

Request for the end of the recognition of an assistant to a person of full age – Recognized assistant

Reserved for the Curateur public du Québec

The fields followed by an \* are mandatory.

YOUR PROCESS AS A RECOGNIZED ASSISTANT	
Who is submitting this request (First and last name of the recognized assistant)? *	
Last name *	First name *
If you know it, please enter your Curateur public du Québec file n°. below.	
Curateur public du Québec file n°.	
What is the number of the assistance measure in question?	
Number of the assistance measure concerned	
Who is the assisted person concerned by the assistance measure? *	
Last name of the assisted person *	First name of the assisted person *
Your request	
This request to cancel your role as an assistant to the person of full age (and potentially the assistance measure) may not be withdrawn once it has been processed by the Curateur public du Québec.  Your recognition will at this point have been revoked. Your information will also be deleted from the public registry of recognized	
assistants.	
There will then be two possible outcomes:	
<ul> <li>The assistance measure concerned will come to definitive end if you are the only recognized assistant. As a result, if the assisted person wishes to benefit from an assistance measure, they will need to submit to the Curateur public du Québec a new request to have one or two other persons recognized as assistants.</li> </ul>	
• Should there be another recognized assistant, the assisted person will be responsible for determining whether they wish to continue the assistance measure underway with the assistant whose nomination remains valid.	
Given the irreversible nature of this type of cancellation, it is important that the assisted person and if applicable, the second recognized assistant, be informed of the matter ahead of time.	
In every case, the assisted person and yourself shall both receive a written confirmation from the Curateur public du Québec.	
I UNDERSTAND the scope and significance of the preceding and I HEREBY REQUEST that my recognition as an assistant in the previously mentioned assistance measure be cancelled.	
Signature of the recognized assistant *	Date *
	YYYY-MM-DD

Curateur public du Québec 1