



Power of Attorney for Personal Care Client Intake Form

Basic Information

1. Client Information:

- Full Legal Name:
- Other Names Used (if any):
- Home Address:
- Business Address:
- Home Telephone Number:
- Business Telephone Number:
- Occupation:
- Email Address:

2. Spouse/Partner Information (if applicable):

- Full Legal Name:
- Other Names Used (if any):
- Age:
- City of Residence:

Family Information

3. Children Information:

- Child 1 Full Legal Name:
- Other Names Used (if any):
- Age:
- City of Residence:
- Relationship to Client:
- Child 2 Full Legal Name:
- Other Names Used (if any):
- Age:
- City of Residence:



- **Relationship to Client:**

(Add more children as necessary)

4. Other Individuals Information (if applicable):

- **Full Legal Name:**
- **Other Names Used (if any):**
- **Age:**
- **City of Residence:**
- **Relationship to Client:**

Initial Contact Details

5. Purpose and Urgency:

- **Reason for Retaining Lawyer:**
- **Any Causes for Urgency (e.g., upcoming surgery):**

6. Preferred Method of Communication:

- Telephone
- Email (Note: Email is not secure)
- In-person
- Postal Mail

7. Joint Retainer (if applicable):

- **Is this a joint retainer between two spouses?**
 - Yes
 - No

Attorney for Personal Care Details

8. Primary Attorney for Personal Care:

- **Full Legal Name:**
- **Other Names Used (if any):**
- **Relationship to Client:**
- **City of Residence:**



9. Alternate Attorney(s) for Personal Care:

- **Full Legal Name:**
- **Other Names Used (if any):**
- **Relationship to Client:**
- **City of Residence:**

(Add more alternates as necessary)

10. Conditions for Attorneys to Act:

- **Specify any conditions (e.g., attaining a particular age):**

11. Method of Confirming Incapacity (if necessary):

- **Written statement or statutory declaration from attorney for personal care**
- **Written statement or statutory declaration from trusted family members or other individuals**
- **Letter from family physician**
- **Assessment by certified capacity assessor**
- **Other:**

Discussion Points

12. Compensation for Attorneys:

- **Fixed periodic amount**
- **Hourly rate**
- **No compensation**
- **Other:**

13. Approval of Compensation:

- **Approved by attorney for property**
- **Approved by family members (e.g., a majority of the grantor's children)**
- **Approved by the court**
- **Other:**

14. Scope of Authority:



- **General authorization to make personal care decisions**
- **Restrictions on the scope of authority:**
- **Wishes with respect to treatment (e.g., no artificial measures to preserve life):**
- **Wishes with respect to personal assistance services (e.g., no feeding tube):**
- **Wishes with respect to admission to care facilities:**
- **Wishes with respect to palliative care:**
- **Power to use reasonable force (if applicable):**
- **Waiver of grantor's right to apply for review of incapacity finding:**
- **Other wishes and instructions:**

Execution and Safekeeping

15. Safekeeping of Original Documents:

- **Fireproof waterproof safe at home**
- **Safety deposit box**
- **Lawyer's office**
- **Possession by attorney for personal care**
- **Other:**

16. Location of Execution:

- **In-person meeting**
- **Trusted agent**
- **Other:**

Additional Notes

- **Any Additional Information or Special Instructions:**

By completing this intake form, clients will provide all the necessary information for drafting and executing a Power of Attorney for Personal Care. The form ensures that all relevant details are captured efficiently, facilitating a smooth and thorough legal process.



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