

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

Under *The Vulnerable Persons Living with a Mental Disability Act*, any person may apply to the Vulnerable Persons' Commissioner 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 VULNERABLE PERSON

1.1 THE VULNERABLE PERSON

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

1.2 VULNERABLE PERSON'S SOCIAL WORKER/CASE CO-ORDINATOR (IF KNOWN):

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

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.

PART 4 OTHER INFORMATION REQUIRED

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?

SIGNATURE OF APPLICANT

Signature of Applicant**Date**

Note: Incomplete application packages will take longer to process.

Send completed application and supporting documents (if applicable) to:

Office of the Vulnerable Persons' Commissioner

315-258 Portage Avenue

Winnipeg, Manitoba R3C 0B6

Telephone: 204-945-5039

Toll Free: 1-800-757-9857

Fax: 204-948-3713