



About this form

Use this form to notify us that you're a Litigation Guardian for a child, or an adult with impaired mental capacity, who is a participant in a CRT claim.

You can submit this form after applying or responding to a claim. We will follow up with you once we process your form. To learn more, visit civilresolutionbc.ca and search for "litigation guardian".

Send your completed form by email to RSC@crtbc.ca or by mail to the Civil Resolution Tribunal at: PO Box 9239 Stn Prov Govt Victoria, BC V8W 9J1

CRT Dispute Number (eg SC-2020-00001)	
Litigation Guardian's Contact Information	
Your full legal name	
Your mailing address	
Phone number	Email address
Information about the Child or Adult	
Full legal name of the child or adult	
They are:	
☐ A child (19 years old or younger) ☐ An adult with impaired mental capacity	

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Their birth date	
Why do you feel this person needs a litigation guardian?	
Maximum 6 sentences	
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My role or relationship to this child or adult is:	
☐ Parent or legal guardian	
☐ Attorney appointed in enduring Power of Attorney	
☐ Representative appointed in a representation agreem☐ Committee of Estate	ent
☐ Other (explain):	
Declaration	
By printing my name below and submitting this form, I confirm that:	
I have the proper authority to act for this child or adult.	
• I am 19 years or older, and understand the responsibilities of a litigation guardian.	
 I have read CRT Rule "1.13 Disputes Involving Adults with Impaired Mental Capacity and Minors" on the CRT website. 	
 I understand that under section 92 of the Civil Resolution Tribunal Act, a person who provides false or misleading evidence or other information in a tribunal proceeding commits an offence and is liable on 	
conviction to a fine of \$10,000 or imprisonment for a term not longer than 6 months, or both.	
Date submitted	Submitted by (print your full name)
Date annilitied	Submitted by (print your full name)

Form: Litigation Guardian