

Please print

Whenever required by the context, any word written in the singular form also includes the plural, and any word written in the masculine form also includes the feminine.

IMPORTANT

Please read the explanatory notes on pages 10 through 14 of the booklet carefully. Each section of the form has a corresponding explanatory note.

If you would like to designate **A SINGLE MANDATARY** to care for your person and administer your property, **fill out section 1**, then go directly to section 3.

If you would like to designate **SEVERAL MANDATARIES** to care for your person and administer your property together or one to care for your person and the others to administer your property, **fill out section 2**, then go to section 3.

Please note that the administrator of your property can be someone in your family, a friend or someone else you trust, or even a legal entity, such as a trust company or other institution authorized by law to act in this capacity.

If you need more space for any section of the form, you can add pages by numbering them so that they refer to the appropriate section, and then initialling them.

1 A SINGLE MANDATARY (See explanatory note 1)

This mandate cancels any previous protection mandate or mandate in case of incapacity and, once homologated, terminates any power of attorney I have granted for the administration of my property.

I, the undersigned, _____, born on _____, _____, _____,
NAME OF MANDATOR DAY MONTH YEAR

hereby designate _____
NAME OF MANDATARY

ADDRESS

to act as mandatory responsible for protecting my person and administering my property.

State your relationship to this person: _____

1.1 SUBSTITUTE MANDATARY

If my mandatory is unable to act for whatever reason, I designate the following person or persons, in the following order, to act as **substitute mandatory**:

ORDER OF APPOINTMENT	NAME	ADDRESS	YOUR RELATIONSHIP TO THE PERSON
1			
2			
3			

Notes:

2 SEVERAL MANDATARIES (See explanatory note 2)

This mandate cancels any previous protection mandate or mandate in case of incapacity and, once homologated, terminates any power of attorney I have granted for the administration of my property.

I, the undersigned, _____, born on _____, _____, _____
NAME OF MANDATOR DAY MONTH YEAR

hereby designate the following person or persons **to act as mandatory or mandataries responsible for protecting my person:**

NAME	ADDRESS	YOUR RELATIONSHIP TO THE PERSON

I also hereby designate the following person or persons **to act as mandatory or mandataries responsible for administering my property:**

NAME	ADDRESS	YOUR RELATIONSHIP TO THE PERSON

Check if desired

If two mandataries are designated (one for my person and one for my property) and if either of them resigns, dies or becomes legally incapacitated, the remaining mandatory will act as if they alone had been designated.

2.1 SUBSTITUTE MANDATARY

If my mandatory is unable to act for whatever reason, I designate the following person or persons, in the following order, to act as **substitute mandatory responsible for protecting my person:**

ORDER OF APPOINTMENT	NAME	ADDRESS	YOUR RELATIONSHIP TO THE PERSON
1			
2			
3			

I also hereby designate the following person or persons, in the following order, **to act as mandatory responsible for administering my property:**

ORDER OF APPOINTMENT	NAME	ADDRESS	YOUR RELATIONSHIP TO THE PERSON
1			
2			
3			

Notes:

3 INVENTORY AND RENDERING OF ACCOUNT (See explanatory note 3)

3.1 INVENTORY

At the beginning of his administration, my mandatary responsible for my property must perform a summary inventory of all my moveable and immoveable property. This procedure must be performed in the presence of two witnesses or before a notary.

3.2 RENDERING OF ACCOUNT

My designated mandatary (or substitute mandatary, if applicable) must render an account.

Yes No

IF YES

once a year [other schedule: _____] my mandatary will prepare an account of action taken with respect to my person and the administration of my property and submit it to

_____ NAME

_____ ADDRESS

Or, failing that person, to _____

_____ NAME

_____ ADDRESS

4 RESPONSIBILITIES OF THE MANDATARY CONCERNING THE PROTECTION OF MY PERSON (See explanatory note 4)

4.1 GENERAL

My mandatary is responsible for ensuring my moral and physical welfare. In this sense, my mandatary is authorized to make any decisions and take any steps to meet my daily needs while respecting my wishes, my personal and religious values, my habits, my standard of living, my financial means and my degree of autonomy.

Wherever I live, my mandatary must ensure that I receive the care and services required by my health status.

As a general rule, I would like my mandatary to be “actively” present to the extent possible (regular visits, moral support, etc.).

4.2 HOUSING

If possible, I would like to live at home. However, if my health requires me to live in a setting that is safer and better adapted to my needs, my mandatary will decide according to the circumstances, while taking into account the following wishes:

4.3 CONSENT TO CARE

If I am unable to consent to the care required by my health status or to refuse it, my mandatary will do so on my behalf. In this respect, my mandatary will act in my interest alone and take into account the wishes I have expressed to the extent possible and as provided by law. Should my mandatary be asked to consent to care, they will use all means necessary to make a well-informed decision, as discussed with the attending physician and health care team. If my mandatary consents to the care suggested, it is with the conviction that it will be beneficial, despite its effects, and appropriate in the context, and that the risks involved do not seem disproportionate given the beneficial effect targeted.

Yes

No: I would like the consent to be given by one of the people mentioned in article 15 of the *Civil Code of Québec*, that is, my spouse, a close relative or a person who shows a special interest in me.

4.4 CLINICAL TRIALS

I authorize my mandatary, if they feel that it is appropriate and complies with the appropriate provisions of the *Civil Code of Québec*, to allow my participation in a research project or clinical trial.

Yes

No

4.5 END-OF-LIFE WISHES (See explanatory note 4)

In all decisions concerning care required at the end of my life, my mandatary must consider:

(Check the appropriate options)

My opposition to any disproportionate diagnostic method or therapy that needlessly worsens or prolongs my suffering and death: I hereby express my opposition to any form of aggressive therapy;

My wish to die with dignity, with the required supportive care and comfort and proper medication to relieve my suffering, even though it may indirectly accelerate my death;

Other details or wishes:

IMPORTANT

The end-of-life wishes that you express in clause 4.5 must be distinguished from advance medical directives. See explanatory note 4.

5 RESPONSABILITIES OF THE MANDATARY CONCERNING THE ADMINISTRATION OF MY PROPERTY (See explanatory note 5)

I grant my mandatary the power to administer my moveable and immoveable property according to the rules of **simple administration**, in accordance with the Civil Code of Québec: my mandatary must receive authorization from the court to alienate any of my property, such as by selling it or mortgaging an immoveable;
full administration, in accordance with the Civil Code of Québec: my mandatary will have full power to administer and take action with respect to both moveables and immoveables.
I would not like the following moveable and immoveable property to be sold, unless necessary:

6 ACCESS TO RECORDS (See explanatory note 6)

In the exercise of my mandatary’s functions, it is understood that they are authorized, as provided by law, to consult my medical, personal and other records concerning my person and my property, as needed.

7 REMUNERATION (See explanatory note 7)

My mandatary or mandataries may reimburse themselves out of my assets for all expenses that are helpful or necessary to execute their duties, including fees for the homologation of the mandate.

My mandatary or mandataries will act free of charge.

OR

I would like _____
NAME OF MANDATARY OR SUBSTITUTE WHO HAS BECOME MANDATARY

NAME OF MANDATARY OR SUBSTITUTE WHO HAS BECOME MANDATARY

NAME OF MANDATARY OR SUBSTITUTE WHO HAS BECOME MANDATARY

NAME OF MANDATARY OR SUBSTITUTE WHO HAS BECOME MANDATARY

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NAME OF MANDATARY OR SUBSTITUTE WHO HAS BECOME MANDATARY

to be remunerated from my assets according to the following terms and conditions [state an amount that could be paid according to a schedule or an hourly rate applicable to the time spent on performing duties for your benefit]:

8 PARTIAL INCAPACITY (See explanatory note 8)

If my incapacity is only partial, I nevertheless wish this mandate to be homologated with all powers specified in it.

I am fully aware that should I become partially incapacitated, some of the powers specified in this mandate could limit my rights and my autonomy. Nevertheless, I want this mandate to be homologated.

I consider myself the person in the best position to know my interests. I believe that my mandatary will act fully to respect my rights and protect my autonomy, even if they hold the powers of full administration.

Yes

No

9 OTHER CLAUSES (See explanatory note 9)

(Check the appropriate options)

I would like my mandatary to use a portion of the revenues from my assets, and even some capital if necessary, in order to assume my financial obligations to my family in the same manner that I have assumed them until the homologation of this mandate. However, if these revenues have decreased considerably as a result of my incapacity, my mandatary will assume these obligations to the extent of my means.

For any decision concerning my person or the administration of my property, I want to be consulted, if possible, so that I can give my opinion. If my mandatary deems it appropriate, they will consult the most significant persons among my friends and family, who are:

_____	_____
NAME	NAME
_____	_____
NAME	NAME

However, it is understood that my mandatary is entitled to make the final decision.

If, at the time of homologation of this mandate, one or more of my children are minors and must be represented, I appoint the following person or persons to act as tutor or tutors:

NAME OF TUTOR	MY RELATIONSHIP TO THE PERSON	NAME OF CHILD

My mandatary to my person must have a new medical and psychosocial assessment conducted every five (5) [or other _____] years after the homologation of this mandate in order to reassess my condition. After receiving these assessments, my mandatary must make all decisions and take all necessary steps to protect my rights and ensure that my autonomy is respected.

If I again become capable, my mandatary will cease to represent me.

**10 SIGNATURE OF THE MANDATOR AND DECLARATION
BY THE WITNESSES** (See explanatory note 10)

We, the undersigned, _____ and _____
NAME NAME

have both witnessed the signature of

_____ on _____
NAME OF MANDATOR SIGNATURE OF MANDATOR DAY MONTH YEAR

We also declare that this person was fully capable of preparing this mandate and that we have no personal interest in it.

In witness whereof, we have signed at _____ on _____
PLACE DAY MONTH YEAR

_____ SIGNATURE OF WITNESS	_____ SIGNATURE OF WITNESS
_____ NAME OF WITNESS	_____ NAME OF WITNESS
_____ FULL ADDRESS	_____ FULL ADDRESS
_____ TELEPHONE NUMBER	_____ TELEPHONE NUMBER

11 ACCEPTANCE BY THE MANDATARY

(Optional - See explanatory note 11)

The request to homologate this protection mandate by my mandatary will be deemed their acceptance of this office.

OR

The mandatary hereby designated in this mandate

NAME OF MANDATARY

OCCUPATION

FULL ADDRESS

declares the following:

1. I _____ acknowledge that I have read this mandate and agree to be appointed mandatary to the property or to the person or to both.
NAME OF MANDATARY
2. I agree, in the case of the incapacity of _____, to take the measures required by law to homologate this protection mandate and thereafter assume the powers and obligations of my office as mandatary.
NAME OF MANDATOR
3. If at such a time I cannot assume the office of mandatary, the substitute mandatary will carry on in my place.
4. I agree to fulfill my duties in the interest of _____ and to ensure the protection of this person's rights and autonomy.
NAME OF MANDATOR

SIGNATURE OF THE MANDATARY

Add pages for the other designated mandataries, as required.

THE CURATEUR PUBLIC MUST BE NOTIFIED

- If the mandator dies, the mandatary must inform the Curateur public du Québec.
- If the mandatary dies, the liquidator of the mandatary's succession must report the death to the Curateur public du Québec.

Please initial the margin whenever you change a printed text.