

SECTION 9 REPRESENTATION AGREEMENT

Pursuant to Section 9 of the *Representation Agreement Act*

1. This Representation Agreement is made by

_____ *Full Legal Name of Adult*

of _____ *Address of Adult*

2. Revocation of Previous Agreements

I revoke all previous Representation Agreements made by me.

(Note: Revocation is effective when written notice of the revocation has been given to each representative, each alternative representative, and any monitor named in the representation agreement that is to be revoked.)

3. Appointment of Representative(s)

(Check one)

- I name the following person to be my Representative:

_____ *Full Legal Name of Representative*

of _____ *Address of Representative*

OR

- I name the following persons to be my Representatives:

_____ *Full Legal Name of Representative*

of _____ *Address of Representative*

AND

_____ *Full Legal Name of Representative*

of _____ *Address of Representative*

[You may appoint two or more persons.]

4. [Complete the following if you have named two or more Representatives.]

My Representatives must act:

(Check one)

- Unanimously *[Representatives must act together]*
 Severally *[Representatives can act separately]*

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5. Alternate Representative

If my Representative [, or any one of them,] *[include if more than one representative is named]* is unwilling to act, dies or is for any other reason unable to act, then I appoint:

_____ *Name of Alternate*

of _____ *Address of Alternate*

to be my Alternate Representative and if so acting has all the authority granted to my Representative in this Representation Agreement.

6. Authority

Pursuant to section 9 of the *Representation Agreement Act*, I authorize my Representative to, while I am incapable of making decisions about the following, do anything that the Representative considers necessary in relation to my:

(Check one or both)

personal care

health care, including giving or refusing consent to health care (**Note:** s.9(3) of the *Representation Agreement Act* states that this authority includes giving or refusing consent to health care necessary to preserve life.

(Optional)

7. Conditions and Restrictions

The authority given to the Representative is subject to the following conditions or restrictions:

(Optional)

8. Instructions and Wishes

My Representative must make decisions based on the following instructions or wishes:

9. Signatures of Adult and Witnesses

_____ *Adult's Signature* _____ *Date*

The following persons may not be a witness:

- a. A person named in the representation agreement as a representative or alternate representative;
- b. A spouse, child or parent of a person named in the representation agreement as a representative or alternate representative;
- c. An employee or agent of a person named in the representation agreement as a representative or alternate representative;
- d. A person who is under 19 years of age;
- e. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.

Note: Only one witness is required if the witness is a lawyer or notary public.

Witness No. 1

(Witness No. 1 must sign in the presence of the Adult and Witness No. 2):

Signature

Name

Address

Date

Witness No. 2

(Witness No. 2 must sign in the presence of the Adult and Witness No. 1):

Signature

Name

Address

Date

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10. Signature of Representative(s)

Representative No. 1

Representative's Signature

Date

Representative No. 2

[if more than one representative is named]

Representative's Signature

Date

Notice to Witnesses

Section 30 of the Representation Agreement Act provides for a number of reasons to object to the making and use of a representation agreement.

If you believe that you have grounds to make an objection at this time, you should not witness the agreement, and report your objection to the Public Guardian and Trustee.

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