

# APPLICATION TO OBTAIN AN ORDER

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

COURT FILE NO.:
COURT LOCATION:

APPLICATION TO OBTAIN AN ORDER

**Case name**  
Name of the adult who is the subject of the investigation.

**In the matter of:**  
ADULT'S NAME

**Designated agency's name and address for service.**

**Filed by:**  
NAME \_\_\_\_\_ APPLICANT  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**Respondent's name and address for service (if applicable).**

**Notice to (if applicable):**  
NAME \_\_\_\_\_ DATE OF BIRTH (MMM DD YYYY) \_\_\_\_\_ RESPONDENT  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**Names and addresses of other persons who must be served, including the adult who is the subject of the application (if applicable).**

**And to (if applicable):**  
NAME OF ADULT \_\_\_\_\_ DATE OF BIRTH (MMM DD YYYY) \_\_\_\_\_  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**And to:**  
NAME \_\_\_\_\_  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**And to:**  
NAME \_\_\_\_\_  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**And to:**  
NAME \_\_\_\_\_  
ADDRESS FOR SERVICE \_\_\_\_\_ CITY \_\_\_\_\_  
PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**What is the designated agency asking for in this application?**  
Check the appropriate box(es) and attach the documents indicated.

Access Order – An Affidavit is attached.

Interim restraining order  
 An affidavit;  
 A Notice to Appear (unless not required under s. 51(2))  
are attached

Support and assistance order – A support and assistance plan, assessment particulars and assessment report are attached.

Restraining order – A support and assistance plan, assessment particulars, and a Notice to Appear are attached.

**Sign** your name and state today's date.

Dated 

MMM	DD	YYYY
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\_\_\_\_\_  
Signature of applicant or applicant's lawyer

State name of lawyer, if any.

\_\_\_\_\_  
Name of applicant's lawyer