

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**41. Are there any outstanding tax matters for you to deal with on the adult's behalf?**

- Yes    No    Do not know

Explain your plan for dealing with any outstanding tax matters, if any, and for dealing with future tax matters.

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**42. Is the adult involved in any current or anticipated legal proceedings?**

Yes     No     Do not know

What type and what is your plan for moving forward with the proceeding.

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**43. Representatives may request to be compensated in accordance with the fee schedule in the Regulations, may choose to ask the Court to determine compensation, or may choose not to receive any compensation. Indicate your choice with respect to compensation below.**

- I elect to be compensated in accordance with the fee schedule in the Regulations;
- I choose not to receive compensation for acting as a representative (If you forgo compensation you will still be entitled to reimbursement for direct expenses incurred and disbursements made on the adult's behalf.);\*
- I am requesting the Court to approve my compensation outside of the fee schedule provided in the Regulations;

\*If you forgo compensation you will still be entitled to reimbursement for direct expenses incurred and disbursements made on the adult's behalf.

If you are requesting to be compensated outside the fee schedule explain why you believe you should be.

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**Representative Sign** —————

If I am appointed representative I agree to bring a review application back to Court;

- if ordered to do so in the Court Order;
- if there has been a significant change in the needs, circumstances or capacity of the adult that is relevant to the need for or terms of the order;
- if there has been a change in circumstances that affects my ability to exercise my authority/ carry out my duties or my suitability to be a representative for the adult.

Name:

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Date:

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Signature:

## **SCHEDULE 1: Real Property (Land)**

Complete this schedule if the adult owns real property (land) in Nova Scotia. If the adult owns more than one property, provide the indicated information for each property owned by the adult.

City/Town/Municipality: \_\_\_\_\_

Municipal Address or Legal Description: \_\_\_\_\_

The Adult is:

- Sole Owner
- Co-owner with someone else (*provide details below*)

Co-ownership Details (*if applicable*):

- Joint ownership (with right of survivorship)
- Tenancy in common

Name of co-owner: \_\_\_\_\_

Relationship to adult: \_\_\_\_\_

Type of Property and Current Use (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Residential                   | <input type="checkbox"/> Adult's Residence           |
| <input type="checkbox"/> Agricultural                  | <input type="checkbox"/> Co-owner's Residence        |
| <input type="checkbox"/> Vacant                        | <input type="checkbox"/> Rented at fair market value |
| <input type="checkbox"/> Other type or use (describe): | _____  |

Estimated Market Value: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_

### **What is your plan for this property**

- Keep as Adult's Residence
- Sell\*
- Rent at fair market value\*
- Other (describe): \_\_\_\_\_

\*As representative you will have no authority to sell land, unless authorized by the Court and on such terms the representation order authorizes you to do so.

If such authority is requested, an affidavit must be filed explaining why the proposed transaction protects the adult's interest in the real property.

## **SCHEDULE 2: Income Worksheet**

This worksheet may be used to help estimate income for the purpose of completing item 11. You are not required to submit this worksheet as part of the representation plan.

## **SCHEDULE 3: Expenditures Worksheet**

This worksheet may be used to help estimate expenses for the purpose of completing item 14.  
You are not required to submit this worksheet as part of the representation plan.

<b>Expenditure Type</b>	<b>Estimated Monthly Amount</b>
Home Ownership Expenses	
Mortgage Payment	
Utilities	
Repairs and Maintenance	
Property Taxes	
Accommodations, food and care in residential care facility (e.g. nursing home)	
Rent payments or other accommodation costs not included above	
Food not included above	
Prescriptions not included above	
Personal Care not included above	
Recreation and Entertainment	
Travel (not including local travel)	
Education and Training	
Insurance	
Life	
General (e.g. household)	
Other:	
Spousal/Partner or child support (e.g. under court order or agreement)	
Income Tax	
Payments on existing debts (e.g. mortgage loan, personal loan, credit card)	
Other recurring expenditures not included above	
<b>Estimated Total Monthly Income</b>	