

## APPLICATION FOR AUTHORIZATION OF CARE

1)	Name and contact information of Plaintiff's attorney presenting the Application : a) Name: b) E-mail Address: c) Cellular number :						
2)	Date(s) of notification of the Application:						
3)	Is the delay of 5 days for the presentation respected? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this delay need to be shortened? Yes <input type="checkbox"/>						
4)	Is this the first Application for the person concerned? Yes <input type="checkbox"/> No <input type="checkbox"/>						
5)	Is the person concerned presently hospitalized or does he or she reside in a care centre? Yes <input type="checkbox"/> <b>The person concerned will therefore be present at the hearing by visioconference.</b> Please ensure that the necessary local and equipment have been reserved  No <input type="checkbox"/> i- Does the person concerned intend on being present at the hearing? Yes <input type="checkbox"/> No <input type="checkbox"/>  ii- Is the presence of a special constable necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>						
6)	Language in which the person concerned expresses him or herself? French <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Please specify:						
7)	Has the person concerned manifested the desire of being represented by an attorney? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:						
8)	Has the person concerned had the opportunity to consult an attorney? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes - Name: E-mail address: Telephone number:						
9)	Has the request been notified to the 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 <input type="checkbox"/> No <input type="checkbox"/> <b>Will this person or these persons be present at the hearing?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>						
10)	Is the Application contested? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Does a period of 1½ hour appear reasonable for the hearing?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> To your knowledge how many witnesses will be heard?  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Plaintiff:</td> <td style="width: 33%;">Expert witnesses:</td> <td style="width: 33%;">Ordinary witnesses:</td> </tr> <tr> <td>Defendant:</td> <td>Expert witnesses:</td> <td>Ordinary witnesses:</td> </tr> </table>	Plaintiff:	Expert witnesses:	Ordinary witnesses:	Defendant:	Expert witnesses:	Ordinary witnesses:
Plaintiff:	Expert witnesses:	Ordinary witnesses:					
Defendant:	Expert witnesses:	Ordinary witnesses:					
11)	Has a <i>Word</i> draft judgment been provided containing the following phrase: « <b>CONSIDERING</b> the reasons stated orally and recorded digitally;» Yes <input type="checkbox"/>						