



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

Form with fields for Last name, First name, Middle name, Street address, Apt./Unit, City, Province/State, Postal Code/Zip, Country, Home phone number, Work phone number, Ext., Fax number, Email address, and questions about best way and time to reach you.