



Reserved for the Curateur public du Québec

Information

Section 297.23 of the Civil Code of Québec stipulates that an interested person may object to the recognition of any person proposed as an assistant.

In this regard, the Curateur public du Québec may refuse to recognize a proposed assistant when:

- There is a serious doubt as to whether or not the person seeking assistance understands the scope of the request for recognition;
- There is a serious doubt as to whether the person seeking assistance is able to clearly express his wishes and preferences;
- There is a clear reason to fear that the person seeking assistance will be harmed following the recognition of the proposed assistant.

► **Do you wish to make your objection known?**

This form was created to enable you to provide us with information relevant to a request for recognition that is currently underway. The information you provide may concern either the person seeking assistance or the proposed assistants.

Should you want to share information regarding an assistance measure for which a recognition has already been granted, we would ask you to do so using the form for reporting a potentially dangerous situation found at [Québec.ca/reporting-to-the-curateur-public](http://Quebec.ca/reporting-to-the-curateur-public).

Submitting the form

Please send the completed form to the following address:

Curateur public du Québec
CP 521 Montréal Succursale B
Montréal (Québec) H3B 3K3

► **Do you wish to make your objection known online?**

We offer an online objection option, available at [Québec.ca/assistance-measure](http://Quebec.ca/assistance-measure).

Protection of personal information

The personal information gathered as part of the request for recognition concerning which you would like to make your objection known is confidential and protected by the *Act respecting Access to documents held by public bodies and the 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 Act.

We will thus be unable to provide you with any information regarding your objection or the results of our examination.

YOUR OBJECTION

Section A. – Identity

Who is submitting this objection?

The fields followed by an * are mandatory.

Last name *

First name *

Section B. – Relationship with the person seeking assistance

Who is the person seeking assistance?

Last name *

First name *

Number of the request for recognition

► **If known**, enter the number of the request for recognition below. *

What is your relationship with the person seeking assistance?

Select the option that applies to your situation.

<input type="checkbox"/> Spouse	<input type="checkbox"/> Uncle (aunt)	<input type="checkbox"/> Cousin
<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Friend/Loved one
<input type="checkbox"/> Parent	<input type="checkbox"/> Grandson (granddaughter)	<input type="checkbox"/> Service provider
<input type="checkbox"/> Sibling (brother/sister)	<input type="checkbox"/> Nephew (niece)	<input type="checkbox"/> Other, please specify ►

Section C. – Reaching you

Telephone number(s)

You must provide at least one telephone number. *

Cellular telephone

Area code	Number
<input type="text"/>	<input type="text"/>

Telephone (other)

Area code	Number	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail

E-mail address*

<input type="text"/>	@	<input type="text"/>
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Section D. – Details of the objection

Who does your objection concern? *

<input type="checkbox"/> The person seeking assistance	<input type="checkbox"/> One or more proposed assistants	► If so, provide information regarding the assistants concerned below*
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First assistant

Last name	First name
<input type="text"/>	<input type="text"/>

Second assistant

Last name	First name
<input type="text"/>	<input type="text"/>

Please detail your objection. *

► Describe the circumstances, events, persons involved, type of feared risk or harm, and provide any other information you feel may help us better evaluate the situation.

DECLARATION OF THE ACCURACY OF THE INFORMATION GIVEN

I HEREBY ATTEST that the information included in this objection is accurate and complete.

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 the objection;
- Refuse to review or revoke a decision subsequent to a request identifying a clear reason to fear that the person of full age could be harmed following the recognition.

I UNDERTAKE to immediately notify the Curateur public du Québec of any modifications to the information provided in this objection.

Your signature *

Date *

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 YYYY-MM-DD