

Ch. 1 Appendix A: Sample Initial Sentencing Position

Crown Counsel's Initial Sentencing Position

ACCUSED: JOHN DOE Court File # 12345-1K

Crown Counsel's initial position on sentencing is based on an early guilty plea (a plea entered prior to the setting of a preliminary or trial date) to:

- All counts on the information
- The following counts on the information:

The initial sentencing position presented here has been derived by determining, on the information available to Crown Counsel, the appropriate sentence for the above count or counts based on an early guilty plea.

Crown Counsel's initial position on sentencing is subject to:

- any further substantive offences or breaches of court orders;
- any further information received; discussions with defence counsel or the accused; evidence provided in any type of hearing.

Crown Counsel will present the Crown's position on sentence to the Judge. The Judge will decide the sentence.

Crown is seeking all items checked off below:

- Further information before determining the Crown's sentencing position.
- Conditional Discharge
- Suspended Sentence
- Fine
- Restitution
- Driving Prohibition
- Firearms Prohibition and Forfeiture Order
- Jail
- Jail: Conditional Sentence
- Further information is required prior to determining Crown's position on how the sentence should be served

PROBATION
- No Go } Ms. Doe
- No Contact }
- Counselling as directed
- Community Work Service 20 hrs

CROWN: Mr. Bird DATE: 11 July 2013

PROVIDED TO: Defence Accused DATE: 15 July 2013

Ch. 1 Appendix B: Alternative Measures (Diversion)



Alternative Measures (Diversion)

You should get legal advice before you do anything in court. You can often get advice from **duty counsel** (a Legal Aid lawyer at the courthouse). Tell the sheriff you want to speak to duty counsel.

If you are charged with a crime and you admit that you committed the crime, you may be able to deal with the charges without having to plead guilty or go to trial. You may be eligible for **alternative measures** (also known as "diversion"), which is a program of community supervision by a Probation Office.

If you wish to apply for diversion, please consider using the attached form. Try to have a lawyer review this before you submit it to the Crown.

Crown Counsel may agree to diversion if:

- the crime was not serious,
- you have no criminal record (or only a very minor record from a long time ago),
- you committed the offence, admit guilt, and take responsibility for your actions, and

- you are remorseful and willing to take steps so that you do not return to the court with new charges.

If you are Aboriginal, there are special diversion programs available to you. Ask courthouse staff where you can go for more information.

If Crown Counsel agrees to consider diversion, you will be asked to attend an interview to discuss whether you are a good candidate for diversion and what will be expected of you. In a diversion contract, you may be required to do any or all of the following things:

- write a letter of apology
- go for counselling
- do some community work service

You will have to complete these things within three months of agreeing to the contract. If you successfully complete your diversion contract, the Crown will "stay" your charge in court. This means you will not have a criminal conviction. However, the Crown, the Probation Office, and the police will know you have been "diverted" if you are ever charged with a crime again.



Alternative Measures (Diversion)

(*please fill out this form and give it to the Crown)

Facts:

Name _____ Today's date _____

Court file # _____ Charge _____

Next court date _____ Court _____

Offence date _____ Where offence took place _____

Address (where mail can be sent) _____

Phone number (where you can get calls) _____

Personal history:

Birthplace _____ Birthdate _____

Immigration status _____ Aboriginal yes no

First language _____ Where raised _____

Marital status _____ Years together _____

Employed (where, and for how long) _____

Will a criminal record affect your job? yes no

In what way? _____

of people you support _____ Education completed _____

Associations and/or interests (list) _____

Health:

History of substance abuse yes no

Treatment history _____

Date started _____ Date completed _____

Health issues/disabilities _____

In counselling yes no Currently under a doctor's care yes no

Currently on medication (list) _____

Other information:

Why did you commit the offence? _____

Do you regret your actions? _____

What was your mental/physical state when the offence was committed? _____

List anything else about what happened that would help determine whether you should be considered for diversion _____

Ch. 7 Appendix G: Sample Authorization Form

G. **SAMPLE AUTHORIZATION BY WORKER OR DEPENDANT FORM**

AUTHORIZATION BY WORKER OR DEPENDANT

I, _____, residing at _____
(Print Name) (Full Address)
_____, _____
(City & Postal Code) (Telephone Number)

authorize the following:

(Print Name/Title of Representative)

(Representative's Full Address/Organization Name)

(Postal Code) (Telephone Number) (FAX Number, if available)

to be my representative respecting Workers' Compensation Board ("WCB") matters, including any review before the Review Division.

I authorize my representative to obtain or view, from any source whatsoever, including records of physicians, qualified practitioners or hospitals, a copy of records pertaining to my examination, treatment history, and employment. For the purpose of reviews, I consent to the WCB disclosing to my representative the contents of my WCB claim file(s) or any other WCB file(s) or related information to which I am eligible to receive disclosure. I further authorize my representative to act on my behalf in providing evidence and submissions in reviews of such WCB files.

I also acknowledge the WCB may obtain or view, from any source whatsoever, a copy of records respecting the matter(s) under review.

This authorization shall remain in effect for two (2) years, or until I revoke it in writing or until my death, whichever is earlier.

Signature of Worker or Dependiant

Date

April, 22, 2003

Ch. 14 Appendix A: Second Opinion

FORM 11
MENTAL HEALTH ACT
[Section 31, R.S.B.C. 1996, c. 288]

REQUEST FOR SECOND MEDICAL OPINION

I, _____, request a second medical opinion
first and last name (please print)

Note: check one box only

on the appropriateness of my treatment.

OR

on the appropriateness of the treatment of _____
first and last name of patient

who is an involuntary patient at _____
name of designated facility

Note: Complete either 1 or 2

1. Request for a specific physician

I request the examination be carried out by Dr. _____

of _____
address of physician (if known)

If my first choice is not available, I request Dr. _____

of _____
address of physician (if known)

I confirm that I have been advised that there may be a cost to me depending upon the distance the physician has to travel.

OR

2. Request to director to appoint a physician

I request that the director appoint a physician to conduct the examination.

signature

date (dd / mm / yyyy)

signature of witness

name of witness (please print)

address and phone number (if applying on behalf of the patient)

Ch. 14 Appendix B: Near Relative

FORM 15
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]

NOMINATION OF NEAR RELATIVE

The information on this form is collected pursuant to section 34.2 of the *Mental Health Act*. It will be used to document your nomination of a near relative. Any questions you have about this form may be addressed to the director or staff of this facility.

The *Mental Health Act* requires that the director must send a notice to a near relative immediately after a patient's admission, discharge or an application to the review panel (where applicable).

If you do not name a near relative, the director must choose a near relative to be notified. If the director has no information about your relatives, notification will be sent to the Public Guardian and Trustee.

I, _____, would like the near relative named below
first and last name of patient (please print)
to be notified of my admission or discharge or an application to the review panel (as applicable).

Person to be notified:

<i>first and last name</i>	<i>telephone number</i>
<i>address</i>	<i>postal code</i>

This person's relationship to me is: (please check one only):

- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> wife | <input type="checkbox"/> husband | <input type="checkbox"/> common-law spouse | <input type="checkbox"/> committee of person |
| <input type="checkbox"/> mother | <input type="checkbox"/> father | <input type="checkbox"/> same-sex partner | |
| <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather | <input type="checkbox"/> friend | |
| <input type="checkbox"/> daughter | <input type="checkbox"/> son | <input type="checkbox"/> companion | |
| <input type="checkbox"/> sister | <input type="checkbox"/> brother | <input type="checkbox"/> legal guardian | |
| <input type="checkbox"/> half sister | <input type="checkbox"/> half brother | <input type="checkbox"/> caregiver | |

<i>signature of patient</i>	<i>date (dd / mm / yyyy)</i>
-----------------------------	------------------------------

name of designated facility

For office use only

- No known relative
- Patient declined to complete form

staff signature

Ch. 15 Appendix A: EPOA

ENDURING POWER OF ATTORNEY

Made under Part 2 of the *Power of Attorney Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how an Enduring Power of Attorney may be made. In addition, it does not constitute legal advice. For further information, please consult the *Power of Attorney Act* and *Power of Attorney Regulation* or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Enduring Power of Attorney are found at the end of this document and are provided for information only.

1. THIS ENDURING POWER OF ATTORNEY IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS

(See Note 1 – actions that must be taken to revoke previous instruments)

(See Note 2 – effect of revocation on previous instruments)

I revoke all of the following made by me:

- all previous Enduring Powers of Attorney;
- all previous Representation Agreements granting authority under either section 7 (1) (b) or section 7 (1) (d) of the *Representation Agreement Act*, or both.

3. ATTORNEY

(See Note 3: who may be named as Attorney)

I name the following person to be my Attorney in accordance with Part 2 of the *Power of Attorney Act*:

Full Legal Name of Attorney
Full Address of Attorney

4. ALTERNATE ATTORNEY (OPTIONAL)

(See Note 3: who may be named as Attorney)

(Strike out this provision if you do not want to appoint an Alternate Attorney.)

I name the following person to be my Attorney in accordance with Part 2 of the *Power of Attorney Act*, and authorize that person to act in place of my Attorney as my Alternate Attorney if my Attorney resigns in accordance with section 25 of the *Power of Attorney Act*, or the authority of my Attorney ends under section 29 (2) (d) of the *Power of Attorney Act*:

Full Legal Name of Alternate Attorney
Full Address of Alternate Attorney

If so acting, my Alternate Attorney has all the authority granted to my Attorney in this Enduring Power of Attorney.

5. EVIDENCE OF AUTHORITY OF ALTERNATE ATTORNEY

(See Note 4 – statutory declaration for evidence of authority of Alternate Attorney)

(Strike out this provision if you are not appointing an Alternate Attorney.)

A statutory declaration made by me, my Attorney, or my Alternate Attorney (if one is named), declaring that one of the circumstances referenced in section 4 of this Enduring Power of Attorney has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Attorney to act as my Attorney.

6. AUTHORITY OF ATTORNEY

I authorize my Attorney to make decisions on my behalf in relation to my financial affairs and do anything on my behalf that I may lawfully do by an agent in relation to my financial affairs.

7. CONTINUED AUTHORITY

My Attorney may exercise the authority granted by this Enduring Power of Attorney while I am capable of making decisions about my financial affairs, and this authority continues despite my incapability to make those types of decisions.

8. COMPENSATION

(See Note 5 – Attorneys may be reimbursed for reasonable expenses)

(Strike out the provision that does not apply.)

- i. My Attorney is not to be compensated for acting as my Attorney.
- ii. My Attorney may be compensated for acting as my Attorney as follows (set out the amount or rate of compensation):

9. EFFECTIVE DATE

This Enduring Power of Attorney is effective on the date it has been signed by me and my Attorney.

10. CERTIFICATION FOR LAND TITLE PURPOSES

For this Enduring Power of Attorney to be effective for the purposes of the *Land Title Act*, it must be executed and witnessed in accordance with that Act. If the attorney will be required to deal with an interest in land, this section must be completed by a lawyer, notary public or other person before whom an affidavit may be sworn under the *Evidence Act*.

OFFICER SIGNATURE(S)

EXECUTION DATE

ADULT'S SIGNATURE

 Signature of officer

 Name of officer

 Complete address

 Professional capacity

Y	M	D

 Signature of adult

 Name of adult
Officer Certification:

Your signature constitutes a representation that you are a solicitor, notary public or other person authorized by the *Evidence Act*, R.S.B.C., 1996, c. 124, to take affidavits for use in British Columbia and certifies the matters set out in Part 5 of the *Land Title Act* as they pertain to the execution of this instrument.

11. SIGNATURES**ADULT**

- The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ADULT'S SIGNATURE

(See Note 6 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:	
<input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

ATTORNEY

Signature of Attorney	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ATTORNEY'S SIGNATURE

(See Note 6 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Attorney and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:	
<input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Attorney and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

ALTERNATE ATTORNEY*(Strike out if an Alternate Attorney is not appointed)*

Signature of Alternate Attorney	Date Signed (YYYY / MM / DD)
Print Name	

WITNESSES TO ALTERNATE ATTORNEY'S SIGNATURE

(See Note 6 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Alternate Attorney and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
Print Name	
Address	
<p>If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:</p> <input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Alternate Attorney and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
Print Name	
Address	

(See Note 7 - when an Attorney may exercise authority under this Enduring Power of Attorney)

STATUTORY DECLARATION OF ATTORNEY FOR LAND TITLES

This statutory declaration must be completed by the attorney before the attorney may file a document with the Land Title Office. It need not be completed at the time that the enduring power of attorney is made or signed.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Land Title Act* re: an Enduring Power of Attorney made by

_____ naming _____ as Attorney
name of Adult name of Attorney

TO WIT:

I, _____,
Name

of _____, British Columbia,
Full Address

SOLEMNLY DECLARE THAT:

1. I am the attorney named by the foregoing Enduring Power of Attorney.
2. I am the full age of 19 years.

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

location

Declarant's Signature

on _____
date

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

STATUTORY DECLARATION FOR EVIDENCE OF AUTHORITY OF ALTERNATE ATTORNEY

This statutory declaration may be completed by the adult, the attorney, or the alternate attorney, as evidence of the authority of the alternate attorney to act as attorney. This statutory declaration would be completed if the attorney resigns, or the authority of the attorney ends, to establish the authority of the alternate attorney.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Power of Attorney Act* re: an Enduring Power of Attorney made by

_____ naming _____ as Attorney
name of Adult name of Attorney

TO WIT:

I, _____,
Name of adult, attorney or alternate attorney

of _____, British Columbia,
Full Address of adult, attorney or alternate attorney

SOLEMNLY DECLARE THAT:

1. I am the (*strike out the descriptions that do not apply*):

- adult who granted the enduring power of attorney
- attorney named under the enduring power of attorney
- alternate attorney named under the enduring power of attorney.

2. The attorney has resigned in accordance with section 25 of the *Power of Attorney Act*, or the authority of the attorney has ended under section 29 (2) (d) of the *Power of Attorney Act*, specifically (*describe the specific circumstance resulting in the alternate attorney having authority to act*):

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location

_____ Declarant's Signature

on _____ date

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

NOTES RESPECTING THIS ENDURING POWER OF ATTORNEY

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this enduring power of attorney form. They should not be considered a complete description of matters to be taken into account in making an enduring power of attorney. A person making an enduring power of attorney, or acting as an attorney, should consult the *Power of Attorney Act* and the Power of Attorney Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke previous instruments

To revoke a previous enduring power of attorney, you must also give written notice of the revocation to each attorney named in that enduring power of attorney. Revocation is effective when this notice is given, or on a later date stated in the notice.

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on previous instruments

The revocation provision in this enduring power of attorney will do all of the following:

- if you have previously made an enduring power of attorney that is still effective, it will be revoked;
- if you have previously made a representation agreement granting authority under either section 7 (1) (b) or section 7 (1) (d) of the *Representation Agreement Act*, or both, that is still effective, the entire representation agreement will be revoked;
- if you have previously made a section 9 representation agreement that authorizes the representative to exercise the powers of an attorney and that part is deemed under section 44.3 of the *Representation Agreement Act* to be an enduring power of attorney, that is still effective, that part of the representation agreement will be revoked.

If you do not want to revoke all of the above (for example, you may have an enduring power of attorney made for a specific purpose), you should not use this form and should consider obtaining legal advice.

NOTE 3: Who may be named as Attorney

This form provides for the naming of one attorney, and one attorney to act as an alternate attorney. If you wish to name more than one attorney to act at the same time, do not use this form.

The *Power of Attorney Act* sets out who may be named as an attorney. If an individual is appointed, that individual must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.

If an individual who is not an adult is named as an attorney, the individual must not act as attorney until that individual is an adult (19 years of age or older).

The information in this note also applies in respect of an alternate attorney.

NOTE 4: Statutory declaration for evidence of authority of Alternate Attorney

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate attorney to act as attorney will be required for land title purposes, and may be required for other purposes.

NOTE 5: Attorneys may be reimbursed for reasonable expenses

Even if you state that your attorney is not to be compensated for acting as your attorney, an attorney may still be reimbursed from your property for reasonable expenses properly incurred in acting as your attorney.

NOTE 6: Information for witnesses (other than “officers” witnessing the execution of an Enduring Power of Attorney for land title purposes)

- (a) The following persons may not be a witness:
 - i. A person named in the enduring power of attorney as an attorney;
 - ii. A spouse, child or parent of a person named in the enduring power of attorney as an attorney;
 - iii. An employee or agent of a person named in the enduring power of attorney as an attorney, unless the person named as an attorney is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, the Public Guardian and Trustee of British Columbia, or a financial institution authorized to carry on trust business under the *Financial Institutions Act*;
 - iv. A person who is under 19 years of age;
 - v. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.
- (b) Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.
- (c) You should not witness the Enduring Power of Attorney, and you may report your concerns to the Public Guardian and Trustee of British Columbia, if you have reason to believe that
 - i. the adult is incapable of making, changing or revoking an enduring power of attorney, or
 - ii. fraud, undue pressure or some other form of abuse or neglect was used to induce the adult to make the enduring power of attorney, or to change or revoke a previous enduring power of attorney.

NOTE 7: When an Attorney may exercise authority under this Enduring Power of Attorney

Before a person may exercise the authority of an attorney under an enduring power of attorney, that person must sign the enduring power of attorney in the presence of two witnesses (or one witness, if that witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia).

Ch. 15 Appendix B: Notice of Revocation (from NIDUS)

Procedures to Revoke (Cancel) an Enduring Power of Attorney

How do I revoke my Enduring Power of Attorney?

The *Power of Attorney Act* sets out the requirements for validly revoking your Enduring Power of Attorney (EPA). Check if your EPA lists other requirements or steps related to revoking in addition to the requirements from the legislation as described in this information sheet. If you do not follow the procedures outlined in the law, your revocation may not be valid.

To cancel your EPA, you must put it in writing. This is called a 'Notice of Revocation.'

Making a new Enduring Power of Attorney does NOT automatically cancel previous EPA's.

What does a Notice of Revocation look like?

See the attached form for a Notice of Revocation. You may adapt this form as needed. It is common practice among lawyers and notaries public to put a 'notice of revocation' clause in an EPA they draft. For example, "I hereby revoke all previous Powers of Attorney..." They will ask you if you want this included. This format could serve as a Notice of Revocation if you deliver it to the people required. See the next heading.

Who do I give the Notice of Revocation to?

In order for your revocation to be valid, you must give a signed and dated copy of the written Notice of Revocation to each attorney appointed in your EPA. It is a good idea to also give it to any alternate(s).

How do I deliver the Notice of Revocation?

The Power of Attorney Act does not set out the ways to deliver your Notice to those you are required to inform. You may wish to follow the procedures for giving written Notice as set out in the Representation Agreement Act Regulation:

- by registered mail to the person's last known address; or
- by leaving it:
 - with the person, or
 - at the person's address, or
 - with an adult who appears to reside with the person;
- if the person operates a business, at the business, with an employee of the person; or
- by transmitting it by fax to the person with the number they provided for notification purposes.

When does the Revocation take effect?

The revocation takes effect when it is given to everyone required. You can also list a specific future date in the Notice when it will take effect.

Is a witness required?

Although the law does not require it, it may be helpful to ask someone to witness (watch) you sign and date the Notice of Revocation. After you sign, the witness can sign the Notice and print their name and contact information.

Continued page 2

Who can revoke an Enduring Power of Attorney?

An Enduring Power of Attorney can only be revoked by the adult who made it. The adult must be capable of understanding the nature and consequences of revoking the EPA.

If an attorney is no longer able or willing to act, they can resign. See the Nidus fact sheet on [Resigning as an Attorney named in an Enduring Power of Attorney](#).

Who else do I need to inform that my Enduring Power of Attorney is cancelled?

If you gave the original to someone else, ask for it back. Ask for copies back. If you gave copies to the bank or other financial service, send them a copy of the Notice of Revocation. If you filed your Enduring Power of Attorney with the Land Title Office, you must also file your revocation with them.

It is also a good idea to register a copy of the Notice of Revocation with the Nidus Personal Planning Registry. One of the challenges when revoking a legal document is ensuring that third parties (for example, banks, financial services and government agencies) know about it. Registration helps you communicate this important information to others.

The Nidus Registry provides a centralized place to keep a record of your most current plans and wishes and have them available when needed. Select the Registry tab at www.nidus.ca.

NOTICE OF REVOCATION OF ENDURING POWER OF ATTORNEY
In accordance with Section 28 of
the Power of Attorney Act, R.S.B.C. 1996, c. 370 as amended,

I hereby revoke the Enduring Power of Attorney

that I made on _____
(SELECT/PRINT the date the EPA was signed by adult)

that appointed the following people: *(Cross out any extra lines not needed for listing.)*

_____ as _____
(TYPE/PRINT name as it appears on the EPA) *(SELECT/PRINT role)*

_____ as _____
(TYPE/PRINT name as it appears on the EPA) *(SELECT/PRINT role)*

_____ as _____
(TYPE/PRINT name as it appears on the EPA) *(SELECT/PRINT role)*

This notice is signed below by me (the adult) on _____
(SELECT/PRINT the current date)

(Signature of adult)

(TYPE/PRINT name of adult)

Ch. 16 Appendix A: Questionnaire

A. WILL INSTRUCTIONS QUESTIONNAIRE

Part I – Client Information

Information about the Will-maker:

Name (full): _____ Alias: _____

Address: _____

Occupation (if retired, ask for former occupations): _____

Date of birth: _____ Place of birth (city/province/country): _____

Relationship status – single, engaged, married, separated, divorced, widowed, cohabiting (including plans to marry):

Citizenship – Canadian or registered Indian as defined in the *Indian Act*: _____

Telephone no: _____ Fax no: _____ E-mail address: _____

Information about the Spouse or Partner:

Name (full): _____ Alias: _____

Address: _____

Occupation (if retired, ask for former occupations): _____

Date of birth: _____ Place of birth (city/province/country): _____

Relationship status – single, engaged, married, separated, divorced, widowed, cohabiting (including plans to marry):

Citizenship – Canadian or registered Indian as defined in the *Indian Act*: _____

Telephone no: _____ Fax no: _____ E-mail address: _____

Will-maker's Current Marital Status:

Date of marriage: _____ Place of marriage: _____

Place of residence when will-maker was married: _____

Has a marriage agreement been signed? _____ Has the Will-maker provided LSLAP with a copy? _____

Has a separation agreement been signed? _____ Has the Will-maker provided LSLAP with a copy? _____

Has any family law proceeding taken place or been commenced? _____

Prior Marriages:

Has the Will-maker been previously married? _____ If so, name(s) of former spouse(s): _____

Is the Will-maker required to pay maintenance to children or former spouse? _____

Other Personal Relations:

Is the Will-maker currently cohabiting with someone and is unmarried? _____

Is the Will-maker currently cohabiting with someone other than spouse named above? _____

Name of the cohabitant: _____

Has the Will-maker signed a cohabitation agreement? _____

Has the Will-maker provided LSLAP with a copy of the cohabitation agreement? _____

Has the Will-maker ceased cohabiting with someone with whom s/he cohabited for two years or more? _____

Children:

Ask the Will-maker about his/her children's full name, date of birth, place of residence (i.e. whether s/he lives with the Will-maker), birth status (i.e. biological child? born outside of wedlock? adopted? from which partner? born with a disability?), and current status (i.e. living or deceased?):

Next-of-Kin:

If the Will-maker does not have a spouse or child, ask about the Will-maker's closest relatives – parents, siblings, nieces or nephews, etc. – and their full name, age, and address:

Other Dependants:

Ask the Will-maker if s/he has someone dependant on him/her for financial support for whom the Will-maker wish to provide – such as an elderly parent – and their full name, age, and address:

Other Responsibilities:

Ask if the Will-maker is currently:

- serving as the legal guardian for a person under age of 19 (other than the Will-maker's own children);
- serving as the committee or other legal guardian for a disabled or incapacitated adult; and
- serving as Executor of an estate of a deceased.

**If the Will-maker is service as an Executor for another, the terms of the will may provide for an alternative Executor on the death of the Will-maker or provide no alternate. In the latter case, the Will-maker's appointed Executor of the Will-maker's will would take over the Will-maker's role as Executor of the other deceased. The Will-maker may therefore wish to appoint two Executors: one as Executor of his/ her own estate and the other to take over the executorship of the previous will.*

Part 2 – Financial Information

**LSLAP can only assist clients whose estate consists of personal properties and does not include real properties and business interests such as proprietorships and partnerships.*

**LSLAP cannot advise clients with disposition of foreign assets.*

Financial and Personal Assets:

Bank accounts & term deposits:

Securities/bonds/shares:

Life insurance:

Pension plans & annuities:

RRSPs & RRIFs:

TFSA:

Collectibles & other valuables:

Personal effects (e.g. furniture, automobiles, boats, etc.):

Other substantial assets (e.g. promissory notes, valuable club memberships, etc.):

Liabilities:

Inquire about the details of the Will-maker's loans payable, guarantees, indemnities, and other debts:

Estimated Net Value of Estate:

	Will-maker's name	Partner's name	Joint names
Total assets			
Less – total debts			
Total value of estate, before tax			

Part 3 – Will Instructions

Information about the Primary Executor:

Name (full): _____ Alias: _____

Address:

Occupation (if retired, ask for former occupations):

Relationship to Will-maker: _____

Information about the Alternate Executor:

Name (full): _____ Alias: _____

Address:

Occupation (if retired, ask for former occupations):

Relationship to Will-maker: _____

Appointment of Guardian(s) for Infant Children (i.e. under 19):

Primary Guardian:

Name (full): _____ Alias: _____

Address:

Occupation (if retired, ask for former occupations):

Relationship to Will-maker: _____

Alternate Guardian:

Name (full): _____ Alias: _____

Address:

Occupation (if retired, ask for former occupations):

Relationship to Will-maker: _____

Specific Bequests of Personal Effects:

Full name of the beneficiary	Address	Relationship to Will-maker	Descrip. Of item

Specific Bequests of Cash Legacies:

Full name of the beneficiary	Address	Relationship to Will-maker	Amount

Charitable Gifts:

Name of charity	Address	Cash amount/ specific assets

Residue of Will-maker's Estate:

Full name of the beneficiary	Address	Relationship to Will-maker	Amount/ Portion of residue

“Clean-up” Clauses:

If the Executor needs to invest the estate, the restriction the Will-maker would like to place on the Executor is:

- Unrestricted (any investment the Executor thinks is appropriate): _____
- Restricted, the restrictions being: _____

If minors are to receive gifts, the trustee and his/her name, address, and relationship to child are:

The age the child can receive the gift absolutely is: _____

Can money be used for the benefit of the child (e.g. education) before he or she becomes entitled absolutely? _____

Other limitations:

If a child fails to survive to above age, the gift/share is to be:

What is to be done with the Will-maker's remains?

Ch. 20 Appendix C: Sample Notice of Claim

NOTICE OF CLAIM

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

REGISTRY FILE NUMBER
REGISTRY LOCATION Richmond

FROM:

Fill in the name, address and telephone number of the person(s) or business(es) making the claim.

NAME John A Macdonald CLAIMANT(S)
ADDRESS 123 Parliament Way

CITY, TOWN, MUNICIPALITY Richmond PROV. British Columbia POSTAL CODE V6K 1H6 TEL. # 604-555-5785

TO:

Fill in the name, address and telephone number of the person(s) or business(es) the claim is against.

NAME Wilfred Laurier DEFENDANT(S)
ADDRESS 321 Confederation Drive

CITY, TOWN, MUNICIPALITY Richmond PROV. British Columbia POSTAL CODE V1K 5L2 TEL. # 604-967-1111

WHAT HAPPENED?

Tell what led to the claim.

The Claimant claims against the Defendant in breach of contract:

1. On 5 January 2013, Mr. Laurier hired Mr. Macdonald to paint his home, signing a detailed Contract outlining the work that was to be completed for \$6 000.00.
2. In August 2013, Mr. Laurier asked Mr. Macdonald to repair some damage that a moving company had caused, and to pressure wash the house.
3. Mr. Macdonald informed Mr. Laurier that this additional work would cost \$1 400.00.
4. On or about 5 January 2013, Mr. Laurier issued Mr. Macdonald a \$2 500.00 cheque as a deposit for the work to be completed on the home and garage at 321 Confederation Drive.
5. On 12 January 2013, Mr. Laurier informed Mr. Macdonald that the paint was cracking in certain areas. Mr. Macdonald corrected this problem, and on 10 March 2013 notified Mr. Laurier that he owed \$4 900.00.
6. This amount has not yet been paid.

If you need more space to describe what happened, attach another page, mark it "Page 2 of the Notice of Claim" and check this box. A copy of the attached page must accompany each copy of the Notice of Claim

WHERE?

Tell where this happened.

CITY, TOWN, MUNICIPALITY Richmond PROV. British Columbia WHEN? 12 January 2013
Tell when this happened.

HOW MUCH?

Tell what is being claimed from the defendant(s). If the claim is made up of several parts, separate them here and show the amount for each part. Add these amounts and fill in the total claimed.

a	Amount owing under original contract minus deposit	\$	3,500.00
b	Amount owing for additional work	\$	1,400.00
c	Court Ordered Interest	\$	
d		\$	
e		\$	
TOTAL			4,900.00

TIME LIMIT FOR A DEFENDANT TO REPLY

The defendant **must complete and file the attached reply within 14 days from being served** with this notice, unless the defendant settles this claim directly with the claimant. **If the defendant does not reply, a court order may be made against the defendant without any further notice to the defendant.** Then the defendant will have to pay the amount claimed plus interest and further expenses.

The Court Address for filing documents is:

+ FILING FEES	
+ SERVICE FEES	
= TOTAL CLAIMED	\$

- DEBT
 OTHER THAN DEBT

NOTICE OF CLAIM

court copy

Ch. 20 Appendix D: Sample Reply to Claim

REPLY

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA (SMALL CLAIMS COURT)

- To a Claim
 To a Counterclaim

REGISTRY FILE NUMBER
REGISTRY LOCATION Richmond

TO:
Copy the name, address and telephone number of the claimant from the Notice of Claim.

NAME John A Macdonald CLAIMANT(S)
 ADDRESS 123 Parliament Way

CITY, TOWN, MUNICIPALITY Richmond PROV. British Columbia POSTAL CODE V6K1H6 TEL. # (604) 555-5785

FROM:
Fill in the name, address and telephone number of the defendant filing this reply.

NAME Wilfred Laurier DEFENDANT
 ADDRESS 321 Confederation Drive

CITY, TOWN, MUNICIPALITY Richmond PROV. British Columbia POSTAL CODE V1K 5L2 TEL. # (604) 967-1111

DISPUTE:

Using the "HOW MUCH" section of the Notice of Claim as a guide, tell why you disagree with each part (a - e). If you agree with parts of the claim say so.

- ~~a~~ \$3500 - Disagree - Paint cracked due to wrong undercoat being used on metal garage doors, but Mr. Macdonald refused to apply proper undercoat, simply repainting garage doors instead.
- ~~b~~ \$1400 - Disagree - Additional work was discussed but Mr. Laurier never agreed to pay for this work to go ahead. Also, house was not fully pressure washed.
- ~~c~~
- ~~d~~
- ~~e~~

AGREEMENT WITH THE CLAIM: I (NAME) _____ agree to pay \$ _____

If you agree to pay all or part of what is claimed, make a proposal. I could make the following payments: (GIVE DATES AND AMOUNTS)

COUNTERCLAIM (YOU SHOULD ONLY FILL OUT THIS PART OF THE FORM IF YOU WISH TO MAKE A CLAIM AGAINST THE CLAIMANT)
 (THIS PART IS NOT TO BE USED WHEN REPLYING TO A COUNTERCLAIM)

WHAT HAPPENED?

Briefly tell what has led to your counterclaim.

~~Since events in January, cracks have appeared in paint on other parts of the home's exterior. Mr. Laurier will have to have the entire home repainted and prefers to hire a different professional. Mr. Laurier claims under breach of contract for the return of his deposit.~~

HOW MUCH?

Tell what you are claiming. If your counterclaim has more than one part, separate each part and fill in each individual amount, then add the individual amounts to make the total.

a	Return of deposit	\$	2500,00
b		\$	
c		\$	
TOTAL		\$	\$2500,00
+ FILING FEES		\$	
= TOTAL CLAIMED		\$	

court copy

court copy