

Form T
[Clause 3(t)]
In the Queen's Bench

Judicial Centre of _____

Affidavit in Support of an Application to Reseal a Foreign Order

I _____ of _____ MAKE OATH AND SAY (Or Declare):

1. THAT I am the applicant and have personal knowledge of the matters deposed to in this affidavit, except where stated to be on information and belief, and where so stated I believe them to be true.

2. Attached as Exhibit "A" is a copy of my application in the *(court of the other jurisdiction)* _____
for the order I am seeking to have resealed.

3. Attached as Exhibit "B" is a certified copy of the original guardianship order issue by the *(court)* _____
of _____

4. Attached as Exhibit "C" is a certificate from the *(court)* _____
of _____ showing that the order of _____
is wholly unrevoked and of full effect.

5. Attached as Exhibit "D" is a certificate from the *(court)* _____
of _____
stating that security has been given in that court in an amount sufficient to cover assets within Saskatchewan.

6. THAT I am the _____ *(state relationship)* of the adult named in the application (the "adult").

7. THAT the nearest relative(s) of the adult, other than myself, is (are):

Name _____	Relationship _____
------------	--------------------

Address _____	
---------------	--

Name _____	Relationship _____
------------	--------------------

Address _____	
---------------	--

Name _____	Relationship _____
------------	--------------------

Address _____	
---------------	--

Name _____	Relationship _____
------------	--------------------

Address _____	
---------------	--

8. THAT the adult was born on _____ and is now _____ years of age.

9. THAT the adult currently resides at _____	Phone _____
--	-------------

10. THAT I believe I would be a suitable _____ *(where the deponent is not the public guardian and trustee)*

for the following reasons:

11. THAT I (check appropriate) ☐ have ☐ have not

been appointed as a decision-maker for another person pursuant to *The Dependent Adults Act* or *The Adult Guardianship and Co-decision-making Act* (where the deponent is not the public guardian and trustee)

Details, including name and address of adult, date of order, authority granted and fees for services received: (if applicable)

12. THAT I (check appropriate) ☐ have ☐ have not

been in a relationship of financial trust with another person, including under a power of attorney.

Details: (if applicable)

13. THAT I (check appropriate) ☐ have ☐ have not

been convicted of, or received a pardon for, a criminal offence relating to assault, sexual assault or other acts of violence, intimidation, criminal harassment, uttering threats, theft or fraud. **NOTE: Attach criminal record check completed by your local police service).**

Details: (if applicable)

14. THAT I (check appropriate) ☐ have ☐ have not

been a respondent pursuant to *The Victims of Domestic Violence Act* or a defendant pursuant to a section of the *Criminal Code* relating to securing a peace bond.

Details: (if applicable)

15. THAT I (check appropriate) ☐ have ☐ have not applied for or been petitioned into bankruptcy.

Details, including the status or outcome of that application or petition: (if applicable)

16. THAT the estimated value of the adult's estate is as follows: (where application is for the appointment of a property co-decision-maker or property guardian)

17. THAT the reasons I seek an order stating that I am not required to serve the following persons are: *(If applicable)*

NOTE: *The Adult Guardianship and Co-decision-making Act* provides that the court shall not dispense with service on the adult unless it is satisfied, on the basis of sufficient medical evidence, that special circumstances exist and service would be injurious to the adult and contrary to the best interests of the adult.

Name _____ Relationship _____

Reason for dispensing with service _____

Name _____ Relationship _____

Reason for dispensing with service _____

Name _____ Relationship _____

Reason for dispensing with service _____

Name _____ Relationship _____

Reason for dispensing with service _____

18. THAT attached are the following exhibits, marked E to _____

all of which I believe to be true copies of the originals: *(check appropriate)*

☐ power of attorney given by the adult *(where order appointing property co-decision-maker or property guardian is requested)*

☐ health care directive made by the adult *(where order appointing personal co-decision-maker or personal guardian with authority respecting health care decisions is requested)*

☐ last will and testament made by the adult *(where order appointing property co-decision-maker or property guardian is requested)*

☐ Other:

(describe)

19. THAT no other application, other than the following, has been made to this court for the appointment of a personal co-decision-maker, personal guardian, property co-decision-maker or property guardian for the adult, to the best of my information and belief.

20. THAT I am not aware of any conflict of interest that presently exists or will exist if I should be so appointed.

21 THAT I understand that I must account annually to the court and the public guardian and trustee

(if application is for the appointment of a property co-decision-maker or property guardian)

22. THAT I will undertake, on my appointment as co-decision-maker or guardian, to exercise the duties and powers assigned to me by the court diligently, in good faith and in the best interests of the adult. I will exercise my powers and duties in a way that encourages the adult to participate as fully as possible in decision-making and to act independently in all matters where he or she is able. I will protect the adult's civil and human rights and limit my interference in his or her life to the greatest extent possible.

23. THAT I make this affidavit in support of an application pursuant to The Adult Guardianship and Co-decision-making Act for an Order resealing the order of (date) _____

of (court) _____ of _____

appointing me as the _____ for (adult's name) _____

SWORN before me at _____ Saskatchewan

this _____

A Commissioner for Oaths in and for Saskatchewan

(Signature of Applicant)

My appointment expires _____