

APPLICATION TO RENEW, CHANGE OR CANCEL AN ORDER

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

COURT FILE NO.:
COURT LOCATION:

Case name
as it appears on the order.

In the matter of:
ADULT'S NAME

Your name and current address for service.

Filed by:
NAME _____ APPLICANT
ADDRESS FOR SERVICE _____ CITY _____
PROVINCE _____ POSTAL CODE _____ PHONE _____ FAX _____

Other party's name and address for service.

Notice to:
NAME _____ 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.

And to:
ADULT'S NAME _____ 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 changes to the order are you asking for? **Please describe, and explain why they are needed.** Attach additional sheet if you require more space to describe the changes requested.

I ask that the attached order dated

MMM	DD	YYYY
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 be renewed as follows:

OR
 I ask that the attached order dated

MMM	DD	YYYY
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 be changed as follows:
From: _____
To: _____

OR
 I ask that the attached order dated

MMM	DD	YYYY
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 be cancelled.

Check box if designated agency is asking to renew, change or cancel an order made under section 56(3)(a) Adult Guardianship Act. Attach a copy of the report. →

A report of a review under section 57 of the Act is 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

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