



### Filling out this form

This application for recognition may be completed by the person seeking assistance with the support of the proposed assistant(s). The [Assistance measure Help kit](#) is also available to help you. It can be downloaded at [Quebec.ca/assistance-measure](http://Quebec.ca/assistance-measure).

The person seeking assistance as well as the proposed assistant(s) must attach two pieces of identification to the request for it to be processed.

### Eligibility

The person wanting to benefit from assistance and all other persons proposed as assistants must meet certain eligibility criteria.

### Are you or is one of your proposed assistants in one of the following situations?

#### Person seeking assistance

I am a person of full age who:

- lives in Québec;
- is not subject to a protection mandate;
- is not subject to a tutorship.

#### Proposed assistants

I am a person of full age who:

- is not benefiting from temporary representation;
- is not subject to a protection mandate;
- is not subject to a tutorship;
- is not benefiting from an assistance measure;
- is able to carry out the assistance role.

### Do you and the proposed assistants meet all eligibility criteria?

**YES: You may proceed with your request for recognition.**

**NO:** Another type of support may be more appropriate given your situation. For any questions, please contact our general information service at 514 873-4074 or 1 844 LECURATEUR (532-8728)

Reserved for the Curateur public du Québec

The fields followed by an \* are mandatory.

## PERSON SEEKING ASSISTANCE

### 1. – Have you already submitted a request for recognition of an assistant?

Select the option that applies to your situation. \*

Yes

No

▶ If yes, please provide your file n° here. \*

The assistance measure – file n°.

### Section A. – Identity

### 2. – Identity of the person submitting the request for recognition of one or two assistants

Last name \*

First name \*

Date of birth \*

YYYY-MM-DD



## Section B. – Civil status

### 3. - Civil status

#### Current civil status \*

Select your current civil status.

- |                                  |  |                                    |   |
|----------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Single  | <input type="checkbox"/> In a civil union      | <input type="checkbox"/> Separated | <input type="checkbox"/> In a dissolved civil union |
| <input type="checkbox"/> Married | <input type="checkbox"/> In a common-law union | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Widowed                    |

## Section C. – Details about you and your request

### 4. – Do you wish to have two assistants recognized?

Select the option that applies to your situation. \*

Yes

No

▶ If yes, do you want your two assistants to act together (jointly)? \*

Yes

No

### 5. Please explain to us the difficulties you are experiencing and how an assistant could prove helpful.

Information on your situation \*

**Section D. – Reaching you**

**6. – Mailing address**

<b>Number *</b>	<b>Street *</b>	<b>Apartment / Unit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City, village or municipality *</b>	<b>Province *</b>	<b>Postal code *</b>
<input type="text"/>	<input type="text" value="Québec"/>	<input type="text"/>

**7. – Telephone number(s)**

There are several options. You must provide at least one telephone number. \*

<b>Cellular telephone</b>		<b>Telephone (other)</b>		
Area code	Number	Area code	Number	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section E. – Communication preferences**

**8. – Preferred language** Please note that in order for us to communicate with you in English, you must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

<input type="checkbox"/> French	<input type="checkbox"/> English
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**9. - Communication preferences**

Select all acceptable options. \*

<input type="checkbox"/> Regular mail	<input type="checkbox"/> E-mail (specify below)
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**E-mail address**

<input type="text"/>	@	<input type="text"/>
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Section F. – Interview preferences

10. – What type of interview do you prefer?

There are several options \*

In person

Videoconference

11. – As regards the interview, do you have any conditions we should be aware of?

There are several options.

Visual

Auditive

Psychological

Limited mobility

Other, please specify ►

12. – To ensure we can understand you during the interview, will you need to be accompanied by an interpreter?

Select the option that applies to your situation. \*

Yes

No

13. – Does an exceptional situation require support of another kind?

Select the option that applies to your situation. \*

Yes

No

► If yes, indicate the type of support you require. \*

Type of support required during the interview \*



## ASSISTANTS

### First assistant

#### 14.A – Was this person ever proposed as an assistant in the past? Is this person a recognized assistant?

Select the option that best applies to your assistant's situation. \*

The assistance measure – file n°

Yes

No

▶ If yes, please provide the assistance measure file n° here. \*

### Section A. – Information on your assistant's identity

#### 15.A – Who are you proposing as an assistant?

The fields followed by an \* are mandatory.

Last name \*

First name \*

Date of birth \*

YYYY-MM-DD

Gender \*

Female

Male

Non-gendered person

### Section B. – Relationship with the assistant

#### 16.A – What are your ties with the proposed assistant?

Select the option that applies to your situation. \*

Spouse

Child

Parent

Friend / Relative

Other, please specify ▶

### Section C. – Communicating with your assistant

#### 17.A – What is your assistant's mailing address?

Number \*

Street \*

Apartment / Unit




City, village, or municipality \*

Province (country, for persons residing outside of Canada) \*

Postal code \*




#### 18.A – What are your assistant's telephone numbers?

There are several options. You must provide at least one telephone number. \*

Cellular telephone

Telephone (other)

Area code

Number

Area code

Number

Ext.

**Section D. – Assistant’s communication preferences**

**19.A – What is your assistant’s preferred language?** Please note that for us to communicate with your assistant in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

<input type="checkbox"/> French	<input type="checkbox"/> English
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**20.A – What is your assistant’s preferred method of communication?**

Select all acceptable options. \*

<input type="checkbox"/> Regular mail	<input type="checkbox"/> E-mail (specify below)
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**E-mail address**

	@	
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## Second assistant

Section 297.16 of the Civil Code of Québec stipulates that a person seeking assistance may ask for recognition of two assistants, at most. Adding a second assistant is not mandatory. The choice to do so belongs to the person seeking assistance.

**Should you wish to propose a second assistant, complete sections A to D below by providing the required information.**

**Should this not be your wish, go directly to the section entitled “Relatives (loved ones or persons with a special interest)”.**

### 14.B – Was this person ever proposed as an assistant in the past? Is this person a recognized assistant?

Select the option that best applies to your assistant’s situation. \*

The assistance measure – file n°.

Yes

No

▶ **If yes, please provide the assistance measure file n°. here. \***

## Section A. – Information on your assistant’s identity

### 15.B – Who are you proposing as an assistant?

The fields followed by an \* are mandatory.

**Last name \***

**First name \***

**Date of birth \***

YYYY-MM-DD

**Gender \***

Female

Male

Non-gendered person

## Section B. – Relationship with the assistant

### 16.B – What are your ties with the proposed assistant?

Select the option that applies to your situation. \*

Spouse

Child

Parent

Friend / Relative

Other, please specify ▶

## Section C. – Communicating with your assistant

### 17.B – What is your assistant’s mailing address?

**Number \***

**Street \***

**Apartment / Unit**

**City, village or municipality \***

**Province** (country, for persons residing outside of Canada)  
\*

**Postal code \***



### 18.B – What are your assistant’s telephone numbers?

There are several options. You must provide at least one telephone number. \*

#### Cellular telephone

Area code

Number

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#### Telephone (other)

Area code

Number

Ext.

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### Section D. – Assistant’s communication preferences

**19.B – What is your assistant’s preferred language?** Please note that for us to communicate with your assistant in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

<input type="checkbox"/> French	<input type="checkbox"/> English
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### 20.B – What is your assistant’s preferred method of communication?

Select all acceptable options. \*

<input type="checkbox"/> Regular mail	<input type="checkbox"/> E-mail (specify below)
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#### E-mail address

	@	
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### CONTACT PERSON

As a person seeking assistance, **you have the option of naming one of your assistants to act as a contact person** with the Curateur public du Québec.

Should you choose to do so, only one of your two proposed assistants may act in this capacity.

By designating an assistant for this purpose, you are authorizing this person to receive communications from and exchange with the Curateur public du Québec, for example to submit missing information regarding your request for recognition.

### 21. – Do you want your proposed assistant to act as your contact person with the Curateur public du Québec?

Select the option that best applies to your assistant’s situation. \*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes</b> , please indicate the proposed assistant you wish to designate as your contact person.
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<input type="checkbox"/> First name	<input type="checkbox"/> Last name
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RELATIVES (LOVED ONES OR PERSONS WITH A SPECIAL INTEREST)

Reminder

The Civil Code of Québec stipulates that the Curateur public du Québec must give notice **to at least two persons** when it receives a request for recognition. These persons can be family members of the person seeking assistance or someone with a special interest (i.e., loved ones). A relative must be an adult or fully emancipated minor.

**Note, however, that the assistant cannot be listed as a relative.**

This information is **mandatory** for your request to be considered. If any answer is incomplete, your request could be refused.

- ▶ You are only able to provide information for one relative (loved one or person with a special interest)?
- ▶ You are unable to provide information concerning even one relative (loved one or person with a special interest)?

Please remember to fill in the relevant section of the form to inform us of your situation (see question 27, page 12).

First relative to receive notice

Section A. – Information on your first relative’s identity

22.A – Who is the first relative to be notified?

Last name \*

First name \*

Section B. – Relationship with the relative

23.A – What are your ties with this relative?

Select the option that applies to your situation. \*

<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Friend / Relative	<input type="checkbox"/> Other, please specify ►
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Section C. – Communicating with the relative

24.A – What is your relative’s mailing address?

Number \*

Street \*

Apartment / Unit

City, village, or municipality \*

Province (country, for persons residing outside of Canada) \*

Postal code \*

## Section D. – Relative’s communication preferences

**25.A – What is your relative’s preferred language?** Please note that for us to communicate with your relative in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

<input type="checkbox"/> French	<input type="checkbox"/> English
---------------------------------	----------------------------------

## 26.A – What is your relative’s e-mail address?

E-mail address

	@	
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Second relative to receive notice

Section A. – Information on your second relative’s identity

22.B – Who is the second relative to be notified?

Last name \*

First name \*

Section B. – Relationship with the relative

23.B – What are your ties with this relative?

Select the option that applies to your situation. \*

- Spouse  
 Child  
 Parent  
 Friend / Relative
- Other, please specify ►

Section C. – Communicating with the relative

24.B – What is your relative’s mailing address?

Number \*

Street \*

Apartment / Unit

City, village or municipality \*

Province

(country, for persons residing outside of Canada) \*

Postal code \*

Section D. – Relative’s communication preferences

**25.B – What is your relative’s preferred language?** Please note that for us to communicate with your relative in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

French

English

26.B – What is your relative’s e-mail address?

E-mail address

<input type="text"/>	@	<input type="text"/>
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Section E. – Additional information

27 - Are you unable to provide information concerning at least two relatives (loved ones or persons with a special interest)?

► Please specify any information that appears relevant and that will enable us to better understand your situation.

**DECLARATION OF THE ACCURACY OF THE INFORMATION GIVEN**

**I DECLARE** that the information included in this request, as well as that in the appendices and enclosed supporting documents, is complete and accurate.

**I ACKNOWLEDGE** that the Curateur public du Québec may:

- Verify or have verified, without my consent, the accuracy of the information provided with various public or private organizations and other third parties.
- Ask for any additional information or documents it deems necessary for processing my request.
- Reject any request that includes false or misleading information or documents or to protect the public interest.
- Refuse to examine or reject a request for recognition involving a proposed assistant who failed to meet the obligations of the role in the past, even if this wrongful behaviour did not concern me.
- Refuse to recognize an assistant based on a request that leads it to believe that the person of full age could suffer harm as a result of such a recognition.

**I UNDERTAKE** to immediately notify the Curateur public du Québec of any modifications to the information provided and answers given in this request. This commitment shall be valid for the entire term of the recognition of an assistant.

<b>Signature of the person seeking assistance *</b>  	<b>Date *</b>  <hr style="border-top: 1px dashed black;"/> YYYY-MM-DD
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## BRIEF DESCRIPTION OF YOUR PATRIMONY

### Section A. – Income

1. Are you receiving income? (from Québec, Canada or elsewhere in the world)

Select the option that applies to your situation. \*

Yes

No

▶ If yes, what are the sources of this income? (There are several options) \*

**Employment income**

(Work income, self-employment income or employment insurance benefits)

**Benefits from government agencies**

(Social assistance [welfare] benefits, social solidarity benefits, compensation from the SAAQ or the CNESST, benefits paid under the RQAP)

**Retirement income**

(Retraite Québec benefits, old-age security program income, foreign pension benefits)

**Other income: please specify.**

### Section B. – Assets

2. Do you own property or have assets? (in Québec, Canada or elsewhere in the world)

Select the option that applies to your situation. \*

Yes

No

▶ If yes, indicate the property and assets that you own. (There are several options) \*

**Bank accounts in a bank, credit union or other financial institution**

**Vehicles**

(Automobiles, motorcycles, vehicles, trucks, snowmobiles, all-terrain vehicles, etc.)

**Investments**

(Term deposits, bonds or shares, RRSPs, RESPs, or other investments)

**Real property/immovables**

(House, cottage, land or other)

**Other assets: please specify.**



### Section C. – Liabilities

#### 3. Do you have debts? (in Québec, Canada or elsewhere in the world)

Select the option that applies to your situation. \*

Yes

No

▶ If yes, what are your debts? (There are several options) \*

Mortgage loans

Other loans: please specify.

Other liabilities

#### Your signature

Signature of the person seeking assistance \*

Date \*

YYYY-MM-DD



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## YOUR CONSENT AS A PERSON SEEKING ASSISTANCE

### Information

The assistance measure lets a person living with a difficulty receive assistance from one or two assistants chosen by the person. To benefit from such an assistance measure, you must be able to understand the measure's scope and express your personal wishes and preferences. We will convene you to an interview designed to allow for a discussion in this regard.

Once the process is completed, the Curateur public du Québec will be able to officially recognize the persons proposed as assistants herewith.

The assistant acts as an intermediary between the assisted person and all third parties.

The assistant is recognized for a maximum of three years, after which a new request must be submitted in order to obtain recognition for one or two assistants at the end of this three-year period. The assisted person and any recognized assistants can nonetheless bring an end to this recognition at any time, by so advising the Curateur public du Québec.

### Role of the recognized assistant

► **With your consent and as required to carry out his duties, your assistant shall be entitled to:**

- Obtain information regarding you, including confidential information such as tax information or other details from Revenu Québec.
- Obtain the tax data from your personal income tax and benefit account and the tax data from your personal business account held by the Canada Revenue Agency.
- Obtain information regarding your medical records or banking activities.
- Act as an intermediary with all third parties.
- Access your personal information and information protected by professional secrecy, such as:
  - driver's license number, social insurance number (S.I.N.) or Québec RAMQ information.
  - information concerning real property/immovables and investments.
  - telephone number, address, first and last names, date of birth, etc.
- Communicate with third parties for the purpose of transmitting your personal information or conveying your wishes or notifying them of your decisions.

### Obligations of the recognized assistant

► **All persons taking on the role of your assistant must notably:**

- Act with care and diligence.
- Put forth your wishes and preferences to third parties.
- Offer you advice so that you can make your own decisions.
- Respect your privacy, by notably not gathering, using, or communicating any information regarding you without having previously obtained your consent and only when necessary to fulfil his responsibilities as an assistant and this, while and after having fulfilled his role of assistant.



**Limitations of the role of assistant**

► **The assistance measure does not authorize your assistant to:**

- Sign documents in your name.
- Take decisions for you or on your behalf.
- Act in circumstances that constitute a conflict of interest (more specifically, an assistant may not influence you to do something that will benefit him).
- Exercise your civil rights on your behalf.
- Request to be remunerated for his role as an assistant.

**Your commitments**

**I UNDERSTAND** the scope and significance of the preceding **and** subsequently give my **CONSENT** as regards the recognition of the persons proposed as assistants in this request.

<b>Signature of the person seeking assistance *</b>	<b>Date *</b>  ..... YYYY-MM-DD
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## YOUR INFORMATION

1. Indicate the last name and first name of the person proposed as assistant or first assistant.

Last name \*

First name \*

2. If applicable, indicate the last name and first name of the person proposed as second assistant.

Last name \*

First name \*

## YOUR CONSENT

### Information

Section 297.22 of the Civil Code of Québec stipulates that the Curateur public du Québec shall verify the criminal record of all proposed assistants.

The Curateur public du Québec can thus check or have checked with the organization it chooses your criminal record in one or more of the databases available to it.

During its review of the request for recognition, the Curateur public du Québec will thus only consider those elements that it considers relevant to the role of assistant.

In this regard, providing false or misleading information, making a false statement, failing to share all the required information or, if applicable, otherwise submitting false or misleading information to the Curateur public du Québec could lead to a denial of the request for recognition.

### Access to documents held by public bodies and protection of personal information

Access to this information is restricted to our authorized personnel, and only as necessary to carry out their duties; the communication of this information, moreover, is only allowed in the specific instances provided for under the applicable Act.

The Act respecting Access to documents held by public bodies and the Protection of personal information stipulates that the person concerned by this information is entitled to review it and request any relevant changes. Anyone may access information concerning them held by the Curateur public du Québec and ask that any necessary corrections be made by calling 1 844 LECURATEUR (532-8728).

The Curateur public du Québec undertakes to protect the confidential information in this declaration as well as all other information and documents it may receive during the criminal record check.

**Your consent**

**I UNDERSTAND** the scope and significance of the preceding **and**

**I DECLARE** that the information provided is complete and truthful, and that a false declaration could lead to the refusal of my nomination or of the request for recognition.

I also **AUTHORIZE**

- The Curateur public du Québec to check or have checked, with the organization of its choosing, my criminal record.
- Any person assigned to this task by the Curateur public du Québec to share with the authorized representative of this organization the personal information necessary to enable a criminal record check.
- The Curateur public du Québec to use the data I provided to carry out all necessary research in the files and databanks it has access to, be they in Canada or abroad.

And **I CONSENT** to:

- The organization in question transmitting the results of my criminal record check directly to the Curateur public du Québec, without sending them to me beforehand.
- The results of my criminal record check:
  - being shared with the person seeking assistance should the Curateur public du Québec or the certified notaries or lawyers involved feel that this information must be discussed during the interview. This applies specifically in cases where a criminal record contains elements incompatible with the duties of an assistant or giving way to fear that the assisted person could suffer harm as a result of the recognition of the proposed assistant.
  - being disclosed by the Curateur public du Québec to any certified notaries or lawyers involved when the request for recognition of an assistant is submitted by one of the latter.

<p><b>Signature of the proposed assistant or first assistant *</b></p>	<p><b>Date *</b></p> <p>.....</p> <p>YYYY-MM-DD</p>
<p><b>Signature of the proposed second assistant if applicable *</b></p>	<p><b>Date *</b></p> <p>.....</p> <p>YYYY-MM-DD</p>



Reserved for the Curateur public du Québec

## First assistant

### YOUR DECLARATION AS A RECOGNIZED ASSISTANT

#### 1. First and last name of the proposed assistant

Last name \*

First name \*

#### A. Respect for the privacy of the person seeking assistance

##### Information

**Sections 297.11 and 297.12 of the Civil Code of Québec** authorize any person officially recognized as an assistant to act in the quality of an intermediary for the assisted person when exchanging or otherwise doing business with third parties.

In this regard, **any person taking on the role of assistant must respect the privacy of the assisted person**, by notably not gathering, using, or communicating any information concerning this person, unless the latter provides his consent and only when necessary to fulfill his responsibilities as an assistant. This obligation to respect the privacy of the person seeking assistance applies while and after having fulfilled the role of assistant.

The information concerned includes all matters pertaining to the assisted person. **This information cannot be obtained or communicated without the assisted person's consent.**

This information includes, without being limited to, the following:

- Tax information or other details from Revenu Québec or other agencies or bodies.
- Information comprised in a medical record.
- Banking information.
- Driver's license number, social insurance number or Québec RAMQ (Régie de l'assurance maladie du Québec) information.
- Information concerning real property/immovables or investments.
- Telephone number, address, first and last names, date of birth, etc.

Furthermore, an **official recognition does not allow the assistant to act as a substitute to the assisted person**, be it to make decisions on the latter's behalf or to sign documents and other instruments in his name. The assisted person retains the full capacity to exercise his civil rights.

**ⓘ Before signing the appendix concerning you**, read over the section of the guide entitled Appendix 4.A – Respect for the privacy of the assisted person.



## First assistant (cont.)

### B. Conflicts of interest

#### Information

A conflict of interest is a situation, circumstances, or a particular occurrence where a person is at risk of compromising his judgment, neglecting to comply with an obligation or responsibility, or promoting his own personal interest for the purpose of obtaining a benefit, be it direct (for himself) or indirect (for a relative, a loved one, a partner, etc.).

An assistant can notably find himself in a situation that constitutes a conflict of interest when he has the choice of promoting his own personal interests (or those of someone else) rather than those of the assisted person. This can create an incompatibility between his own interests and his responsibilities as an assistant.

By extension, an assistant may not, while carrying out his duties, consider the interests of his family, friends, creditors or any other person, organism or enterprise.

**Section 297.15 of the Civil Code of Québec stipulates that a recognized assistant may not act in a situation that constitutes a conflict between his own personal interests and those of the assisted person.** This essentially means that in your role as a recognized assistant, you may not suggest to the assisted person that they take an action that would somehow implicate you.

Finding oneself in a conflict of interest does not automatically mean that someone is at fault. A conflict of interest is a situation that could constitute a risk, and which must be reported; it does not necessarily equate a sanction or a condemnation.

#### 2. Are you in a situation of conflict of interest vis-à-vis the person seeking assistance?

I do not think that I am in any type of situation that could constitute a conflict of interest with respect to the person seeking assistance.

I do not think that I am in any type of situation that could constitute a conflict of interest with respect to the person seeking assistance.

► **Please specify:** the type and duration of all situations that constitute or appear to constitute a conflict of interest, the persons involved (families, organisms, enterprises, etc.), the benefits you are obtaining or could obtain, etc.

**i** Before signing the appendix concerning you, read over the section of the guide entitled Appendix 4.B – Conflicts of interest.



## First assistant (cont.)

### C. Registry of assistants

#### Publication of certain personal information in the registry of recognized assistants

- Once the process is completed, the assistants for whom a positive decision has been rendered will be listed in the registry.
- This registry helps third parties check the identity of a recognized assistant who takes steps to obtain or share information on behalf of an assisted person or to have the latter's wishes or decisions be known.
- The assistant's first and last names will be published in the public portion of the registry; this information can be accessed by the public.
- A private portion of the registry, only available to third parties authorized to access it by the assistant, provides the assistant's day and month of birth, to be used for identification purposes.

## YOUR COMMITMENTS AS AN ASSISTANT

### Commitments

#### In my role of assistant, I UNDERTAKE to:

- Act with the consent of the assisted person for the purpose of ensuring that his wishes, preferences and decisions are known to third parties.
- Not make any decisions on behalf of the assisted person.
- Not take any action when confronted with a situation that constitutes a conflict of interest between my personal interests and those of the person seeking assistance who has submitted this request for recognition.
- Comply with the instructions received from the assisted person with regard to the gathering, use and communication of information concerning him.
- Ensure the confidentiality of the information regarding the assisted person to which I am privy while carrying out my duties of assistant, and this, while and after having fulfilled the role of assistant.
- Refrain from gathering, using or communicating any information regarding the assisted person unless the latter has given his consent.
- Access, use or communicate information regarding the assisted person only when necessary to carry out my assistant duties and this, for the assisted person's benefit.
- Never disclose to third parties my assistant number or any temporary code or access key for the registry of assistants other than as required to perform my duties as an assistant. This information is as confidential as a PIN, S.I.N., etc., and must never be communicated (e.g., to a family member).
- Act with prudence and diligence.
- Advocate for the assisted person's wishes and preferences.

**I UNDERSTAND** the scope and significance of the preceding **and**

**I UNDERTAKE** to comply with the obligations and commitments referred to in this appendix, and in sections 4.A and 4.B of step 5 of the guide regarding the request for recognition of an assistant and

**I ACKNOWLEDGE** that should I fail to fulfill my obligations and commitments, the Curateur public du Québec may:

- Revoke my recognition as an assistant, should any element constitute a clear reason to fear that the assisted person could be harmed.
- Refuse the request regarding my recognition as an assistant, should I have failed to fulfil my duties as an assistant in the past.

**I AUTHORIZE** the Curateur public du Québec to publish my personal information (last name, first name, day and month of birth) in the registry of recognized assistants should I be recognized as an assistant.

Signature of the proposed assistant \*

Date \*

YYYY-MM-DD



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## Second assistant

### YOUR DECLARATION AS A RECOGNIZED ASSISTANT

#### 1. First and last name of the proposed assistant

Last name \*

First name \*



#### A. Respect for the privacy of the person seeking assistance

##### Information

**Sections 297.11 and 297.12 of the Civil Code of Québec** authorize any person officially recognized as an assistant to act in the quality of an intermediary for the assisted person when exchanging or otherwise doing business with third parties.

In this regard, **any person taking on the role of assistant must respect the privacy of the assisted person**, by notably not gathering, using or communicating any information concerning this person, unless the latter provides his consent and only when necessary to fulfill his responsibilities as an assistant. This obligation to respect the privacy of the person seeking assistance applies while and after having fulfilled the role of assistant.

The information concerned includes all matters pertaining to the assisted person. **This information cannot be obtained or communicated without the assisted person's consent.**

This information includes, without being limited to, the following:

- Tax information or other details from Revenu Québec or other agencies or bodies.
- Information comprised in a medical record.
- Banking information.
- Driver's license number, social insurance number or Québec RAMQ (Régie de l'assurance maladie du Québec) information;
- Information concerning real property/immovables or investments.
- Telephone number, address, first and last names, date of birth, etc.

Furthermore, an **official recognition does not allow the assistant to act as a substitute to the assisted person**, be it to make decisions on the latter's behalf or to sign documents and other instruments in his name. The assisted person retains the full capacity to exercise his civil rights.

**ⓘ Before signing the appendix concerning you**, read over the section of the guide entitled Appendix 4.A – Respect for the privacy of the assisted person.



## Second assistant (cont.)

### B. Conflicts of interest

#### Information

A conflict of interest is a situation, circumstances, or a particular occurrence where a person is at risk of compromising his judgment, neglecting to comply with an obligation or responsibility, or promoting his own personal interest for the purpose of obtaining a benefit, be it direct (for himself) or indirect (for a relative, a loved one, a partner, etc.).

An assistant can notably find himself in a situation that constitutes a conflict of interest when he has the choice of promoting his own personal interests (or those of someone else) rather than those of the assisted person. This can create an incompatibility between his own interests and his responsibilities as an assistant.

By extension, an assistant may not, while carrying out his duties, consider the interests of his family, friends, creditors or any other person, organism, or enterprise.

**Section 297.15 of the Civil Code of Québec stipulates that a recognized assistant may not act in a situation that constitutes a conflict between his own personal interests and those of the assisted person.** This essentially means that in your role as a recognized assistant, you may not suggest to the assisted person that they take an action that would somehow implicate you.

Finding oneself in a conflict of interest does not automatically mean that someone is at fault. A conflict of interest is a situation that could constitute a risk, and which must be reported; it does not necessarily equate a sanction or a condemnation.

#### 2. Are you in a situation of conflict of interest vis-à-vis the person seeking assistance?

I do not think that I am in any type of situation that could constitute a conflict of interest with respect to the person seeking assistance.

I do not think that I am in any type of situation that could constitute a conflict of interest with respect to the person seeking assistance.

► **Please specify:** the type and duration of all situations that constitute or appear to constitute a conflict of interest, the persons involved (families, organisms, enterprises, etc.), the benefits you are obtaining or could obtain, etc.

ⓘ **Before signing the appendix concerning you,** read over the section of the guide entitled Appendix 4.B – Conflicts of interest.





## Second assistant (cont.)

### C. Registry of assistants

#### Publication of certain personal information in the registry of recognized assistants

- Once the process is completed, the assistants for whom a positive decision has been rendered will be listed in the registry.
- This registry helps third parties check the identity of a recognized assistant who takes steps to obtain or share information on behalf of an assisted person or to have the latter's wishes or decisions be known.
- The assistant's first and last names will be published in the public portion of the registry; this information can be accessed by the public.
- A private portion of the registry, only available to third parties authorized to access it by the assistant, provides the assistant's day and month of birth, to be used for identification purposes.

## YOUR COMMITMENTS AS AN ASSISTANT

### Commitments

#### In my role of assistant, I UNDERTAKE to:

- Act with the consent of the assisted person for the purpose of ensuring that his wishes, preferences, and decisions are known to third parties.
- Not make any decisions on behalf of the assisted person.
- Not take any action when confronted with a situation that constitutes a conflict of interest between my personal interests and those of the person seeking assistance who has submitted this request for recognition.
- Comply with the instructions received from the assisted person regarding the gathering, use and communication of information concerning him.
- Ensure the confidentiality of the information regarding the assisted person to which I am privy while carrying out my duties of assistant, and this, while and after having fulfilled the role of assistant.
- Refrain from gathering, using or communicating any information regarding the assisted person unless the latter has given his consent.
- Access, use or communicate information regarding the assisted person only when necessary to carry out my assistant duties and this, for the assisted person's benefit.
- Never disclose to third parties my assistant number or any temporary code or access key for the registry of assistants other than as required to perform my duties as an assistant. This information is as confidential as a PIN, S.I.N., etc., and must never be communicated (e.g., to a family member).
- Act with prudence and diligence.
- Advocate for the assisted person's wishes and preferences.

**I UNDERSTAND** the scope and significance of the preceding **and**

**I UNDERTAKE** to comply with the obligations and commitments referred to in this appendix, and in sections 4.A and 4.B of step 5 of the guide regarding the request for recognition of an assistant **and**

**I ACKNOWLEDGE** that should I fail to fulfill my obligations and commitments, the Curateur public du Québec may:

- Revoke my recognition as an assistant, should any element constitute a clear reason to fear that the assisted person could be harmed.
- Refuse the request regarding my recognition as an assistant, should I have failed to fulfil my duties as an assistant in the past.

**I AUTHORIZE** the Curateur public du Québec to publish my personal information (last name, first name, day and month of birth) in the registry of recognized assistants should I be recognized as an assistant.

Signature of the proposed assistant \*

Date \*

YYYY-MM-DD



## OTHER RELATIVES OR PERSONS WITH A SPECIAL INTEREST

The Civil Code of Québec stipulates that the Curateur public du Québec must give notice **to at least two persons** when it receives a request for recognition. The relatives to be notified must be adults, except for minors fully emancipated by the court. They can be relatives of the person seeking assistance or someone the person knows with a special interest, such as a good friend. **Note, however, that the assistant cannot be listed as a relative.**

This information is mandatory for your request to be processed.

- ▶ **Only use this form if you wish to add one or more relatives or persons with a special interest to the two you have already identified in your request for recognition form.**
- ▶ You can add up to three additional relatives or persons with a special interest.

### Third relative or person with a special interest to receive notice

#### Section A. – Information on the identity of your third relative or person with a special interest

Who is the third relative or person with a special interest to be notified?

Last name \*

First name \*



#### Section B. – Relationship with the relative or person with a special interest

What are your ties with this relative or person with a special interest?

Select the option that applies to your situation. \*

<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other, please specify ▶	<input type="text"/>
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#### Section C. – Communicating with the relative or person with a special interest

What is the mailing address of your relative or person with a special interest?

Number \*

Street \*

Apartment / Unit




City, village, or municipality \*

Province (country, for persons residing outside of Canada) \*

Postal code \*



Third relative or person with a special interest to receive notice (cont.)

Section D. – Communication preferences of your relative or person with a special interest

**What is your relative's preferred language?** Please note that for us to communicate with your relative in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

French

English

What is the e-mail address of your relative or person with a special interest?

E-mail address

	@	
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Fourth relative or person with a special interest to receive notice

Section A. – Information on the identity of your fourth relative or person with a special interest

Who is the fourth relative or person with a special interest to be notified?

Last name \*

First name \*



Section B. – Relationship with the relative or person with a special interest

What are your ties with this relative or person with a special interest?

Select the option that applies to your situation. \*

Spouse

Child

Parent

Friend/Relative

Other, please  
specify ►

Section C. – Communicating with the relative or person with a special interest

What is the mailing address of your relative or person with a special interest?

Number \*

Street \*

Apartment / Unit




City, village, or municipality \*

Province (country, for persons residing outside of Canada) \*

Postal code \*



Fourth relative or person with a special interest to receive notice (cont.)

Section D. – Communication preferences of your relative or person with a special interest

**What is your relative's preferred language?** Please note that for us to communicate with your relative in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

French

English

What is the e-mail address of your relative or person with a special interest?

E-mail address

	@	
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Fifth relative or person with a special interest to receive notice

Section A. – Information on the identity of your fifth relative or person with a special interest

Who is the fifth relative or person with a special interest to be notified?

Last name \*

First name \*

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Section B. – Relationship with the relative or person with a special interest

What are your ties with this relative or person with a special interest?

Select the option that applies to your situation. \*

Spouse

Child

Parent

Friend / Relative

Other, please  
specify ►

Section C. – Communicating with the relative or person with a special interest

What is the mailing address of your relative or person with a special interest?

Number \*

Street \*

Apartment / Unit

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City, village, or municipality \*

Province (country, for persons residing outside of Canada) \*

Postal code \*

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Fifth relative or person with a special interest to receive notice (cont.)

Section D. – Communication preferences of your relative or person with a special interest

**What is your relative's preferred language?** Please note that for us to communicate with your relative in English, they must meet the exception criteria as stipulated in the Act respecting French, the official and common language of Québec. Go to [Modernization of the Charter of the French language | Gouvernement du Québec \(quebec.ca\)](#) for the exceptions.

Only one option may be chosen \*

 French English

What is the e-mail address of your relative or person with a special interest?

E-mail address

	@	
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