

# My Protection Mandate

## Form

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**You are now ready to draw up  
your mandate.**

**If you need help filling out the  
form, refer to the instructions,  
glossary and checklist.**



The Act to amend the Civil Code, the Code of Civil Procedure, the Public Curator Act and various provisions as regards the protection of persons will enter into force on November 1st, 2022. The protection mandate brochure (guide and form) that you currently have contains some of the changes made by this law.

If this document is filled out and signed in front of witnesses before the law enters into force, it is not necessary to fill out clauses “6 Inventory” and “7 Rendering of account.” However, since these provide an additional level of protection, it is recommended to do so.

As of November 1st, 2022, all new protection mandates or changes to an existing protection mandate would have to include these clauses. Among other things, this would avoid the need for the court to appoint someone to receive the periodic renderings of accounts produced by your mandatary.

# INSTRUCTIONS

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The numbers that appear in the margin of these instructions refer to the same numbers in the form.

## Filling out the form:

### You must...

- fill out the form, either:
  - **on screen.** You must then print it, and sign and initial each page in ink.
  - OR**
  - **on paper,** after printing it. You must write in ink, in block letters.
- If you make a mistake when drawing up your mandate, you can make changes to the text. Remember to initial each change.
- 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 of the form.
- Make sure that your initials and those of your witnesses appear at the bottom of each page.
- Cross out all or part of the clauses that you do not want to include in your mandate.

**This document always refers to the mandatary in the singular, but you may name more than one mandatary in your protection mandate.**

### 1 You must choose one of the two options.

Indicate the name, date of birth and contact information of your mandatary or mandataries as well as your relationship to each one. Check one of the boxes if you want the one remaining mandatary to continue to act on your behalf. This mandatary will then be responsible for protecting your person and managing your property. Remember, however, that if you name co-mandataries (two different mandataries) for your person or co-mandataries for your property, they will have to act jointly. This means that they will have to make all decisions together and agree on these decisions.

2 Indicate the name, date of birth and contact information of your substitute mandatary as well as your relationship to this person.

3 Specify your wishes and preferences regarding housing.

4 Check the desired options and add any clarifications you wish.

## INSTRUCTIONS

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- 5** Check the applicable box and add any relevant information (if you so wish).
- 6** Check the desired box if you want the substitute mandatory designated in section 2 to perform a new inventory of all your property when they take over.
- 7** Indicate the name, date of birth and contact information of the person to whom your mandatory must submit the rendering of accounts. Also indicate how often this is to be done.
- 8** State your wishes regarding remuneration of your mandatory to the person and your mandatory to the property.
- 9** Check the applicable box and indicate the frequency (if appropriate).
- 10** Note down the names and contact details of the persons to reach out to.
- 11** Indicate the name of the tutor, their relationship to your child, and the child's name and date of birth.
- 12** If necessary, provide additional information regarding the protection of your person or the administration of your property.
- 13** Indicate your name, contact information and place of birth, and sign the document.
- 14** Ask your witnesses to indicate their name, contact information, as well as the date and place, and sign the document.

# MY PROTECTION MANDATE – FORM

This mandate cancels any previous protection mandate or mandate in case of incapacity.

## 1 SOLE MANDATARY

I, the undersigned, \_\_\_\_\_, born on \_\_\_\_\_,  
Name of mandator Day / Month / Year

hereby designate the following person to act as mandatory for protecting my person and administering my property:

Name	Date of birth	Address, telephone and email	Your relationship to the person

# OR

## MULTIPLE MANDATARIES

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	Date of birth	Address, telephone and email	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	Date of birth	Address, telephone and email	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 incapable, the remaining mandatory will act as if they alone had been designated.
- If more than one mandatory is designated for my person or more than one mandatory is designated for my property, and if either of them resigns, dies or becomes legally incapable, the remaining mandatory will act as if they alone had been designated.

## 2 SUBSTITUTE MANDATARY

### If you have designated a single mandatary.

If my mandatary is unable to act for whatever reason, I designate the following person or persons to act as substitute mandatary or mandataries:

Order of appointment	Name	Date of birth	Address, telephone and email	Your relationship to the person
1				
2				

**OR**

## SUBSTITUTE MANDATARIES

### If you have designated several mandataries.

If the mandatary responsible for protecting my person is unable to act for whatever reason, I designate the following person or persons to act as substitute mandatary or mandataries:

Order of appointment	Name	Date of birth	Address, telephone and email	Your relationship to the person
1				
2				

If the mandatary responsible for administering my property is unable to act for whatever reason, I designate the following person or persons to act as substitute mandatary or mandataries:

Order of appointment	Name	Date of birth	Address, telephone and email	Your relationship to the person
1				
2				

## PROTECTION OF MY PERSON

### 3 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 suited to my needs, my mandatary to the person will make decisions in keeping with the circumstances, while taking into account the following wishes and preferences:

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### 4 END-OF-LIFE WISHES

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

- My opposition to any form of aggressive therapy. I wish to die with dignity, with the required supportive and comfort care and the appropriate medication to relieve my suffering, even though it may hasten my death.
- Other specific wishes:

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## ADMINISTRATION OF MY PROPERTY

### 5 POWERS OF ADMINISTRATION

I grant my mandatary the power to administer my moveable and immoveable property according to the rules of (check one of the following options):

- Simple administration (collect income, ensure the day-to-day management of my affairs, preserve and maintain my moveable and immoveable property, etc.).
- Full administration (collect income, ensure the day-to-day management of my affairs, preserve and maintain my moveable and immoveable property, make my property productive, sell or mortgage an immoveable, etc.).

Clarification:  I do not want the following moveable and immoveable property to be sold, unless necessary:

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If you fill out and sign your protection mandate in front of witnesses before November 1st, 2022, the date on which the *Act to amend the Civil Code, the Code of Civil Procedure, the Public Curator Act* and various provisions as regards the protection of persons comes into force, it is not necessary to fill out clauses "6 Inventory" and "7 Rendering of account." However, since these provide an additional level of protection, it is recommended to do so.

For more information, visit the Curateur public's website: [Quebec.ca/protection-mandate](http://Quebec.ca/protection-mandate)

### 6 INVENTORY

1. My **mandatary** will perform an inventory of all my property, moveable and immoveable, within 60 days of the homologation of the mandate. This step must be done in the presence of two witnesses or before a notary. The mandatary will have to send a copy of this inventory to the person appointed to receive the rendering of accounts.
2. I want my **substitute mandatary** (designated in Section 2), **if they must take office after the initial homologation of my mandate**, to perform an inventory of all my property, moveable and immoveable, within 60 days of them taking over.

Yes  No

### 7 RENDERING OF ACCOUNTS

My mandatary will give an account of their management of my property to the following person:

Name	Date of birth	Address, telephone and email

Frequency:

Once a year  Once every two years  Once every three years

\_\_\_\_\_  
Initials of mandator and witnesses

If the person designated to receive the accounts is unable to act for whatever reason, my acting mandatary will give an account of their management of my property to the following person:

Name	Date of birth	Address, telephone and email

**OR**

Curateur public du Québec

Frequency:

Once a year     Once every two years     Once every three years

## 8 REMUNERATION

All expenses incurred by my mandatary in carrying out their role, including the costs related to homologation of my mandate, will be paid from my patrimony, unless the court decides otherwise.

I would like:

- My mandatary to act free of charge.
- My mandatary to be reimbursed from my patrimony according to the following terms and conditions:

MANDATARY TO THE PERSON OR SUBSTITUTE MANDATARY	TERMS AND CONDITIONS
_____	Amount of \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (specify): _____
Name	<input type="checkbox"/> Hourly rate of \$ _____

MANDATARY TO THE PROPERTY OR SUBSTITUTE MANDATARY	TERMS AND CONDITIONS
_____	Amount of \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (specify): _____
Name	<input type="checkbox"/> Hourly rate of \$ _____



## OTHER CLAUSES

### 9 REASSESSMENT OF INCAPACITY

I would like my mandatary to periodically request a reassessment of my incapacity.

Yes  No

Frequency of reassessment of my incapacity: \_\_\_\_\_ years.

(In general, it is recommended that the time limit for reassessment not exceed five (5) years.).

**If yes:** My mandatary must have new medical and psychosocial assessments conducted, as often as indicated above, in order to reassess my condition. Based on these assessments, my mandatary must make all necessary decisions to ensure that this mandate is either maintained or revoked.

### 10 CONSULTATION

If my mandatary deems it appropriate, they will consult the people closest to me on any decision regarding the homologation or execution of this mandate.

Yes  No

Name of person to consult	Address, telephone and email

**11****TUTOR TO MINOR CHILDREN**

If, at the time of my mandate’s homologation, one of my children is a minor and doesn’t have a tutor, I designate the following person to act in the quality of tutor:

Name of tutor	The tutor’s relationship with my child	Child’s name and date of birth

**12****OTHER INSTRUCTIONS**

Other wishes and preferences concerning the protection of my person:

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Other wishes and preferences concerning the administration of my property:

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**13****SIGNATURE OF THE MANDATOR**

I, the undersigned, \_\_\_\_\_,  
 Name of mandator

\_\_\_\_\_  
 Full address

have signed this mandate at \_\_\_\_\_,  
 Place

on \_\_\_\_\_,  
 Day / Month / Year Signature of mandator

**14****DECLARATION BY THE WITNESSES**

We declare that this person was fully capable of preparing this mandate, that they signed it in our presence, and that we have no personal interest in it (for example, as mandatory, substitute mandatory or person who receives the rendering of accounts).

In witness whereof, we have signed at \_\_\_\_\_ on \_\_\_\_\_  
 Place Day / Month / Year

\_\_\_\_\_  
 Name of witness Name of witness

\_\_\_\_\_  
 Name of witness Name of witness

\_\_\_\_\_  
 Full Adress Full Adress

\_\_\_\_\_  
 Telephone Telephone

\_\_\_\_\_  
 Signature of witness Signature of witness

## CHECKLIST

### Have you...

fill out the form:

- **on screen?** You must then print it, and sign and initial each page in ink.

## OR

- **on paper, after printing it?** You must write in ink, in block letters.

initial any changes?

sign and date section 13?

have your witnesses sign section 14?

make sure you and your witnesses initialled the bottom of each page of the form and the appendices, if applicable?

ask one of your witnesses give a statement under oath (see appendix)?

## DECLARATION BY THE WITNESSES

I, the undersigned, \_\_\_\_\_, domiciled at \_\_\_\_\_  
Name of witness Full Address

\_\_\_\_\_, declare the following under oath:

- 1) I am one of the witnesses present at the signing of the protection mandate of \_\_\_\_\_, signed before witnesses at \_\_\_\_\_, on \_\_\_\_\_.  
Name of mandator Place Day / Month / Year
  - 2) I know the mandator personally and declare that they were capable when they signed their protection mandate.
  - 3) I have no interest in the said protection mandate.
  - 4) The mandator signed their protection mandate in my presence and in the presence of \_\_\_\_\_, and we both signed as witnesses in the presence of the mandator.  
Name of the other witness
- OR**
- 4) The mandator recognized their signature before me and \_\_\_\_\_, the other witness, and we both signed as witnesses in the presence of the mandator.  
Name of the other witness
  - 5) Both myself and the other witness were capable when the said protection mandate was signed.

And I have signed

\_\_\_\_\_  
Last name First name Signature of witness

SOLEMNLY SWORN before me, at \_\_\_\_\_ on \_\_\_\_\_  
Place Day / Month / Year

\_\_\_\_\_  
Commissioner for oaths for all judicial districts

**My Protection Mandate** will guide you through the process of naming a mandatary who will look after you and your property should you become disabled because of an illness or accident. It tells you everything you need to know about choosing a mandatary and the different clauses that may be included in the protection mandate.

**Stay in control: Decide now who will take care of you and your property should you become incapable.**

## FOR MORE INFORMATION

### Curateur public du Québec

600, boulevard René-Lévesque Ouest  
Montréal (Québec) H3B 4W9



**Toll-free:**  
1 844 LECURATEUR (532-8728)



[Quebec.ca/protection-mandate](http://Quebec.ca/protection-mandate)