

To be completed for an Application for Guardianship over the Property (Personal Injury Award or Settlement) of a Minor (A Person Under 18) under the *Children's Law Reform Act*.

**1. This management plan is provided as part of the application made by:**

Full name of applicant		
First Name	Middle Name	Last Name
Full name of applicant		
First Name	Middle Name	Last Name
Full name of applicant		
First Name	Middle Name	Last Name

to be appointed as guardian of the property of the minor: (referred to throughout this management plan as the minor)

First Name	Middle Name	Last Name
Date of Birth (yyyy/mm/dd)		

**2. Guardianship of Property**

The minor has property further to the award/settlement of a claim regarding (insert nature of personal injury claim below e.g. medical negligence, motor vehicle accident)

bearing Court file number

in which the minor: (Insert name of minor)	First Name	Last Name
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born (yyyy/mm/dd)

was the: (Select one)     Primary plaintiff     Derivative plaintiff

To the best of my knowledge and belief, the award/settlement funds belonging to the minor are as follows:

Particulars	Applicable		Amount
Lump sum payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Monthly annuity payments indexed at	%* <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lump sum payments commencing on and recurring every	* <input type="checkbox"/> Yes	<input type="checkbox"/> No	

\*as set out in the structure printout attached as **Schedule "B"** to this management plan

List additional property, if any, from the award/settlement

### 3. Real Property (Where Applicable)

From the property described in section 2, funds up to a maximum amount of \$ \_\_\_\_\_ will be used to purchase and/or modify housing for the minor's accessibility needs, subject to the mandatory requirements set out below. This amount shall include the building/modifications assessment, all land transfer tax, legal fees, essential service connections, and home inspections.

Yes  Not Applicable

A building/modifications assessment has been prepared

Yes  No

If yes, the building/modifications assessment has been prepared by: (Insert name of assessor below)

and will be carried out under the direction/ supervision of: (Insert name of director/supervisor below)

The plan includes the following: (e.g. elevator, ramps, Snoezelen room, attendant care suite etc.)

If no, a building/modifications assessment will be obtained prior to the matter being returned to the Court, on notice to the Children's Lawyer, for Court approval of the purchase and/or modification of a specific home for the minor. The plan will include the following: (e.g. elevator, ramps, Snoezelen room, attendant care suite etc.)

Particulars	Estimated Cost
Total	

The title to the real property shall be registered in the name of

the minor (Insert name of minor)

First Name

Last Name

Provide details

The parents of the minor shall personally pay all utilities, taxes and insurance pertaining to the real property.

#### 4. Vehicle, Mobility & Personal Care Equipment (Where Applicable)

I/we have listed below the equipment that the minor will need, in accordance with the cost of care report of (Insert name of author of report and date of report below)

Dated

Particulars	Applicable	Estimated Cost
Wheelchair Accessible Vehicle*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adjustable Bed/Hydraulic Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Toilet Commode	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shower Chair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exercise Ball, Exercise Table, Exercise Mat and Rolls, Tumble Wedge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Walkers/Standers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair - Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair - Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GI Feeding Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total	

The guardian of property may use the lump sum funds for additional devices for the minor provided that each expenditure is:

- a) recommended in writing by a healthcare professional, as defined under Schedule 1 - Self Governing Professions - of the *Regulated Healthcare Professionals Act, 1991*; and
- b) does not exceed \$3,000.00.

\*The minor's contribution to the vehicle purchase will be registered under the *Personal Property Security Act* and I will provide the Office of the Children's Lawyer with documentation confirming this registration within 60 days of the purchase of a wheelchair accessible vehicle.

#### 5. Therapy and Medication

I/we have listed below the therapy and medications that the minor will need, in accordance with the cost of care report of : (Insert name of author of report and date of report below)

Dated

Service/Therapy	Applicable	Present to 18 years of age	
		Monthly	Annually
Case Management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech/Language Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medications/GI Dietary Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total		

The guardians of property may reallocate funds as between the various therapies and services noted under section 5, so long as the amount does not exceed the total annual funds available for same.

## 6. Nursing, Attendant & Respite Care (Where Applicable)

Particulars	Applicable	Per Hour	Monthly	Annually
Weekday Attendant Care	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Weekend Attendant Care	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Respite Care - Weekday	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Respite Care - Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Nursing Care - Weeknights	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Nursing Care - Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Total			

## 7. Capacity Assessment (Where Applicable)

I/we shall arrange for a capacity assessment for the minor, to be conducted in accordance with the *Substitute Decisions Act*, 1992, at least three months prior to and no more than six months prior to the minor attaining the age of eighteen (18) years, to determine the minor's capacity to manage property. The reasonable cost of the capacity assessment will be paid for from the minor's funds.

Yes  Not Applicable

## 8. Reserve Fund (Where Applicable)

I/we have listed below the amounts from the award/settlement funds that I/we will deposit into monthly GICs or interest generating savings accounts to maintain a reserve fund for the purpose of replacing the minor's transportation and mobility equipment in accordance with the cost of care report of (Insert name of author of report and date of report below)

Yes  Not Applicable

Dated

Particulars	Present to 18 years of age	
	Monthly	Annually
Modified Vehicle Replacement Fund		
Mobility Equipment Replacement Fund		
Total		

## 9. Investment Plan

If at any time I/we am/are holding a balance of funds in excess of \$10,000 which is not immediately required for the purposes described above, such balance will be invested in guaranteed investment certificates, treasury bills, term deposit or similar secured investments.

The minor's monies will not be disbursed except to the extent set out in this management plan. I/we will not seek nor will I/we take compensation or any management fees for my/our role as guardians of property for the minor.

## 10. Undertakings and Acknowledgement of the Applicant(s)

I/we acknowledge that I/we read the above plan and understand its contents.

I/we shall abide by the terms of the Management Plan approved by the Court.

I/we shall keep true and accurate records and accounts of all transactions, including investments, receipts and disbursements and shall account for the guardianship as required.

I/we understand that our authority to manage the minor's property under the *Children's Law Reform Act* ends when the minor attains the age of eighteen (18) years, and that at such time I/we shall hand over any amounts beneficially owned by the minor, remaining in our control, to the minor, subject to further Order of the Court.

\*These terms are only intended to be used for a minor's personal injury award/settlement. Please see Form 1 for Management Plan terms where no minor's personal injury proceeds.

Name of Applicant	Signature	Date (mm/dd/yyyy)
Name of Applicant	Signature	Date (mm/dd/yyyy)
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