Coat of Arms. Government of Ontario.

Consent and Capacity Board

Form 18 - Application to the Board for a Review of a Finding of Incapacity to Manage Property under Subsection 20.2(1) of the *Substitute Decisions Act*

Section 1. Applicant (Person subject to the finding of incapacity)

Last Name	First Name

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number (including area code)	Fax Number	Email Address

Section 2. Person Who Made the Finding of Incapacity

Note: An application may only be made if a capacity assessor has made a finding within the last six months

Last Name	First Name

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number (including area code)	Fax Number	Email Address

Date of Capacity Assessment (yyyy/mm/dd)

Section 3. Health, Residential or Correctional Facility

Are you currently in a facility?

☐ Yes, provide information about facility ☐ No

Name of Facility	Ward

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number (including area code)	Fax Number

Contact Name

Last Name	First Name

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Section 4. Your Client Representative at the Office of the Public Guardian and Trustee

Last Name	First Name

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number (including area code)	Fax Number	Email Address

Section 5. Person who will Represent you at the Hearing (e.g. lawyer)

Last Name	First Name

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number (including area code)	Fax Number	Email Address

Section 6. Other Information that will Assist Us in Arranging the Hearing

Interpretor Required?

☐Yes ☐No

Language

Accommodation Required?

☐Yes ☐No

Specify

Other Information

Date of Application (yyyy/mm/dd)

Collection of this information is for the purpose of conducting a proceeding before this Board. It is collected/used for this purpose under the authority of subsection 20.2(1) of the *Substitute Decisions Act*. For information about collection practices, contact the Board. Fax completed application to the Board at 1-866-777-7273 or send by email to ccb@ontario.ca.
For assistance, call: 1-866-777-7391.