

# Termination of the Appointment and/or Replacement of a Substitute Decision Maker

Under *The Adults Living with an Intellectual Disability Act*, any person may apply to the Commissioner for Adults Living with an Intellectual Disability for one or more of the following:

- the termination of the appointment of a substitute decision maker for personal care and/or property
- the appointment of a person to replace a substitute decision maker for personal care or for property whose appointment has been terminated, or who has died

Please refer to the *Guide to Completing the Substitute Decision Maker Application* for further explanation of some of the terminology referenced in this document.

If you need more space to complete your answers, please attach a separate page and include the section numbers (ex: 4.1).

Ce formulaire de demande existe également en français. Composez le 204-945-5039 ou le 1 800 757-9857 (sans frais).

## PART 1 ABOUT THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY

### 1.1 THE ADULT LIVING WITH AN INTELLECTUAL DISABILITY

<b>Last name</b>	<b>First name</b>	<b>Middle name</b>
_____	_____	_____
<b>Birth date</b> (mm/dd/yyyy)		
_____		
<b>Address</b> (street number, street name, town/city, province, postal code)		
_____		
<b>Mailing address, if different from above</b> (street number, street name, town/city, province, postal code)		
_____		

### 1.2 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SOCIAL WORKER/CASE CO-ORDINATOR (IF KNOWN):

Name _____	
Mailing address _____	
Phone number ( _____ )	Fax number ( _____ )

**1.3 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S NEAREST RELATIVE**

*(See part 1, subsection 1.5 of guide)*

Name	Relationship
_____	_____
Mailing address _____	
Phone number (    ) _____	

**1.4 ADULT LIVING WITH AN INTELLECTUAL DISABILITY'S SUPPORT NETWORK**

If there has been a change in the adult living with an intellectual disability's support network (those who provide advice, support and guidance), provide the following details: name, mailing address, phone number, relationship to the adult living with an intellectual disability and the nature and frequency of their involvement.

**PART 2 INFORMATION ABOUT THE APPLICANT**

Name	Relationship
_____	_____
Mailing address _____	
Phone number (    ) _____	

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

**A) TERMINATION OF THE APPOINTMENT OF A SUBSTITUTE DECISION MAKER**

A request can be made to terminate the appointment of the substitute decision maker for personal care and/or property if the individual:

- is no longer an adult living with an intellectual disability
- no longer has decisions to be made
- is now capable of making decisions on his or her own or with the assistance from his/her support network

**1. Describe in detail how one or more of the above criteria are met.**

**B) TERMINATION OR REPLACEMENT OF A SUBSTITUTE DECISION MAKER(S)**

Substitute decision maker(s) can be terminated and replaced if it is determined that the substitute decision maker(s):

- has died
- is unable or unwilling or refuses to act as substitute decision maker
- has failed to act in accordance with the Act or the terms and conditions of the appointment
- has acted in an improper manner or in a manner that has or may endanger the well-being or property of the adult living with an intellectual disability
- is no longer a suitable person to act as a substitute decision maker

**1. List the name(s) of the substitute decision maker(s) being terminated or replaced**

\_\_\_\_\_

\_\_\_\_\_

**2. Describe in detail the reason(s) a termination or replacement is being requested.**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. PROPOSED REPLACEMENT SUBSTITUTE DECISION MAKERS(S) (SDM)**

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

#### 4. PROPOSED REPLACEMENT ALTERNATE SUBSTITUTE DECISION MAKER(S) (ASDM)

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

**Notes:**

- “Schedule B” must be completed by all proposed replacement substitute decision makers.
- “Schedule C” - The Criminal Record, Child Abuse Registry, and Adult Abuse Registry Checks are required for all proposed replacement substitute decision makers
- If a replacement 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 Have you made the substitute decision maker who is the subject of this termination application aware of this request?**

**4.2 Do you have further information or comments that would be helpful to the commissioner in considering this application for termination of the appointment or replacement 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 completed application and supporting documents (if applicable) to:**

**Office of the Commissioner for Adults**

**Living with an Intellectual Disability**

315-258 Portage Avenue

Winnipeg, Manitoba R3C 0B6

Telephone: 204-945-5039

Toll Free: 1-800-757-9857

Fax: 204-948-3713