



TO: _____
Name of Recipient

Address

RE: _____
Name of Adult (Last Name, First Name) Date of Birth (Month/Day/Year e.g., Apr 3, 1982)

I provided you with notice of my intention to issue a certificate of incapability, the reasons for my decision and an opportunity to respond.

Date of Original Letter (Month/Day/Year e.g., Apr 3, 1982)

Date of Response Required By (Month/Day/Year e.g., Apr 3, 1982)

- You [] responded and provided additional information.
[] did not respond with additional information.

I have considered any additional information that was provided to me.

Please be advised that I have completed my review and in order to protect your financial affairs, I have determined that a certificate of incapability is necessary, for

- [] the original reasons provided.
[] the additional reasons attached.

The effect of the certificate is that the Public Guardian and Trustee of BC has authority and responsibility to manage your financial affairs as your statutory property guardian.

The original copy of the certificate has been forwarded to the Public Guardian and Trustee of BC and a photocopy of it is attached.

If you have any questions about the process, please do not hesitate to contact me.

Table with 3 columns: Signature of Health Authority Designate, Name of Health Authority Designate, Address, Date Signed (Month/Day/Year e.g., Apr 3, 1982), Phone, Fax

Enc.: photocopy of Certificate of Incapability

- [] cc: Regional Consultant at the Public Guardian and Trustee of BC
[] cc: Spouse and/or Near Relative(s)