|  |
| --- |
| 1. Name and contact information of Plaintiff’s attorney presenting the Application :
2. Name:
3. E-mail Address:
4. Cellular number :
 |
| 1. Date(s) of notification of the Application:
 |
| 1. Is the delay of 5 days for the presentation respected?

Yes [ ]  No [ ]  Does this delay need to be shortened? Yes [ ]  If no, explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is this the first Application for the person who is the subject therein?

Yes [ ]  No [ ]  |
| 1. Is the person who is the subject of the Application of Authorization for Care presently hospitalized or does he or she reside in a care centre?

Yes [ ]  No [ ]   |
| 1. The person who is the subject of the Application for Authorization for Care and the other witnesses **must be heard in person** at the Montreal Court House.

**Exceptionally**, is a request to proceed virtually being asked?Yes [ ]  No [ ] -If yes, by whom? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-The request to proceed virtually concerns who? (person concerned and/or other witnesses). Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-Reasons justifying such request? Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-Do you believe that the presence of a special constable is necessary?Yes [ ]  No [ ] -If yes, explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Language in which the person who is the subject of the Application for Authorization for Care expresses himself or herself?

French [ ]  English [ ]  Other [ ]  Please specify: |
| 1. Has the person who is the subject of the Application for Authorization for Care expressed the intention of being represented by an attorney?

Yes [ ]  No [ ] Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Has the person who is the subject of the Application for Authorization for Care had the opportunity to consult an attorney?

Yes [ ]  No [ ]  If yes - Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Has the request been notified to the interested persons referred to in articles 15, 23 C.C.Q. and 395 C.C.P. (tutor, curator, representative, the person or persons eligible to consent to care for the adult or, failing that, the public curator)?

Yes [ ]  No [ ] **Will this person or these persons be present at the hearing?** Yes [ ]  No [ ]  |
| 1. Is the Application contested?

Yes [ ]  No [ ] Unknown [ ] **Does a period of 1½ hour appear reasonable for the hearing?** Yes [ ]  No [ ] To your knowledge how many witnesses will be heard? Plaintiff: Expert witnesses: Ordinary witnesses:Defendant: Expert witnesses: Ordinary witnesses: |
| 1. Has a *Word* draft judgment, containing the following phrase: «**CONSIDERING** the reasons stated orally and recorded digitally;» been provided?

Yes [ ]   |

**Effective date: For all Applications for Authorization for Care presented as of May 30th, 2022**