

SCHEDULE B

(This form to be completed only if a new substitute decision maker(s) is being proposed)

Consent Form for Consideration of Appointment as Substitute Decision Maker

I/We; _____
[name(s) of proposed substitute decision maker(s)]

do hereby consent to my/our appointment as substitute decision maker(s) for

[name of person for whom substitute decision maker is requested]

in respect of whom decision-making power is sought in the areas of

- personal care
- property

I/We understand that my/our appointment as a substitute decision maker is conditional upon the results of a Criminal Record (including the Vulnerable Sector Search) and Child Abuse Registry Check and agree to apply for these checks and to submit these records to the Commissioner for Adults Living with an Intellectual Disability.

I/We further understand that as a substitute decision maker for property I/we will be required to file within six months of my/our appointment a true inventory and account of the adult living with an intellectual disability's property, debts and liabilities which would be under my/our power, and yearly thereafter, an annual accounting of the property, debts, liabilities, receipts and disbursements of the adult living with an intellectual disability, unless I am/we are directed otherwise by the Commissioner for Adults Living with an Intellectual Disability.

I/We further understand that as a substitute decision maker for property I/we may be required to provide a bond or other security which would be equal to the amount of the sworn value of the property under my/our power as the substitute decision maker(s), as directed by the Commissioner for adults living with an intellectual disability.

*Signature of proposed substitute decision maker

Date

*Signature of proposed substitute decision maker

Date

* Not required for The Public Trustee