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**PART 3 REASON(S) FOR THE EMERGENCY VARIATION(S) OF APPOINTMENT AND PROPOSED ACTION (Complete Section A or B, whichever is applicable)**

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**A) EMERGENCY VARIATION TO POWERS, DUTIES, TERMS, CONDITIONS, OR DURATION OF APPOINTMENT**

1. Describe the emergency situation and why you believe there is immediate danger of death or serious harm or deterioration to the physical or mental health of the person, or of serious loss to his or her property, and why prompt action is required.

2. Given the description of the emergency, state the specific decision(s) that the adult living with an intellectual disability is not able to make even with the involvement of their support network.

**B) ADDITIONAL OR ALTERNATE SUBSTITUTE DECISION MAKER ON AN EMERGENCY BASIS**

1. Describe the emergency situation and why you believe there is immediate danger of death or serious harm or deterioration to the physical or mental health of the person, or of serious loss to his or her property, and why prompt action is required.

2. Explain the reason(s) why a request is being made for the appointment of an additional or alternate substitute decision maker on an emergency basis.

**3. PROPOSED ADDITION OR ALTERNATE SUBSTITUTE DECISION MAKER(S) ON AN EMERGENCY BASIS**

1. Name	Relationship
_____	_____
Mailing address	Phone number
_____	(     )
_____	ESDM for Personal care <input type="checkbox"/> Property <input type="checkbox"/>
2. Name	Relationship
_____	_____
Mailing address	Phone number
_____	(     )
_____	ESDM for Personal care <input type="checkbox"/> Property <input type="checkbox"/>

**Notes:**

- “Schedule B-E” must be completed by all proposed emergency substitute decision makers.
- If a substitute decision maker is not identified, The Public Trustee will be appointed.

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**PART 4 OTHER INFORMATION REQUIRED**

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**4.1 Do you have further information or comments that would be helpful to the commissioner in considering this application for the emergency variation of the appointment of a substitute decision maker?**

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**SIGNATURE OF APPLICANT**

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**Signature of Applicant**

**Date**

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Note: Incomplete application packages will take longer to process.

**Send or fax (with original to follow) the completed application and supporting documents to:**

**Office of the Commissioner for Adults Living with an Intellectual Disability (CALIDO)**

315-258 Portage Avenue  
Winnipeg, Manitoba R3C 0B6

Telephone: 204-945-5039  
Toll Free: 1-800-757-9857  
Fax: 204-948-3713