



# Tribunals Ontario

## Criminal Injuries Compensation Board

15 Grosvenor Street, Ground Floor  
Toronto, ON M7A 2G6  
Toll Free: 1-800-372-7463  
Tel: (416) 326-2900 | Fax: (416) 326-2883  
tribunalsontario.ca/cicb | Email: info.cicb@ontario.ca

### Litigation Guardian: Mental Incapacity

[tribunalsontario.ca/cicb](http://tribunalsontario.ca/cicb)

If an applicant is under the age of 18 or lacks the mental capacity to make decisions about an application to the Criminal Injuries Compensation Board (CICB), another adult person can apply to be the applicant's litigation guardian. A litigation guardian is responsible for managing the application and making decisions on behalf of the applicant. Rule A10 of the Social Justice Tribunals Ontario Common Rules sets out the process for appointing litigation guardians and their responsibilities. For more information about litigation guardians and how to complete this form, read the [SJTO Practice Direction on Litigation Guardians](#).

Complete this form if you want to be litigation guardian for an applicant who does not have mental capacity to make decisions about the application.

**File this form with either a completed:**

- 1. **Application Form for an Injury**
- OR
- Application Form for a Death**

The CICB will not process the application until this form is completed and filed with the CICB. You can file the Litigation Guardian form and the application with the CICB in person or by, mail, email or fax.

### Litigation Guardian: Mental Incapacity

#### Name of Applicant

First (or Given) Name

Last (or Family) Name

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#### Litigation Guardian's Name and Contact Information

First (or Given) Name

Last (or Family) Name

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Street #

Street Name

Apt/Suite

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City/Town

Province

Postal Code

Email

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Daytime Phone

Cell Phone

Fax

TTY

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#### Litigation Guardian's Declaration

**For each declaration below please mark the box confirming the statement. You need to mark one box of each number for the application to be accepted.**

1.  I request to act as litigation guardian for \_\_\_\_\_ (name), a person who lacks the mental capacity to participate in this application before the CICB.

2.  I declare that I am at least 18 years of age and that I understand what this application is about and why it has been made to the CICB .

3.  I declare that my relationship with the person is:  
\_\_\_\_\_ ( e.g. friend, sister, father)

4. I declare that:

I do not have any existing substitute decision making authority for the applicant.

OR

I am a court appointed litigation guardian or substitute decision-maker for the applicant and have the authority to make decisions about this application on behalf for the applicant.

**If you checked this box, you do not need to complete section 5-8 of this form.**

(Please attach a copy of the document(s) authorizing you to act in this capacity i.e. a continuing power of attorney and related document(s), or appointment under the *Substitute Decisions Act, 1992*, or Court order.)

OR

I am a substitute decision maker for the applicant for matters other than this application.

- If you check this box, please attach a copy of the document authorizing you to act in this capacity (i.e. a continuing power of attorney, or appointment under the *Substitute Decisions Act, 1992*).

5.  I declare that no other person has authority to be the litigation guardian for the applicant in this CICB proceeding.

6. I declare that:

No other person has guardianship or substitute decision making powers for the applicant for any matters.

OR

\_\_\_\_\_ (name) holds power of attorney or guardianship for the person for other matters, but this power does not apply to this application. I have provided that person or organization with a copy of all the materials related to this application and a copy of the Social Justice Tribunals Ontario practice direction on litigation guardians.

7.  I declare that I believe:

a. The applicant does not have the mental capacity to make decisions about this application on his or her own behalf

b. The applicant cannot understand information relevant to making the decision to:

- i. apply to the CICB
- ii. delegate the power to pursue or respond to an application
- iii. withdraw or settle an application.

c. The applicant cannot understand the consequences of making or not making these decisions.

8.  I declare that the reasons for my belief that the applicant is not mentally capable of making decisions about this application, and the nature and extent of the disability causing the mental incapacity, are as follows (( Explain and provide evidence of the applicant's incapacity. Attach additional pages if you need to.)

9.  I declare that I have no interest that would conflict with the interests of the applicant

10.  I declare that I will diligently attend to the interests of the applicant and take all steps necessary to protect those interests including:

- a. Informing and consulting with the applicant about the proceedings, to the extent possible.
- b. Considering the impact of the proceeding on the applicant.
- c. Deciding whether to hire a legal representative and providing instructions to the representative.
- d. Helping gather evidence to support the proceeding and putting forward the best possible case to the CICB.

### **A13. Signature of Litigation Guardian**

By signing my name, I declare that, to the best of my knowledge, the information in this form and my declaration is complete and accurate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

#### Freedom of Information and Privacy

The CICB may release information about an application in response to a request made under the *Freedom of Information and Protection of Privacy Act*. Information may also become public at a hearing, in a written decision, or in accordance with CICB policies.