



Follow the [instructions on page 14](#).

## Instructions

This form, proposed by the Curateur public, contains the necessary elements to enable the court to rule on the application to homologate a protection mandate.

- 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 <small>yyyy-mm-dd</small>	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	
<b>Mandatory proof of identity</b> (attach document)					
Copy of birth certificate			Other proof of identity		
Parents		Last name		First name	
		Last name		First name	
Birthplace <small>city, country</small>					
<b>Usual language</b>					
French      English      Other (specify): _____					
<b>Legal status</b> (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): _____					
<b>Is the person concerned a member of a First Nation/Indian Band?</b>					
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**

Who is applying for the assessment?	Appointed mandatary	Substitute mandatary	Other person close to them
	Other professional		
Last name of the person applying	First name of the person applying		
The incapacity was confirmed by a physician, but the medical assessment report has not yet been produced. The medical assessment report has been produced.			
Last name and first name of physician	Date on which the medical assessment report was produced <small>yyyy-mm-dd</small>		
Briefly state the circumstances motivating the production of this psychosocial assessment. _____ _____ _____ _____			



### 3. Examinations and consultations

#### A. Information on the protection mandate

Before whom was the mandate signed?	Lawyer	Unknown	Notary	Witnesses
Date the mandate was prepared :	_____ yyyy-mm-dd		Date the mandate was consulted :	_____ yyyy-mm-dd
Last name of lawyer or notary		First name of lawyer or notary		Tel. no.
				Ext.
Main work address no., street, city				Postal code
Name of witness 1, where applicable				Tel. no.
				Ext.
Address no., street, city, province, postal code			Email address	
Name of witness 2, where applicable			Tel. no.	Ext.
Address no., street, city, province, postal code			Email address	

Who was appointed in the protection mandate? (Specify the role – to the property, to the person, or both)

	First name and last name	To the person	To the property
Main mandatary(ies):	_____		
	_____		
	_____		
Substitute mandatary(ies):	_____		
	_____		
	_____		
Person appointed to receive the rendering of accounts:	_____		

If no person has been designated to receive the account, does a person wish to be appointed to receive the periodic account?

Yes  First name and last name \_\_\_\_\_

No

#### B. Meetings with the person concerned by the assessment

Dates of meetings			Location of meetings	
_____ yyyy-mm-dd	_____ yyyy-mm-dd	_____ yyyy-mm-dd	Living environment	Your office
			Other (specify): _____	

**3. Examinations and consultations (cont.)**

**C. Persons consulted during your assessment**

<b>Last name of first person consulted</b>		First name of first person consulted	
Relationship to the person concerned	Tel. no. at work	Ext.	Date of consultation <small>yyyy-mm-dd</small>
Type of consultation:      Telephone conversation      Meeting      Teleconsultation      Email and/or mail			
<b>Last name of second person consulted</b>		First name of second person consulted	
Relationship to the person concerned	Tel. no. at work	Ext.	Date of consultation <small>yyyy-mm-dd</small>
Type of consultation:      Telephone conversation      Meeting      Teleconsultation      Email and/or mail			
<b>Last name of third person consulted</b>		First name of third person consulted	
Relationship to the person concerned	Tel. no. at work	Ext.	Date of consultation <small>yyyy-mm-dd</small>
Type of consultation:      Telephone conversation      Meeting      Teleconsultation      Email and/or mail			
<b>Last name of fourth person consulted</b>		First name of fourth person consulted	
Relationship to the person concerned	Tel. no. at work	Ext.	Date of consultation <small>yyyy-mm-dd</small>
Type of consultation:      Telephone conversation      Meeting      Teleconsultation      Email and/or mail			

**D. Reports and documents you consulted**

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

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#### 4. Current 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

#### 5 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 been placed into care or protective confinement, or are they under an order by the Commission d'examen des troubles mentaux? (Please attach any applicable orders, if possible.)

Yes (specify)

Date of order yyyy-mm-dd	Nature	Duration

No



**6. Psychosocial situation**

What is the significant psychosocial history related to the incapacity?

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What is the current makeup and dynamics of the family and social network?

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**6. Psychosocial situation (cont.)**

What are the main social roles that involve responsibilities carried out by the person alone or with help from their family and social network? How are these roles carried out?

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**Maltreatment**

Is the person concerned by this assessment being maltreated, abused, or exploited?

Yes                      No                      Maybe

If YES, have steps been taken to stop the situation (with the police, the Commission des droits de la personne et des droits de la jeunesse, the commissioner of complaints and service quality, the courts, shelters, etc.)? Specify. If NOT or MAYBE, why?

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What reasons do you have to suspect the possibility of maltreatment? Examples of details to specify: the abuser, when the abuse occurred, how the abuse occurred, financial value of the abuse (magnitude).

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What measures, if any, have the financial institutions implemented to protect the person concerned's assets?

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**7. Financial situation**

**Composition of the person concerned's known patrimony**

Is the person concerned's financial situation stable?  
 Yes  
 No. Describe the main issues for which actions need to be taken:  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approximate amount of monthly income	\$	Approximate amount of monthly expenses	\$
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What are the person concerned's sources of income?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summary description of the assets and liabilities of the person concerned (description and value, if known):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Faculties of the person concerned by the assessment**

**A. Decision-making and functional autonomy of the person concerned**

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?  
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 \_\_\_\_\_  
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**8. Faculties of the person concerned by the assessment (cont.)**

What is their state of mind regarding their limitations?

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

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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?

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**B. Exercise of their civil rights**

To what degree is the person concerned capable of protecting their person, administering their property, and exercising their rights?

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To what degree is the person concerned aware of and involved in the management of their assets?

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**9. Opinion of the person concerned by the assessment**

**Person concerned's opinion of the current process**

What is the person concerned's opinion of the homologation of the mandate and of the mandatary or substitute mandatary?

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**10. Opinion of the people close to them on the current process**

Were people close to them consulted?

Yes (specify):	Which people close to them were consulted? Explain:	
	First name and last name	Relationship to the person concerned
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

No (specify):

Why were no people close to them consulted? (Go to section 11.)

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Is there a consensus among the people close to them concerning the current process for homologating the protection mandate?

Yes      No

Explain :

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What is the opinion of the people close to them who were consulted about the person(s) appointed in the protection mandate?

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**11. Opinion of the assessor (cont.)**

**B. Conclusion on the incapacity**

<b>Incapacity to the person</b>	Yes	No
<b>Incapacity to the property</b>	Yes	No

**C. Assessment of the people appointed as substitute mandataries**

Indicate the last name and first name of the appointed person and their position (mandatary or substitute mandatary)

Mandatary Substitute mandatary	Person's last name	Person's first name
	In your opinion, are there any serious reasons why this person should not be allowed to act as mandatary? If yes, explain: _____ _____	
Mandatary Substitute mandatary	Person's last name	Person's first name
	In your opinion, are there any serious reasons why this person should not be allowed to act as mandatary? If yes, explain: _____ _____	
Mandatary Substitute mandatary	Person's last name	Person's first name
	In your opinion, are there any serious reasons why this person should not be allowed to act as mandatary? If yes, explain: _____ _____	
Mandatary Substitute mandatary	Person's last name	Person's first name
	In your opinion, are there any serious reasons why this person should not be allowed to act as mandatary? If yes, explain: _____ _____	

**D. Provisional protection measures**

Is there an urgent need to intervene and apply for a provisional **protection** measure?

Yes (specify):	Why is it urgent to intervene, considering the risk of serious harm to the person concerned or to their patrimony? _____ _____ _____ _____ _____ _____
No	



### 11. Opinion of the assessor (cont.)

#### E. Recommendation regarding homologation of the mandate

What is your recommendation as to whether or not the protection mandate should be homologated?

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### 12. Specific requirements for the interview

Where applicable, indicate whether the person concerned by the assessment has any specific requirements related to the interview.

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### 13. General information about the assessor

Last name		First name		Title	
Authorization to fill out this assessment					
License (specify no.): _____			Vested rights with OTSTCFQ attestation		
Tel. no. at work	Ext.	Fax no.	Email address		
Main work address no., street, city					Postal code
Name of institution					
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?				
No (specify):	Last name and first name of the social worker who provides the person concerned's psychosocial follow-up				
Occupation		Workplace		Tel. no. at work	Ext.
Signature (digital or blue ink)					Date yyyy-mm-dd



## Instructions

### General 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. See [Québec.ca/reporting-to-the-curateur-public](https://quebec.ca/reporting-to-the-curateur-public) for more information.

In this context, the psychosocial assessment is an activity reserved for members in good standing of the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (OTSTCFQ) and persons authorized under the *Professional Code*. In this case, mention the fact that assessments by other professionals are needed to complete this assessment and attach them, if relevant. The assessment form must contain only the relevant information the court requires to rule on the application.

The assessor must refer to the *Guide de pratique professionnelle* (Professional Practice Guide) produced by the OTSTCFQ at all times.

Note that the Curateur public cannot act as mandatary or substitute mandatary.

### 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. 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 protection mandate must be consulted by the psychosocial assessor.

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

If the mandate was made after November 1, 2022 and the mandate does not provide for anyone to receive the periodic rendering of the mandatary's account, the court will be called upon to designate a person. It is therefore important to survey relatives to find out who would agree to receive the periodic account.

### Section 5: Legal proceedings

**Attach care, protective confinement, or Tribunal administratif du Québec (TAQ) orders, if possible.**

However, be careful to comply with closed-door and no-contact orders.

This information is important to determine the degree of urgency involved. Examples of legal or administrative proceedings are: a motion in a civil or family matter, an application for review to the TAQ, etc.

## Instructions (cont.)

### Section 6: Psychosocial situation

**Important:** The assessor must consider all these factors: ethnic background, cultural values, education, religion, the person concerned'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 concerned.

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.

To know more about maltreatment, visit the Commission des droits de la personne et des droits de la jeunesse (CDPDJ) website at [cdpdj.qc.ca/en](http://cdpdj.qc.ca/en).

### Section 7: Financial situation – Composition of the person concerned's known patrimony

This information is required to demonstrate whether the person concerned's financial situation regarding their ability to manage their affairs or not allows them to perform certain acts alone, as provided for in the mandate (where applicable). Complete the section with the information you have in your possession.

### Section 8: Faculties of the person concerned by the assessment – A. Decision-making and functional autonomy of the 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 concerned's functional autonomy based on information obtained from various sources: the person concerned themselves, the people close concerned to them, their healthcare team, etc. This is not an assessment or a conclusion on the nature and degree of the person concerned's functional autonomy. In such a case, mention if a functional assessment was done by an occupational therapist and attach the report, where applicable.

### Section 8: Faculties of the person concerned by the assessment – B. Exercise of their civil rights

**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.

### Section 9: 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.

## Instructions (cont.)

### Section 11: Opinion of the assessor

#### A. Conclusion (summary) regarding the incapacity assessment

Explain the key findings of your assessment of the person concerned's faculties.

#### B. Conclusion on the incapacity

Indicate whether the person concerned is incapable of caring for themselves and/or administering their property.

#### C. Assessment of the people appointed as substitute mandataries

Indicate whether there are any serious reasons that would prevent the person appointed as mandatary from performing their duty. For example, the person appointed as mandatary is the former spouse of the person concerned and they do not get along well.

#### D. Degree of urgency

During the protection mandate homologation process, provisional measures can be taken to perform certain urgent actions, in order to avoid serious harm to the person concerned or their property.

#### E. Recommendation regarding homologation of the mandate

Indicate your recommendation as to whether or not the protection mandate should be homologated and explain why.

### Section 12: Specific requirements for the interview

During the protection mandate homologation process, the person concerned **must** be interviewed. This interview is conducted by a judge, court clerk, or notary. The person concerned may have specific requirements for the interview to take place. The assessor may specify whether it's best for the person concerned to be seen in a specific environment or specify any other terms that might be in the person concerned'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 production and transmission within the institution and to authorized recipients, in accordance with professional standards and applicable laws. **The report should only be transmitted if the assessment finds that the person concerned has an incapacity.**

- Send the original report to the mandatary who has attested under oath that they intend to apply for the homologation of the mandate ([ARHSSS, Sect. 25 \[c. R-22.1\]](#)).
- Send a copy to the person concerned and keep a copy on file.