Ontario

Ministry of Health
and Long-Term Care

Application to the Board to Review a Finding of Incapacity to Manage Property under section 60 of the Act

Form 18
Mental Health Act
Consent and Capacity Board

Part I This section must be completed by all applicants

I,

(print full name of patient)

apply to the Board for a hearing to determine whether or not I am capable of managing my property.

I am a patient at

(name of psychiatric facility)

(date) (signature of applicant)

Part II This information is not required but will assist us in scheduling the hearing
(*provide only information where known*)

Please provide the name, telephone and fax numbers and any other information that will assist us in contacting the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a hospital official who may assist in arranging the hearing:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent for the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Fax completed form to the Board at 1 866 777-7273 or send by email to: ccb@ontario.ca.
For assistance call: 1 866 777-7391
TTY/TDD: 1 877 301-0TTY(0889).

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