

My Protection Mandate

Form

INSTRUCTIONS

The numbers that appear in the margin of these instructions refer to the same numbers in the form.

Filling out the form:

You must...

- ☐ Using an ink pen, fill out the form in block letters.
- ☐ Make sure, when drafting your mandate, to write your initials next to any changes you make or errors you correct.
- ☐ If you run out of space, add an appendix at the end of the form, number it and note to which section of the form it corresponds.
- ☐ Ensure that all pages are initialed by you and your witnesses.
- ☐ Fully or partially strike out any clauses that you don't want included in your mandate.

This document always refers to the mandatary in the singular, but you may name more than one mandatary in your protection mandate.

1 You must choose one of the two options.

Indicate the name, date of birth and contact information of your mandatary or mandataries as well as your relationship to each one. Check one of the boxes if you want the one remaining mandatary to continue to act on your behalf. This mandatary will then be responsible for protecting your person and managing your property. Remember, however, that if you name co-mandataries (two different mandataries) for your person or for your property, they will have to act jointly. This means that they will have to make all decisions together and agree on these decisions.

2 Indicate the name, date of birth and contact information of your substitute mandatary as well as your relationship to this person.

3 Specify your wishes and preferences regarding housing.

4 Check the desired options and add any clarifications you wish.

INSTRUCTIONS

- 5** Check the applicable box and add any relevant information (if you so wish).
- 6** Check the desired box if you want the substitute mandatary designated in section 2 to perform a new inventory of all your property when they take over.
- 7** Indicate the name, date of birth and contact information of the person to whom your mandatary must submit the rendering of accounts. Also indicate how often this is to be done.
- 8** State your wishes regarding remuneration of your mandatary to the person and your mandatary to the property.
- 9** Check the applicable box and indicate the frequency (if appropriate).
- 10** Note down the names and contact details of the persons to reach out to (if you so wish).
- 11** Indicate (if you so wish) the name of the tutor, their relationship to your child, and the child's name and date of birth.
- 12** If necessary, provide additional information regarding the protection of your person or the administration of your property.
- 13** Indicate your name, contact information and place of birth, and sign the document.
- 14** Ask your witnesses to indicate their name, contact information, as well as the date and place, and sign the document.

MY PROTECTION MANDATE – FORM

This mandate cancels any previous protection mandate or mandate in case of incapacity.

1 SOLE MANDATARY

I, the undersigned, _____, born on _____,
Name of mandator Day / Month / Year

hereby designate the following person to act as mandatory for protecting my person and administering my property:

Name	Date of birth	Address, telephone and email	Your relationship to the person

OR

MULTIPLE MANDATARIES

I, the undersigned, _____, born on _____,
Name of mandator Day / Month / Year

hereby designate the following person or persons to act as mandatory or mandataries responsible for protecting my person:

Name	Date of birth	Address, telephone and email	Your relationship to the person

I also hereby designate the following person or persons to act as mandatory or mandataries responsible for administering my property:

Name	Date of birth	Address, telephone and email	Your relationship to the person

Check if desired

- ☐ If two mandataries are designated (one for my person and one for my property), and if either of them resigns, dies or becomes legally incapable, the remaining mandatory will act as if they alone had been designated.
- ☐ If more than one mandatory is designated for my person or more than one mandatory is designated for my property, and if either of them resigns, dies or becomes legally incapable, the remaining mandatory will act as if they alone had been designated.

2

SUBSTITUTE MANDATARY

If you have designated a single mandatary.

If my mandatary is unable to act for whatever reason, I designate the following person or persons to act as substitute mandatary or mandataries:

Order of appointment	Name	Date of birth	Address, telephone and email	Your relationship to the person
1				
2				

OR

SUBSTITUTE MANDATARIES

If you have designated several mandataries.

If the mandatary responsible for protecting my person is unable to act for whatever reason, I designate the following person or persons to act as substitute mandatary or mandataries:

Order of appointment	Name	Date of birth	Address, telephone and email	Your relationship to the person
1				
2				

If the mandatary responsible for administering my property is unable to act for whatever reason, I designate the following person or persons to act as substitute mandatary or mandataries:

Order of appointment	Name	Date of birth	Address, telephone and email	Your relationship to the person
1				
2				

PROTECTION OF MY PERSON

3 HOUSING

If possible, I would like to live at home. However, if my health requires me to live in a setting that is safer and better suited to my needs, my mandatary to the person will make decisions in keeping with the circumstances, while taking into account the following wishes and preferences:

4 END-OF-LIFE WISHES

In all decisions concerning care required at the end of my life, my mandatary must consider:

- ☐ My opposition to any form of aggressive therapy. I wish to die with dignity, with the required supportive and comfort care and the appropriate medication to relieve my suffering, even though it may hasten my death.
- ☐ Other specific wishes:

ADMINISTRATION OF MY PROPERTY

5 POWERS OF ADMINISTRATION

I grant my mandatary the power to administer my moveable and immovable property according to the rules of (check one of the following options):

- ☐ Simple administration (collect income, ensure the day-to-day management of my affairs, preserve and maintain my moveable and immovable property, etc.).
- ☐ Full administration (collect income, ensure the day-to-day management of my affairs, preserve and maintain my moveable and immovable property, make my property productive, sell or mortgage an immovable, etc.).

Clarification: ☐ I do not want the following moveable and immovable property to be sold, unless necessary:

6 INVENTORY

1. My **mandatary** will perform an inventory of all my property, moveable and immovable, within 60 days of the homologation of the mandate. This step must be done in the presence of two witnesses or before a notary. The mandatary will have to send a copy of this inventory to the person appointed to receive the rendering of accounts.
2. I want my **substitute mandatary** (designated in Section 2), **if they must take office after the initial homologation of my mandate**, to perform an inventory of all my property, moveable and immovable, within 60 days of them taking over.

☐ Yes ☐ No

7 RENDERING OF ACCOUNTS

My mandatary will give an account of their management of my property to the following person:

Name	Date of birth	Address, telephone and email

Frequency:

☐ Once a year ☐ Once every two years ☐ Once every three years

If the person designated to receive the accounts is unable to act for whatever reason, my acting mandatary will give an account of their management of my property to the following person:

Name	Date of birth	Address, telephone and email

OR

Curateur public

Frequency:

Once a year Once every two years Once every three years

8 REMUNERATION

All expenses incurred by my mandatary in carrying out their role, including the costs related to homologation of my mandate, will be paid from my patrimony, unless the court decides otherwise.

I would like:

■ My mandatory to act free of charge.

My mandatary to be reimbursed from my patrimony according to the following terms and conditions:

MANDATORY TO THE PERSON OR SUBSTITUTE MANDATARY	TERMS AND CONDITIONS
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <p style="text-align: center;">Name</p>	<p>Amount of \$ _____</p> <div style="margin-left: 40px;"> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly </div> <div style="margin-left: 40px;"> <input type="checkbox"/> Other (specify): _____ </div> <div style="margin-left: 40px;"> <input type="checkbox"/> Hourly rate of \$ _____ </div>

MANDATORY TO THE PROPERTY OR SUBSTITUTE MANDATARY	TERMS AND CONDITIONS
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <p style="text-align: center;">Name</p>	<p>Amount of \$ _____</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Hourly rate of \$ _____</p>

OTHER CLAUSES

9 REASSESSMENT OF INCAPACITY

I would like my mandatary to periodically request a reassessment of my incapacity.

☐ Yes ☐ No

Frequency of reassessment of my incapacity: _____ years.

(In general, it is recommended that the time limit for reassessment not exceed five (5) years.).

If yes: My mandatary must have new medical and psychosocial assessments conducted, as often as indicated above, in order to reassess my condition. Based on these assessments, my mandatary must make all necessary decisions to ensure that this mandate is either maintained revoked.

10 CONSULTATION

If my mandatary deems it appropriate, they will consult the people closest to me on any decision regarding the homologation or execution of this mandate.

☐ Yes ☐ No

Name of person to consult	Address, telephone and email

Name of person to consult	Address, telephone and email

Name of person to consult	Address, telephone and email

If, at the time of my mandate's homologation, one of my children is a minor and doesn't have a tutor, I designate the following person to act in the capacity of tutor to the person and to the property:

Name of tutor	The tutor's relationship with my child	Child's name and date of birth

Other wishes and preferences concerning the protection of my person:

Other wishes and preferences concerning the administration of my property:

13**SIGNATURE OF THE MANDATOR**

I, the undersigned, _____,
Name of mandator

Full address

have signed this mandate at _____,
Place

on _____,
Day / Month / Year Signature of mandator

14**DECLARATION BY THE WITNESSES**

We declare that this person was fully capable of preparing this mandate, that they signed it in our presence, and that we have no personal interest in it (for example, as mandatory, substitute mandatory or person who receives the rendering of accounts).

In witness whereof, we have signed at _____ on _____
Place Day / Month / Year

Name of witness

Name of witness

Full Address

Full Address

Telephone

Telephone

Signature of witness

Signature of witness

CHECKLIST

Have you...

- ☐ provided the required information in block letters, using an ink pen?
- ☐ written your initials next to any text that you amended?
- ☐ signed and dated section 13?
- ☐ verified that your witnesses signed section 14?
- ☐ checked that your initials and those of your witnesses were included at the bottom of all of the pages and appendices, as the case may be?
- ☐ asked one of your witnesses to declare under oath (see appendix)?

DECLARATION BY THE WITNESSES

I, the undersigned, _____, domiciled at

Name of witness

Full Address

declare the following under oath:

1) I am one of the witnesses present at the signing of the protection mandate of

_____, signed before witnesses
Name of mandator

at _____ on _____.
Place Day / Month / Year

2) I know the mandator personally and declare that they were capable when they signed their protection mandate.

3) I have no interest in the said protection mandate.

4) The mandator signed their protection mandate in my presence and in the presence of

_____, and we both signed as witnesses in the presence
Name of the other witness
of the mandator.

OR

4) The mandator recognized their signature before me and _____,
Name of the other witness
the other witness, and we both signed as witnesses in the presence of the mandator.

5) Both myself and the other witness were capable when the said protection mandate was signed.

And I have signed

Last name

First name

Signature of witness

SOLEMNLY SWORN before me, at _____ on _____.
Place Day / Month / Year

Commissioner for oaths for all judicial districts

My Protection Mandate will guide you through the process of naming a mandatary who will look after you and your property should you lose your cognitive faculties because of an illness or accident. It tells you everything you need to know about choosing a mandatary and the different clauses that may be included in the protection mandate.

Stay in control: Decide now who will take care of you and your property should you become incapable.

FOR MORE INFORMATION

Curateur public



Toll-free:
1 844 LECURATEUR (532-8728)



[Québec.ca/mandate](https://quebec.ca/mandate)

October 2025

