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In the matter of:

In the Provincial Court of British Columbia Under Part 3 of the *Adult Guardianship Act*

С	Court File Number:
С	Court Location:

Case name

as it appears on the application.

Name, occupation, and current address for service of the person filing this affidavit.

What is the affidavit for?

Name the applicant, and briefly describe the order applied for.

What is your role with this application?

What are the facts?

List the facts relevant to the application. If certain facts are not within your personal knowledge, identify the source of your information. If you need more space, use an extra sheet(s).

If you refer to documents, attach them to the affidavit and have them marked as exhibits.

N.	AME
_	CCUPATION
_	DDRESS CITY
_	ROVINCE POSTAL CODE
	ar or affirm that:
I	know or believe the following facts to be true. If these facts are based on information from others, believe that information to be true.
	make this affidavit in relation to an application by
	☐ I am making the application OR ☐ I am responding to the application OR I am
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Sign **ONLY** in the presence of a commissioner

at	British Columbia	
on MMM DD YYYY		Signature
A Commissioner for Taking Affidavits for British Columbia		

Signature			