

**IN THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR
GENERAL DIVISION**

In the Estate of _____ (mentally disabled person) of _____
(city) in the Province of Newfoundland and Labrador, _____
(occupation).

PETITION FOR GUARDIANSHIP UNDER THE
MENTALLY DISABLED PERSONS' ESTATES ACT

TO THE SUPREME COURT OF NEWFOUNDLAND AND LABRADOR, GENERAL
DIVISION, OR ONE OF THE HONOURABLE JUDGES THEREOF

The Petition of _____ (applicant), of _____
(city/town), in the Province of Newfoundland and Labrador and _____
(second applicant), of _____ (city/town), in the Province of
Newfoundland and Labrador, says that:

1. _____ (name of mentally disabled person), is currently a resident of
_____ (city/town), in the Province of Newfoundland and Labrador,
and is _____ (relationship to applicants)
2. The said _____ (mentally disabled person) is a person who, because of a
condition of arrested or incomplete development of mind (whether arising from inherent
causes or induced by disease or injury) or a disorder of the mind, requires care, supervision
and control for the protection of his/her property. [For applications under s. 3 of the *Mentally
Disabled Persons' Estates Act.*]

OR

The said _____ (mentally disabled person) is a person who, through mental
infirmity arising from disease, age, habitual drunkenness, the use of drugs or other cause, is
incapable of managing his or her affairs. [For applications under s. 17 of the *Mentally Disabled
Persons' Estates Act.*]

3. The said _____ (mentally disabled person), is currently residing at, _____ (current residence) in the Province of Newfoundland and Labrador, however, we are handling _____ (assistance being provided to person), for our _____ (relationship of person to petitioners).
4. Attached hereto and marked Schedule “A” is the Affidavit of _____ (name of physician), of _____ (city/town), in the Province of Newfoundland and Labrador, _____ (type of physician), wherein the said _____ (name of physician) deposes that the said _____ (name of mentally disabled person), is incapable of managing ____ (his/her) own affairs and that it is unlikely ____ (he/she) will ever be able to manage ____ (his/her) own affairs in the future.
5. That the said _____ (name of mentally disabled person) has the following next of kin and no others, namely:
 - (a) _____ (name of next of kin), of _____ (city/town), in the Province of _____ (province), _____ (relationship), age ____ years;
 - (b) _____ (name of next of kin), of _____ (city/town), in the Province of _____ (province), _____ (relationship), age ____ years;
 - (c) _____ (name of next of kin), of _____ (city/town), in the Province of _____ (province), _____ (relationship), age ____ years;
 - (d) _____ (name of next to kin), of _____ (city/town), in the Province of _____ (province), _____ (relationship), age ____ years;
 - (e) _____ (name of next of kin), of _____ (city/town), in the Province of _____ (province), _____ (relationship), age ____ years;

6. That the following person(s) reside within the jurisdiction and ____ (is/are) entitled either in priority or have an equal right with the Petitioners to a grant of Letters of Guardianship under the Mnetally Disabled Persons’ Estates Act and have consented to the said appointment, which Consents are annexed hereto:

- (a) _____ (name of next of kin), of _____ (city/town),
in the Province of _____ (province), _____ (relationship),
age _____ years;
- (b) _____ (name of next of kin), of _____ (city/town),
in the Province of _____ (province), _____ (relationship),
age _____ years;
- (c) _____ (name of next of kin), of _____ (city/town),
in the Province of _____ (province), _____ (relationship),
age _____ years;
- (d) _____ (name of next to kin), of _____ (city/town),
in the Province of _____ (province), _____ (relationship),
age _____ years;
- (e) _____ (name of next of kin), of _____ (city/town),
in the Province of _____ (province), _____ (relationship),
age _____ years;
- (f) _____ (name of next of kin), of _____ (city/town),
in the Province of _____ (province), _____ (relationship),
age _____ years;

7. That at the date of this Petition, the said _____
(name of mentally disabled person) was possessed of property within the jurisdiction of this Honourable Court of an approximate value of _____ (dollar value of property). That the paper-writing hereto annexed and marked “B” is a true and correct Inventory and Valuation of the estate and effects of the said _____ (name of mentally disabled person) so far as your Petitioners can at present ascertain.

8. No Letters of Guardianship of the Estate and Effects of the said _____
(name of mentally disabled person) have been applied for or granted to any person.

The Petitioners therefore apply for a grant of Letters of Guardianship of the Estate of the said
_____ (name of mentally disabled person) to be issued to the Petitioners,
pursuant to the *Mentally Disabled Persons' Estates Act*, R.S.N. 1990, c. M-10.

Dated at _____ (city/town) in the Province of Newfoundland and Labrador
this _____ day of _____, _____ (d-m-y)

Signature of Petitioner

Name of Petitioner

Address
