



Financial  
Services  
Commission  
of Ontario

Dispute  
Resolution  
Group

# Representing Minors and Mentally Incapable Persons Form P

Date of Accident

The claimant/applicant \_\_\_\_\_, is  
(name)

- ☐ a minor (less than 18 years old)  
☐ mentally incapable

## For minors

I, \_\_\_\_\_, am filing this application on behalf of  
the claimant/applicant as:

- ☐ a parent with whom the minor resides;  
☐ a person with lawful custody of the minor;  
☐ a court appointed guardian of the minor's property under the provisions of the *Children's Law Reform Act*;\* or  
☐ the Children's Lawyer.

## For mentally incapable persons

I, \_\_\_\_\_, am filing this application on behalf of  
the claimant/applicant as:

- ☐ the Public Guardian and Trustee or a Court appointed guardian of the claimant's property under the *Substitute Decisions Act, 1992*;\*  
☐ an attorney under a valid continuing power of attorney that gives the attorney authority over all of the claimant's/applicant's property;\* or  
☐ other authority.\*

**\* Provide a copy of the document authorizing you to act. For example, the custody order, guardianship order, continuing power of attorney, or order appointing a litigation guardian.**

## My contact information

☐ ☐ ☐  
Mr. Mrs. Ms.

Last name

First name

Middle name

Street address

Apt./Unit

City

Province/State

Postal Code/Zip

Country

Home phone number

Work phone number

Ext.

Fax number

Electronic mail address

( )

( )

( )

1. What is the best way to reach you?

☐ phone ☐ mail ☐ fax ☐ through my representative

2. Where is the best place to reach you?

☐ home ☐ work ☐ other, specify ►

3. When is the best time to reach you? Specify days of the week and time.

Signature

Date