

**FOR THE PERIOD**

starting year month day

ending year month day

1) IDENTITY OF LEGAL REPRESENTATIVE	
Are you: <input type="checkbox"/> a tutor to a minor <input type="checkbox"/> a tutor or curator to a person of full age	Your new address, if applicable No. <input type="text"/> Street <input type="text"/> City <input type="text"/> Province <input type="text"/> Country <input type="text"/> Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Telephone <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your relationship with the person you represent:	

2) IDENTITY OF REPRESENTED MINOR OR PERSON OF FULL AGE	
Surname <input type="text"/>	Address: same as above <input type="checkbox"/> or
Given name <input type="text"/>	Name of residence <input type="text"/>
Date of birth <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No. <input type="text"/> Street <input type="text"/>
Civil status <input type="text"/> Single <input type="checkbox"/> Married <input type="checkbox"/>	City <input type="text"/> Province <input type="text"/>
Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Country <input type="text"/> Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Common-law marriage <input type="checkbox"/> Widow(er) <input type="checkbox"/>	Telephone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
At that address since <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

↑ (Please detach before filling in the form) ↓

3) ASSETS			
1	Cash	1	\$
2	Bank accounts and address of institution	2	\$
3	Account Nos.	3	\$
4		4	\$
5		5	\$
6	Deposit certificates: name and address of institution	6	\$
7	Certificate Nos.	7	\$
8		8	\$
9		9	\$
10		10	\$
11		11	\$
12	Accounts receivable (notes and loans): name and address of debtor	12	\$
13		13	\$
14		14	\$
15	Bonds (specify in Schedule: Securities)	15	\$
16	Stocks and mutual funds (specify in Schedule: Securities)	16	\$
17	Mortgages payable: name and address of debtor	17	\$
18		18	\$
19		19	\$
20	Buildings and land: address	20	\$
21		21	\$
22	Funeral prearrangement contract	22	\$
23	Vehicles (car, ATV, motor home, boat, etc.)	23	\$
24	Life insurance (surrender value)	24	\$
25	Furniture and personal effects	25	\$
26	Others	26	\$
30	Total of assets	30	\$

4) LIABILITIES			
40	Bank loans: name and address of lender	40	\$
41		41	\$
42	Accounts payable: name and address of creditor	42	\$
43		43	\$
44	Notes payable and other loans: name and address of creditor	44	\$
45		45	\$
46	Mortgages payable: name and address of creditor	46	\$
47		47	\$
48		48	\$
49	Other liabilities (specify)	49	\$
50		50	\$
55	Total of liabilities	55	\$

5) INCOME			
100	Bank interest	100	\$
101	Interest on bonds (specify in Schedule: Securities)	101	\$
102	Dividends (specify in Schedule: Securities)	102	\$
103	Interest on loans	103	\$
104	Rental income	104	\$
105	Benefits of income security (social aid)	105	\$
106	Québec Pension Plan (RRQ)	106	\$
107	Old age security pension (including guaranteed income supplement)	107	\$
108	Benefits and indemnities from the CSST	108	\$
109	Benefits and indemnities from the SAAQ	109	\$
110	Other annuities (name of payer)	110	\$
111	Income tax refunds and other credits (GST, QST)	111	\$
112	Other income (specify)	112	\$
113		113	\$
120	Total income	120	\$

6) EXPENSES			
200	Bank charges and investment expenses	200	\$
201	Tutor's or curator's expenses	201	\$
202	Tutor's or curator's remuneration authorized by court	202	\$
203	Professional fees	203	\$
204	Public Curator supervision fees	204	\$
205	Insurance premiums (except for immovables)	205	\$
206	Immovable expenses (taxes, insurance, etc.)	206	\$
207	Interest on mortgages or other loans	207	\$
208	Rent paid	208	\$
209	Accommodation and boarding expenses	209	\$
210	Heating, electricity, cable, phone	210	\$
211	Income tax	211	\$
212	Medical expenses (specify)	212	\$
213	Personal expenses of represented person	213	\$
214		214	\$
215	Other expenses (specify)	215	\$
216		216	\$
217		217	\$
220	Total expenses	220	\$

I, the undersigned, declare that the information in this report is true.

Signature of legal representative(s)

(sign all three copies)

Date

Home phone number: ( ) -

Work phone number: ( ) -

LIST OF BONDS									
	Title	Serial number	Face value	Purchase date	Rate	Maturity date	Purchase cost	Interest paid	
300									300
301									301
302									302
303									303
304									304
305									305
306									306
307									307
308									308
309									309
310									310
311									311
320									320
330									330
(Report to line 15) (Report to line 101) Total									Total

LIST OF STOCKS, MUTUAL FUNDS OR OTHER SECURITIES									
	Title	Number	Purchase date	Cost	Dividends paid				
350									350
351									351
352									352
353									353
354									354
355									355
356									356
357									357
358									358
359									359
360									360
370									370
(Report to line 16) (Report to line 102) Total									Total