

S.C. No. \_\_\_\_\_

SUPREME COURT OF YUKON

PURSUANT TO THE *DECISION MAKING, SUPPORT AND PROTECTION TO ADULTS ACT, S.Y. 2003, C.21* (the "Act"); specifically *SCHEDULE A, THE ADULT PROTECTION AND DECISION MAKING ACT, PART 3, COURT APPOINTED GUARDIANS* ("Part 3")

IN THE MATTER OF THE APPLICATION FOR TEMPORARY GUARDIANSHIP OF

\_\_\_\_\_  
(name of adult)  
also known as, (if applicable)  
\_\_\_\_\_

**APPLICANT'S AFFIDAVIT**

I, \_\_\_\_\_ of the City/Town/Village of \_\_\_\_\_,  
(name)

in Yukon, MAKE OATH AND SAY, to the best of my knowledge, information and belief, as follows:

1. The adult is incapable of managing some or all of their financial affairs as set out in the particulars in paragraph 4 of this Affidavit.
2. Some or all of the adult's financial affairs need to be managed by a temporary guardian as set out in the Statement of Proposed Temporary Guardian filed with my application.
3. The adult will benefit from the appointment of a temporary guardian.

4. In addition to the information in the other documents accompanying my application, the Court should be aware of the following: (Give particulars of any other information. Attach separate sheets if needed.)

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5. Attached as Exhibit "A" is a copy of the written opinion of \_\_\_\_\_  
(a medical practitioner or registered nurse).

**NOTE:** The Act states that an applicant for temporary guardianship need not file a report of an assessor as to the incapacity of the adult in question. However, the Supreme Court of Yukon has indicated that it expects the applicant to include with the application a written opinion from a medical practitioner or registered nurse.

SWORN before me at the City of \_\_\_\_\_ )  
\_\_\_\_\_, )  
in Yukon on the \_\_\_\_\_ day )  
\_\_\_\_\_, )  
(month) (year) )  
\_\_\_\_\_ )

A Notary Public in and for the Yukon Territory

\_\_\_\_\_  
Applicant's Signature

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IN THE MATTER OF THE APPLICATION FOR TEMPORARY GUARDIANSHIP OF

\_\_\_\_\_  
(name of adult)  
also known as, (if applicable)  
\_\_\_\_\_

**APPLICANT'S AFFIDAVIT**

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Address

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