



Follow the [instructions on page 28](#).

Instructions

This form is provided by the Curateur public in accordance with the *Regulation respecting the application of the Public Curator Act* and contains the necessary elements to enable the court to rule on the application to institute a tutorship to a person of full age.

- If you do not complete the assessment form in its electronic version, **please write legibly**.
- Print the form on **one side** of the sheet only.
- If there is not enough space, **continue on another sheet**, which you will add **as an appendix**.

1. General information about the person concerned by the assessment

Last name		First name		First and last names generally used	
Date of birth yyyy-mm-dd	Sex M F Non-binary	Health insurance no.		Institution file no.	
Address no., street, city					Postal code
Tel. no. at home		Mobile no.		Email address	
Mandatory proof of identity (attach document)					
Copy of birth certificate			Other proof of identity		
Parents	Last name		First name		
	Last name		First name		
Birthplace city, country					
Usual language					
French English Other (specify): _____					
Legal status (attach a copy of a travel or immigration document, if available)					
Canadian citizen		Permanent resident		Person in need of protection (refugee)	
Asylum seeker		No status			
Temporary resident (specify citizenship and type of visa/permit): _____					
Is the person concerned a member of a First Nation/Indian Band?					
Yes (specify):	Indian registered in the Indian Register		Indian not registered in the Indian Register		
	Métis		Inuit		
Does the person concern live on an Indian reserve?					
Yes (specify which one): _____					
No					
No					



1. General information about the person concerned by the assessment (cont.)

Current civil status

Single

Married (write name of spouse): _____

Divorced (write name of former spouse): _____

Civil union (write name of spouse): _____

Civil union dissolved (write name of former spouse): _____

Widowed (write name of deceased spouse): _____

Is the person concerned in a common law partnership?

Yes (specify):

Since when?

Last name of spouse

First name of spouse

No

2. Circumstances motivating the application for assessment

Last name of the person applying

First name of the person applying

Relationship to the person concerned

Briefly state the circumstances motivating the production of this psychosocial assessment:

The incapacity was confirmed by a physician, but the medical assessment report has not yet been produced.

The incapacity was ascertained by a physician and a medical determination report has been drafted.

Name of the physician

Date on which the medical assessment report was produced
yyyy-mm-dd

3. Examinations and consultations

A. Meetings with the person concerned by the assessment

Dates of meetings

yyyy-mm-dd

yyyy-mm-dd

yyyy-mm-dd

Location of meetings

Living environment

Your office

Other (specify): _____

B. Persons consulted during your assessment

Last name of first person consulted

First name

Relationship to the person concerned

Tel. no.

Ext.

Date of consultation yyyy-mm-dd

Type of consultation:

Telephone conversation

Meeting

Last name of second person consulted

First name

Relationship to the person concerned

Tel. no.

Ext.

Date of consultation yyyy-mm-dd

Type of consultation:

Telephone conversation

Meeting

3. Examinations and consultations (cont.)

B. Persons consulted during your assessment (cont.)

Last name of third person consulted		First name	
Relationship to the person concerned	Tel. no.	Ext.	Date of consultation yyyy-mm-dd
Type of consultation:		Telephone conversation	Meeting

C. Documents you consulted

Attach the documents you consulted, **only** if relevant.
 Name(s) of the report(s) or document(s)

4. Living environment of the person concerned by the assessment

What is the person concerned's current living situation?

- At home
 - Alone
 - Not alone (spouse, roommate, housemate, other)
- No fixed address
- Hospitalized
- Public residential resources
 - Long-term care centres (CHLSDs) / Senior Housing
 - Residence with continuous assistance (RAC)
 - Rehabilitation centre
 - Alternative housing
 - Intermediate resources (IR)
 - Family-type resources (RTF)
- Private residential resources
 - Private seniors' residence
 - CHSLD
 - Other: _____
- Detention facility
- Penitentiary



4. Living environment of the person concerned by the assessment (cont.)

A. If the person concerned lives at home

Address no., street, city	Postal code
How long have they been living at this address?	Tel. no.

Do they live alone?	<p>Yes (specify):</p> <p>If yes, do they live in a supervised apartment? Yes No</p> <p>If the person concerned lives alone in an apartment, does their living environment meet their needs? Yes No</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>															
No	<p>Is living alone consistent with the person concerned's wished and preferences? Yes No</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>If no, who lives with them?</p> <p>Spouse Roommate or housemate</p> <p>Other (specify): _____</p> <p>Minor child (specify):</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Last name of the minor child</th> <th style="width: 25%;">First name</th> <th style="width: 25%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Are shared living arrangements in the best interest of the person concerned and does this meet their needs? Yes No</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>Are these shared living arrangements consistent with the person concerned's wishes and preferences? Yes No</p> <p>Explain: _____</p> <p>_____</p> <p>_____</p>	Last name of the minor child	First name	Age												
Last name of the minor child	First name	Age														



4. Living environment of the person concerned by the assessment (cont.)

B. If the person is accommodated

What type of resource?

CHSLD	Private resource	Detention center
Non-institutional resource (specify):		Family type resource Assisted living resource Intermediate resource

Name of living environment

Address no., street, city	Postal code
---------------------------	-------------

How long has the person concerned been living in this living environment?	Tel. no. at work	Ext.
---	------------------	------

Does this living environment correspond to the person concerned's wishes and preferences? Yes No

Explain: _____

C. If the person concerned has no fixed address

How long has the person concerned not had a fixed address?

What use does the person concerned make of the main resources available (frequency, level of collaboration) (e.g., accommodation, meals, personal hygiene and medical care, financial services, etc.)?

What are the main risks to the person concerned?

Does having no fixed address correspond to the person concerned's wishes and preferences? Oui Non

Explain: _____

D. If the person concerned is hospitalized One of sections A, B or C must be completed, in addition to Section D (where applicable).

Name of hospital

Address of hospital no., street, city	Postal code
---------------------------------------	-------------

How long has the person concerned been hospitalized?	Status	
	Active care	Accommodated

4. Living environment of the person concerned by the assessment (cont.)

D. If the person concerned is hospitalized (cont.)

Will the person concerned return to their usual living environment?

Under evaluation

Yes (anticipated return date): _____ yyyy-mm-dd

No (specify):

What is the intended new living environment?	Supervised apartment CHSLD Private resource Non-institutional resource		
Other (specify): _____			
Name of intended living environment			
Address no., street, city			Postal code
Date of arrival at new living environment yyyy-mm-dd	Name of the institution overseeing the transition		
Does the new living environment correspond to the person concerned's wishes and preferences?			
Yes			
No			
If not, briefly explain the person concerned's wishes in terms of their living environment and explain why this is not possible.			

5. Protection mandate Please use the psychosocial assessment form related to homologation of a protection mandate, if this is your recommendation.

Has the person concerned prepared a mandate?

Yes (specify date of signature) : _____ yyyy-mm-dd No (Go to Section 6)

Do not know (Go to section 6)

Before whom was the mandate signed?

Witnesses

Notary (specify):	Last name of notary	First name of notary	Tel. no. at work	Ext.

5. Protection mandate (cont.) Please use the psychosocial assessment form related to homologation of a protection mandate, if this is your recommendation.

Has the mandate been homologated?

Yes (specify)	Date of homologation : _____ yyyy-mm-dd What is the purpose of this assessment? The mandate is incomplete. It must be completed by the institution of a tutorship. The mandatory is deceased, wants to resign, or can no longer perform the duty, and it would be appropriate to apply for the institution of a tutorship because no other mandatory is available. An interested party intends to request the revocation of the mandate and the institution of a tutorship because the mandatory is not fulfilling their obligations, or for any other serious reason, and no other mandatory is available.
No (specify)	If the mandate has not yet been homologated, does the mandatory wish to apply to have it homologated? Yes, but the homologation of the protection mandate is not in the interest of the person concerned (attach a copy of the mandate, if possible). Justify: _____ _____ _____ _____ No (attach a copy of the mandate, if possible, and a letter from the designated mandatory refusing the appointment, and specify the reason for the refusal): _____ _____ _____ _____

Do not know (Go to Section 6)

Main mandataries and substitute mandataries							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Last name of the first main mandatory</td> <td style="width: 50%; padding: 5px;">First name of the first main mandatory</td> </tr> <tr> <td style="padding: 5px;">Last name of the second main mandatory</td> <td style="padding: 5px;">First name of the second main mandatory</td> </tr> <tr> <td style="padding: 5px;">Last name of the third main mandatory</td> <td style="padding: 5px;">First name of the third main mandatory</td> </tr> </table>	Last name of the first main mandatory	First name of the first main mandatory	Last name of the second main mandatory	First name of the second main mandatory	Last name of the third main mandatory	First name of the third main mandatory
Last name of the first main mandatory	First name of the first main mandatory						
Last name of the second main mandatory	First name of the second main mandatory						
Last name of the third main mandatory	First name of the third main mandatory						

5. Protection mandate (cont.) Please use the psychosocial assessment form related to homologation of a protection mandate, if this is your recommendation.

Main mandataries and substitute mandataries (cont.)

If the main mandatory(ies) cannot or will not apply for homologation of the mandate, have substitute mandataries been appointed?

Yes (specify):	Last name of the first substitute mandatory	First name of the first substitute mandatory
Does the substitute mandatory intend to apply for homologation of the mandate? Yes, but homologation of the mandate is not in the interest of the person concerned. Justify: _____ _____ _____ No (if possible, attach the refusal letter from the substitute mandatory and specify the reason for the refusal).		
Last name of the second substitute mandatory		First name of the second substitute mandatory
Does the second substitute mandatory intend to apply for homologation of the mandate? Yes, but homologation of the mandate is not in the interest of the person concerned. Justify: _____ _____ _____ No (if possible, attach the refusal letter from the substitute mandatory and specify the reason for the refusal).		
Last name of the third substitute mandatory		First name of the third substitute mandatory
Does the third substitute mandatory intend to apply for homologation of the mandate? Yes, but homologation of the mandate is not in the interest of the person concerned. Justify: _____ _____ _____ No (if possible, attach the refusal letter from the substitute mandatory and specify the reason for the refusal).		

No, no substitute mandatory is named in the mandate.

Revocation of the mandate

Has the mandate been revoked? Yes No N/A.

Explain:

6. Legal proceedings

To your knowledge, is the person concerned involved in current or upcoming legal or administrative proceedings?

Yes(specify):

Description of current or upcoming proceedings

If known, indicate the start date of the proceedings, the presentation or hearing date, where applicable, and the case or court number.

Case or court no.

Presentation or hearing date
yyyy-mm-dd

Start date of proceedings
yyyy-mm-dd

Has the person concerned hired a lawyer to represent them?

Yes (specify):

Last name of lawyer

First name of lawyer

Tel. no. at work

Ext.

No

No

Has the person concerned been placed into care or confinement, or are they the subject of an order by the Québec Review Board for mental disorders? (Please attach any applicable orders, if possible.)

Yes (specify):

Date of order
yyyy-mm-dd

Nature

Duration

No

7. Psychosocial situation

What is the significant psychosocial history related to the incapacity and the current need for representation?

8. Financial situation

A. Administration of the property of the person concerned by the assessment

Who is currently administering the person concerned's property?

The person concerned themselves

A person close to them (specify): _____ Since: _____ yyyy-mm-dd

Last name of the person close to them	First name of the person close to them	Relationship to the person concerned

The person close to them is acting **WITH AUTHORIZATION**

As authorized by the court (attach judgment)

As the designated administrator (of a benefit, private pension plan, etc.)

Specify which one(s): _____

Under a banking power of attorney.

Name of the financial institution: _____

Under a general power of attorney.

Name of notary, where applicable: _____

The person close to them acts **WITHOUT AUTHORIZATION** (verbal agreement, business management, etc.)

Specify: _____

A hired professional

Since: _____ yyyy-mm-dd

e.g., accountant, financial advisor, tax expert, notary)

Last name of the professional	First name of the professional	Tel. no. at work	Ext.

The residential facility (specify): _____ Since: _____ yyyy-mm-dd

Has the residential facility been appointed to administer a benefit?

Yes (specify which one): _____

No

A liquidator or trustee of a succession _____ Since: _____ yyyy-mm-dd

A mandatary pursuant to a homologated mandate _____ Since: _____ yyyy-mm-dd

Which financial institutions does the person concerned deal with?

Name of institution	Contact information
_____	_____
_____	_____
_____	_____

8. Financial situation (cont.)

B. Composition of the person concerned's known patrimony

What are the person concerned's known sources of income?

- CNESST
- RRIF/LIF
- IVAC
- Old Age Security pension
- Foreign pension
- Private pension
- Basic Income Program benefit
- Social Solidarity Program benefit
- Quebec Pension Plan
- Veteran's pension
- SAAQ
- Other (specify):

At the time of the assessment, did the person concerned have employment income or income related to their art or profession?
If yes, does the person concerned manage the proceeds of their work themselves? Specify:

What are the person concerned's known regular expenses (e.g., accommodations, mortgage, phone/cable, electricity and heating, food, personal needs, etc.)? Does the person concerned pay these expenses on a regular basis? Explain:

8. Financial situation (cont.)

Is the person concerned a tenant?

Yes (specify):	Is their rent overdue?		Address of the unit no., street, city		Postal code
	Yes	No			
	Last name of landlord			First name of landlord	
	Tel. no. at work	Ext.	Address no., street, city		Postal code

No

Approximate amount of monthly income	\$	Approximate amount of monthly expenses	\$
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If known, what is the composition of the person's asset?

	Description (status)	Contact information (where applicable)	Value (if known)
Bank accounts	_____	_____	\$ _____
Vehicles	_____	_____	\$ _____
Buildings	_____	_____	\$ _____
Land	_____	_____	\$ _____
Investments	_____	_____	\$ _____
Company, business, etc. List the shareholder(s) or directors	_____	_____	\$ _____
Active Inactive			
Succession. List the liquidator or the trustee	_____	_____	\$ _____
Other (specify):	_____	_____	\$ _____

8. Financial situation (cont.)

If known, what is the composition of the person's liabilities?

	Name of creditor	Contact information	Value (if known)
Mortgage	_____	_____	\$ _____
Rent (address)	_____	_____	\$ _____
Municipal and school taxes	_____	_____	\$ _____
Accommodation debt	_____	_____	\$ _____
Credit cards	_____	_____	\$ _____
Regular accounts	_____	_____	\$ _____
Other (specify):	_____	_____	\$ _____

9. Faculties of the person concerned by the assessment

A. Decision-making and functional autonomy of the person concerned (attach assessment reports, if relevant [e.g., occupational therapy])

Is the person concerned able to express their wishes, preferences, and opinions freely? If so, by what means of communication? If not, why?

How do they defend their decisions? Can the person concerned state and maintain a position, and defend it by enforcing their wishes?

In what way do they assert their rights? If they suffer harm, do they know what recourses are available to them (e.g., pressing charges or calling a lawyer)? Do they make use of them?

How do they participate in the decision-making process?

What is their state of mind regarding their limitations?

How willing are they to accept offers of help or services?

Are they able to follow simple instructions (e.g., taking medications), consider suggestions from someone close to them, follow advice from a professional, etc.? If so, what is their degree of involvement? If not, why?

What is your assessment of the person concerned's autonomy with respect to their activities of daily living (ADLs)?

What is your assessment of the person concerned's autonomy with respect to their instrumental activities of daily living (IADLs)?

What is your assessment of their mobility?

9. Faculties of the person concerned by the assessment (cont.)

A. Decision-making and functional autonomy of the person concerned (attach assessment reports, if relevant [e.g., occupational therapy]) (cont.)

To what extent do you think the services received or the technical aids used meet their needs?

Can they communicate their basic needs on their own? If so, by what means of communication? If not, why?

B. Exercise of their civil rights – regarding their PERSON

Can the person concerned identify themselves and their place of residence in order to exercise their right to vote? Explain:

Yes No

Can the person concerned ask for the care and services required by their health condition? Explain:

Yes No

Can the person concerned interact with government or administrative authorities (e.g., RAMQ, insurance companies, CNESST, SAAQ, etc.) to assert their rights, take recourse, or ask questions? Explain:

Yes No

Can the person concerned, on their own or through a lawyer or a notary, assert their rights before the courts (take legal action)? Specify:

Yes No

Can the person concerned do business with a third party for the purpose of receiving services (e.g., home care, attendant, plumber, electrician, accountant, etc.)? Explain:

Yes No

9. Faculties of the person concerned by the assessment (cont.)

B. Exercise of their civil rights – regarding their PERSON (cont.)

Can the person concerned choose where they live and whom they associate with, and set their own boundaries with those around them? (If they cannot do so, they will need a guardian.) Explain:

Yes No

Can the person concerned enter into a contract to meet their usual and customary needs, and can they understand and meet the resulting obligations (e.g., electricity, groceries, cable, personal expenses, etc.)? Specify:

Yes No

Can the person concerned perform acts related to their employment, art, or profession (e.g., sign an employment contract, manage schedules and vacation, negotiate working conditions, store their works of art, negotiate prices for their works of art, copyrights, etc.)? Specify:

Yes No

What are their significant wishes and preferences (expressed by them, currently or in the past, or based on reliable information from people close to them who are not yet mentioned in this report)?

C. Exercise of their civil rights – regarding their PROPERTY

Does the person concerned know what their patrimony consists of? Explain:

Yes No

Can the person concerned conduct regular financial transactions to administer their patrimony (e.g., pay bills, manage a bank account, etc.)? Explain:

Yes No

Can the person concerned perform the more complex financial transactions required by their current situation (e.g., repaying or collecting and issuing a release for a debt, managing a property, managing a business, accepting or refusing a succession, liquidating a succession, etc.)? Explain:

Yes No



9. Faculties of the person concerned by the assessment (cont.)

C. Exercise of their civil rights – regarding their PROPERTY (cont.)

Can the person concerned understand and evaluate the consequences of their decisions regarding the administration of their property (e.g., making and following a budget, paying bills on time, etc.)? Explain:

Yes No

Can or will the person concerned be able to manage the proceeds of his work?

Yes No

10. Opinion of the person concerned by the assessment

A. Person concerned’s opinion of the current process

Was the person concerned able to give their opinion on the current process?

Yes (specify):

What is their opinion of the process?

No (specify):

Why did the person not give their opinion?

B. Opinion of the person concerned regarding their own faculties and asserting their civil rights

What acts does the person concerned think they can perform on their own, despite the tutorship?

C. Person concerned’s opinion of the person(s) to be appointed as tutors

Who would they like to have appointed as their tutor to represent them?

10. Opinion of the person concerned by the assessment (cont.)

D. Person concerned's opinion of the person to be appointed as substitute tutor

Who would they like to have appointed as the substitute tutor?

11. Opinion of the people close to them on the current process

Have people close to them been consulted?

Yes (specify):

Which people close to them were consulted? (Provide their name and their relationship to the person concerned.)

No (specify):

Why were no people close to them consulted? (Go to section 12.)

Is there a consensus among the people close to them concerning the current process?

Yes No

Explain:

Does someone close to them wish to be appointed as the sole tutor?

Yes (specify):

What is the opinion of the other people close to them about the appointment of this person?

Does a person close to them wish to be appointed as the substitute tutor? If yes, name the person and provide the opinion of the other people close to them about the appointment of this person:

No (specify):

Reason why no one close to them wants to be appointed as tutor:



12. Opinion of the assessor (cont.)

B. Nature of tutorship recommended

Tutorship to the person	Yes	No
Tutorship to the property	Yes	No

C. Terms of the tutorship

Should the person concerned's right to vote in provincial, municipal, and school board elections be withdrawn? (The right to vote should only be withdrawn in exceptional circumstances.)

Yes No

Does the person concerned need a guardian?

Yes No (the person concerned has the ability to choose their living environment and the people with whom they associate)

If yes:

If both parents of the person concerned are appointed as tutors to the person, who should be appointed as guardian?

Both	Only one	First name	Last name

Explain:

If the tutor to the person is the Curateur public:

Custody should be given to a person close to them:

or	Last name	First name	Relationship to the person concerned

Custody should be given to the Curateur public, as a last resort.

Can the person concerned enter into contracts to meet their usual and customary needs?

Yes No

If they can enter into a contract to meet their usual and customary needs AND do not require a guardian, can the person concerned sign a lease and meet the resulting obligations (pay their rent, terminate or renew a lease, etc.)?

Yes No

Can the person concerned perform acts relating to their work, profession, or art?

Yes No

Can the person concerned manage the proceeds of their work?

Yes No

Would you like to add details about the person concerned's faculties? If yes, explain:



12. Opinion of the assessor (cont.)

D. Assessment of the proposed tutors or substitute tutors

Indicate the last name and first name of the proposed person and the position they are being proposed for (tutor or substitute tutor)

Last name of proposed person	First name of proposed person	Title Tutor Substitute tutor
------------------------------	-------------------------------	------------------------------------

Choose: Tutor to the person and to the property Tutor to the person Tutor to the property

What is your opinion? Explain why:

Indicate the last name and first name of the proposed person and the position they are being proposed for (tutor or substitute tutor)

Last name of proposed person	First name of proposed person	Title Tutor Substitute tutor
------------------------------	-------------------------------	------------------------------------

Choose: Tutor to the person and to the property Tutor to the person Tutor to the property

What is your opinion? Explain why:

Indicate the last name and first name of the proposed person and the position they are being proposed for (tutor or substitute tutor)

Last name of proposed person	First name of proposed person	Title Tutor Substitute tutor
------------------------------	-------------------------------	------------------------------------

Choose: Tutor to the person and to the property Tutor to the person Tutor to the property

What is your opinion? Explain why:

12. Opinion of the assessor (cont.)

E. Recommended tutor(s)

Enter the last name and first name of the person(s) recommended as tutors

Single tutor

Last name	First name
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Tutors (divided tutorship)

- **Person** (only one person can be appointed as tutor to the person except for both parents)

Last name	First name
-----------	------------

Last name	First name
-----------	------------

- **Property**

Last name	First name
-----------	------------

Last name	First name
-----------	------------

Substitute tutor, where applicable Person Property Both

Last name	First name
-----------	------------

Substitute tutor, where applicable Person Property Both

Last name	First name
-----------	------------

F. Provisional protection measures

Is there an urgent need to intervene and apply for provisional protective measure?

Yes (specify):

Why is it urgent to intervene, considering the risk of serious harm to the person concerned or to their patrimony?

<hr/> <hr/> <hr/> <hr/>

No

G. Reassessment – Maximum five (5) years

What is the recommended time limit for the psychosocial reassessment of the person concerned? Justify:

<hr/> <hr/> <hr/> <hr/>



13. People close to them who can form the meeting of relatives, persons connected by marriage or a civil union, or friends

A. Living relatives who must be convened (The spouse, children, parents and, if they have a known residence in Quebec, grandparents and other ascendants as well as adult brothers and sisters must all be summoned.)

1.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.
2.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.
3.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.
4.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.
5.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.

B. Deceased relatives who would have had to be convened

Last name	First name	Relationship to the person concerned

C. People close to them who may be convened

1.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.
2.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.
3.	Last name	First name	Relationship to the person concerned
	Address no., street, city		Postal code
	Email address		Tel. no.

14. Specific requirements for the examination

Where applicable, indicate whether the person concerned has any specific requirements related to the examination:

15. General information about the assessor				
Last name		First name		Title
Authorization to fill out this assessment				
License no. (specify no.): _____			Vested rights with OTSTCFQ attestation	
Tel. no. at work	Ext.	Fax no.	Email address	
Business address for the person concerned <small>institution name, no., street, city</small>				Postal code
Are you the main social worker for the person concerned by the assessment?				
Yes (specify):	How long have you been the person concerned's social worker?			
	Last name and first name of the social worker who provides the person concerned's psychosocial follow-up			
No (specify):	Occupation	Workplace	Tel. no. at work	Ext.
	Signature (digital or blue ink)			Date <small>yyyy-mm-dd</small>

Instructions

Attention: This document must not be used to report a situation of abuse or maltreatment. In that case, a report must be filed with the appropriate agency. To file a report, visit the Commission des droits de la personne et des droits de la jeunesse (CDPDJ) website at cdpdj.qc.ca. To report a case of mistreatment of a represented incapacitated person, consult Quebec.ca/reporting-to-the-curateur-public.

In this context, the psychosocial assessment is an activity reserved for social workers and persons authorized under the Professional Code. Where applicable, indicate that assessments done by other professionals were needed to prepare the assessment and attach them to your report, if relevant. The assessment form must contain only the information the court requires to rule on the need to institute or modify the terms of a tutorship.

The assessor must refer to the Practical guide produced by the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (OTSTCFQ) at all times.

Always remember that a person of full age, even under tutorship, can exercise several of their civil rights and perform several legal acts. They can, in particular, unless the court decides otherwise, enter into a contract to meet their usual and customary needs, perform acts relating to their employment, art, or profession, and manage the proceeds of their work. The modulation of the tutorship will then aim to revoke the exercise of these rights, depending on their faculties.

Definitions:

Faculties: Refers to the person concerned's ability to achieve things in their life with all the resources at their disposal, rather than with only their intellectual faculties.

Incapacity: Under a tutorship or a protection mandate, incapacity refers to the partial or total loss of the person's ability to make decisions and act independently to take care of themselves, administer their property, or generally exercise their civil rights.

Tutorship: A protective measure for an incapable person of full age who cannot take care of themselves or administer their property. The institution of a tutorship is ordered by the court. The tutorship can be to the property, to the person, or both, depending on the needs of the person it is protecting.

Terms of the tutorship: As part of a tutorship, the court takes into account the faculties and autonomy of the person protected in setting the terms of the tutorship (a process called modulation), in particular, the acts that they can perform alone and those they cannot do without representation or assistance from their tutor.

The basic rule, unless the court decides otherwise, is that the person protected by a tutorship CAN exercise the following rights:

- perform acts related to their employment, art, or profession, i.e., choose their employment, manage their employment contract, purchase and manage employment-related insurance, consent to the recording and use of their image and voice in connection with their employment or art, etc.;
- enter into a contract to meet their usual and customary needs, i.e., make purchases or transactions involving basic necessities, such as food, clothing, recreational activities, telecommunication services, education, etc., provided they are not overly expensive;
- manage the proceeds of their employment.

Guardianship: Refers to the right to choose where they live, whom they associate with, and when. This responsibility is entrusted to their tutor, unless the court decides that, because of their faculties, the person can assert these rights themselves, and therefore does not need a guardian.

Protection mandate: A document in which a person of full age appoints one or more persons, called mandataries, to take care of them or to administer their property, or both, in the event of incapacity. It specifies the extent of the powers given to the mandataries. It takes effect once the person of full age is declared incapable and after having been homologated by a court.

Wishes and preferences: Refers to the wishes and desires expressed by the person, based on their personal tastes, needs, values, and priorities.



Instructions (cont.)

Section 1: General information about the person concerned by the assessment

Attention: It is important to complete all sections so that the court can clearly establish the identity of the person concerned. The court may require proof of identity. Examples of proof of identity: passport, health insurance card, driving license, etc. The person's last name and first name entered on the form must match those appearing on the birth certificate.

If the person concerned lives on an Indian reserve, the *Indian Act* could apply. In that case, the Minister of Crown-Indigenous Relations has exclusive jurisdiction over the administration of the property.

Civil status is the current status of the person concerned according to the Register of Civil Status of Québec. For example, someone who has never been married and who lives with a common-law spouse is **single**. A widow or widower who lives with a common-law spouse is **widowed**. Someone who is legally separated is **married**.

Section 2: Circumstances motivating the application for assessment

The incapacity must have been found by the physician prior to producing the psychosocial assessment report.

Section 3: Examinations and consultations

The will prepared by the person concerned cannot be consulted during the assessment.

Section 4: Living environment of the person concerned by the assessment

One of sections A, B, or C must be completed, in addition to Section D (where applicable).

Section D – Status

- The status of a hospitalized individual who **does not pay** accommodation fees is considered **Active care**.
- The status of a hospitalized individual who **pays** accommodation fees is considered **Accommodated**.

Section 5: Protection mandate

Do not use this form if you are recommending homologation of the mandate. Please use the form provided for this purpose, available at Quebec.ca/protection-mandate.

Note that if more than two substitute tutors are appointed in the mandate, you must include their names and contact information in the appendix.

A mandate can only be revoked by the court, the mandator or specifically (e.g., in the event of a new mandate).

Section 6: Legal proceedings

This information is important to determine the need for representation and the degree of urgency involved. Examples of legal or administrative proceedings are: a motion in civil or family court, such as an application for divorce or a recourse loan, a request for a review by the Tribunal administratif du Québec (TAQ), etc.

Attach care, protective confinement, or TAQ orders, if possible. However, be careful to comply with closed-door and no-contact orders.

Note that if the application is submitted by the person close to them, the latter could have these documents in their possession.



Instructions (cont.)

Section 7: Psychosocial situation

Important: The assessor should consider all these factors: ethnic background, cultural values, education, religion, the person's past and current physical and mental functioning, environmental characteristics, and family and social relationships.

If a minor lives in the person concerned's home, the following points must be documented: sources of support for the parent, services received from the health and social services network or community organizations, the presence of family or friends to support the incapable person, and check of any reports on file.

Social roles

Social roles refers to family, civil, and financial responsibilities, interpersonal relationships, participation in community life, education, work, and recreation.

Maltreatment

If the person concerned is being abused, indicate any information you have, namely the type of abuse (financial, sexual, psychological, physical), the duration, the circumstances, the identity of the abuser, etc. Describe how this situation affects the person concerned and what they think about it. This information is important for the court to make an informed decision in the best interest of the person who requires protection.

Note that it is important to differentiate between a possible situation of maltreatment based on questionable observations and a confirmed case of maltreatment based on credible facts and evidence.

For information about maltreatment, visit the Commission des droits de la personne et des droits de la jeunesse (CDPDJ) website at cdpdj.qc.ca.

Section 8: Financial situation – A. Administration of the property of the person concerned by the assessment

Visit Quebec.ca/legal-protection-measures for information about the different types of administration.

Even if a third party is appointed to administer a benefit (e.g., Social Solidarity benefit), if the person concerned is incapable, the appointment of a tutor may be recommended to take over administration of the property.

Section 8: Financial situation – B. Composition of the person concerned's known patrimony

This information is required to demonstrate whether the person concerned's financial situation requires a need for representation, given their ability or inability to manage their patrimony.

Complete the section with the information you have in your possession. If this application has not been submitted to the Curateur public, the notary/lawyer involved may already have some of the information.

In Québec, businesses can operate under several legal forms. Information about their incorporation can be found under "Find an enterprise" on the Registraire des entreprises du Québec website at: registreentreprises.gouv.qc.ca/en/.

Section 9: Faculties of the person concerned by the assessment – A. Decision-making and functional autonomy of person concerned

It is important to specify the nature and source of the data, in order to make a fair assessment. In keeping with reserved professional acts, the social worker evaluates the person's functional autonomy based on information obtained from various sources: the person themselves, the people close to them, their healthcare team, etc. It is not an assessment of or a conclusion on the nature or degree of the person's functional autonomy. Indicate if a functional assessment was done by an occupational therapist and attach the report, where applicable.



Instructions (cont.)

Section 10: Opinion of the person concerned by the assessment

The person concerned must be informed of the assessor's conclusions and must have an opportunity to comment on the current process.

Section 11: Opinion of the people close to them on the current process

It is important to consult with **all the people close to them** who are interested. If more than one person close to them is appointed as tutor, it is important that the people close to them understand their separate roles as tutor to the person and tutor to the property. To help you inform the people close to them about the role and obligations of a tutor and a tutorship council, you can visit Québec.ca/tutorship-for-adults.

Section 12: Opinion of the assessor

Important: During the psychosocial assessment, the person's incapacity and need for representation must be evaluated. If they are found to need representation, a person close to them should be the first choice.

Section 12: Opinion of the assessor – A. Incapacity and need for representation

Under the law, the need for representation is recognized when an incapable person must be represented in the exercise of their civil rights. This need may be due to isolation, the duration of the incapacity, or the nature or state of the person's affairs. The need for legal representation is an essential condition for the institution of a tutorship.

It is important to note that an incapacity does not automatically lead to the institution of a tutorship. The institution of a tutorship means that the protected person is required to be represented in the exercise of their civil rights. It is therefore a decision with major ramifications for the person concerned. Other than this option, there are less restrictive solutions for the person concerned, and for their relatives and friends. The principle of need applies in this case.

Section 12: Opinion of the assessor – B. Nature of the tutorship recommended

A tutor to the person is appointed to protect and exercise the rights of a person who is deemed incapable of taking care of themselves. The tutor to the person determines the incapable person of full age's needs that contribute to their moral well-being and takes the necessary measures to meet them, including establishing a budget with the tutor to the property in accordance with the modulations in the judgment. If the incapable person is incapable of consenting to care, their tutor to the person will have to consent to or refuse the care. The tutor to the person also has a duty to oversee administration of the patrimony by the tutor to the property, to request or obtain any services the person requires, to represent them in court, to act as their guardian, etc.

A tutor to the property is appointed by the court to manage the property of a person of full age who is deemed incapable of doing so. The tutor to the property has a duty to ensure the material well-being of the person of full age, taking into account their condition, their needs and faculties, and their circumstances. The tutor to the property must, among other responsibilities, collect income, determine the budget with the tutor to the person, collect rent from a rental property, establish an investment strategy, collect refunds due to the person, pay creditors, submit a rendering of accounts of their administration to the tutor to the person, represent the person of full age in legal proceedings related to the property they administer, etc.

In all cases, the tutor must exercise their responsibilities based on the wishes and preferences of the person concerned, while involving them as much as possible in decisions that concern them.

Section 12: Opinion of the assessor – C. Terms of the tutorship

The person's **right to vote** should be withdrawn in exceptional cases only, given that it is a charter right, that the person's faculties can fluctuate, and that measures are put in place during elections to prevent fraud and abuse. This right should be withdrawn only in cases where the person concerned is unable to comply with the terms and conditions for exercising their right to vote and where it is clear that this situation will not change.

As for **guardianship**, if they have the ability to choose their place of residence and the people with whom they associate (friends, neighbours, etc.), and if they are generally able to set limits with others (e.g., refusing to let a stranger in, asking someone to leave their home, calling for help when needed [911], etc.), then the person concerned should not require a guardian.

Once appointed as a tutor, a person close to them automatically becomes the person concerned's guardian, unless the court finds that the person concerned does not need a guardian.

When the Curateur public is the tutor, it does not automatically become the person concerned's guardian. If the court finds that there is a need, it will appoint a guardian for the person concerned. It will give preference to a person close to them, if possible. Once appointed as the person concerned's guardian by the Curateur public, a person close to them has the authority to consent to the care required by the person who is unable to provide consent, unless this power is reserved for the Curateur public. It is important to verify whether the third party acting as guardian to the person represented by the Curateur public wants to consent to their care and feels comfortable doing so. Otherwise, the Curateur public will consent to the care, as needed.



Instructions (cont.)

If they have the capacity **to enter into contracts to meet their usual and customary needs**, this will include the ability to choose and enter into contracts with service providers (e.g., sign a contract with a cell phone company, make a dentist appointment and incur fees for this care, etc.). They can make arrangements with their tutor to the property to decide whether the tutor will pay the bills directly or transfer the money to them to make the payments.

An assessment of the person concerned's ability to **sign a lease on their own** is only required if they do not need a guardian and have the capacity to enter into a contract to meet their usual and customary needs.

If they work or exercise a profession or an art and have the faculties to **perform acts relating to their work, profession, or art**, the **person concerned** may sign their employment or service contract, determine their working conditions with their employer, enter into a service agreement with an agent, request vacation and leave, take steps to obtain the necessary insurance, defend their labour rights, adhere to their code of conduct and defend their professional rights (if they practice a profession), claim employment benefits, as needed (e.g., employment insurance), etc.

In all cases, they can also manage their salary, unless the court decides otherwise.

Section 12: Opinion of the assessor – D./E. Assessment of the proposed tutors or substitute tutors

Only one tutor is usually appointed. The assessor's initial recommendation should be the appointment of a single tutor, an option they can eliminate as needed. If the task is divided, there can only be one tutor to the person; however, in cases where both parents of the person concerned are involved, there can be more than one tutor to the property.

There can only be one substitute tutor to the person, whereas there can be more than one substitute tutor to the property. If both parents are appointed as tutors to the person, and one of them ceases to fulfil their role, the other parent can continue to perform the tasks alone. In this case, a substitute tutor would only step in if both tutors ceased to act. The Curateur public cannot be a substitute tutor.

Section 12: Opinion of the assessor – F. Provisional protection measures

Before instituting a tutorship, the court may, if necessary to avoid serious harm, temporarily appoint another person or the Curateur public to perform certain acts. This is what is known as "provisional protective measure." These measures may concern the protection of the person, their guardianship, the exercise of their rights or the administration of their property (according to the rules of simple administration), or a specific act.

Section 12: Opinion of the assessor – G. Reassessment – Maximum five (5) years

Indicate the recommended time limit for the psychosocial reassessment. This time limit cannot exceed five (5) years. It may differ from the time limit recommended by the physician for the medical reassessment. It is determined based on the nature of the person concerned's incapacity, the extent of their needs, and their condition. The maximum time limit must not become the norm and must only be recommended when justified by the person's situation.

Section 13: People close to them who can form the meeting of relatives, persons connected by marriage or a civil union, or friends

The meeting of relatives, persons connected by marriage or a civil union, or friends decides on the relevance of instituting a tutorship. It also decides on the terms of the tutorship, and the appointment of the tutor, the substitute tutor, and the members of the tutorship council, where applicable.

The holding of a meeting of relatives, persons connected by marriage or a civil union, or friends is a requirement of the Civil Code of Québec. Even if they refuse to give you their contact information, the people close to the person concerned must be called to the meeting.

There is no quorum. It is replaced by a minimum number of convocations, which may be reduced, depending on the provisions in the law. If more than five living relatives, persons connected by marriage or a civil union, or friends must be convened, attach the list. Since the meeting of relatives, persons connected by marriage or a civil union, or friends can be held virtually, it will proceed based on the number of participants in attendance, as opposed to the number of people physically present.

Section 14: Specific requirements for the examination

The process of instituting a tutorship involves **an examination of the person concerned**. This examination is conducted by a judge, court clerk, or notary. The person may have specific requirements for the examination to take place.

The assessor may specify whether it's best for the person to be seen in a specific environment or specify any other terms that might be in the person's interest (e.g., best time for the meeting, presence of an interpreter or significant professional).

Transmission instructions

Important: The information contained in this form and its appendices, where applicable, is highly confidential. It is therefore necessary to ensure its confidentiality at all stages, including the production of the assessment reports and their transmission within the institution and to authorized recipients, in accordance with professional standards and applicable laws. **The reports should only be transmitted if the assessment finds that there is an incapacity.**

In the case of an **application to institute a tutorship by the Curateur public:**

- send the original report to the competent person* of the establishment.

In the case of an **application to institute a tutorship by the people close to the person concerned:**

- send the original report to the applicant who has attested under oath that they intend to apply for the institution of a tutorship (ARHSSS, Sect. 25 [c. R-22.1]);
- send a copy to the person concerned and keep a copy on file.

* For the purposes of this form, a “competent person of the establishment” has the following meanings:

- In accordance with the *Act respecting the governance of the health and social services system* (c. G-1.021):
 - > For a public institution: the medical and professional services director, under the immediate authority of the president-CEO.
 - > For a private institution: the highest-ranking executive.
- In accordance with the *Act respecting health services and social services for Cree Native persons* (c. S-5):
 - > For a public institution: the executive director, under the authority of the board of directors, or the professional services director, where applicable.
 - > For a private institution: the executive director.
- In accordance with the *Act respecting health services and social services for the Inuit and Naskapi* (c. S-4.2):
 - > For a public institution: the professional services director, under the authority of the executive director.
 - > For a private institution: the executive director.