A litigation guardian is a person who conducts an application on behalf of a person who does not have legal capacity to do so. Rule A10 of the Human Rights Tribunal of Ontario Rules of Procedure sets out the process for appointment of and responsibilities of litigation guardians. For more information about litigation guardians and the completion of this form, see the Practice Direction on Litigation Guardians.

Complete this form if you seek to be litigation guardian for a person who does not have mental capacity to make decisions in the Application himself or herself. **YOU MUST ALSO COMPLETE AND FILE AN APPLICATION (FORM 1) OR RESPONSE (FORM 2) WITH THE TRIBUNAL.** The Form 1 or 2 may be filed electronically or by mail, email or fax. This Form 4B may be filed by mail, email or fax at the same time as you file the Form 1 or 2 or immediately afterwards.

An Application or Response where a person is represented by a litigation guardian will not be accepted until the Form 4B is filed with the Tribunal.

Download forms from the Tribunal's web site tribunalsontario.ca/hrto. If you need a paper copy or accessible format, contact us:

Human Rights Tribunal of Ontario
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6

Phone: 416-326-1312 Toll-free: 1-866-598-0322
TTY: 1-800-855-0511
Email: hrto.registrar@ontario.ca

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Name of Person Represented	
First (or Given) Name	Last (or Family) Name

Litigation Guardian's Name and Contact Information				
First (or Given) Name			Last (or Family) Name	
Street Number	Street Name			Apt/Suite
City/Town		Province	Postal Code	Email
Daytime Phone	Cell Phone		Fax	TTY

Litigation Guardian's Declaration

For each declaration below please mark the box confirming the statement

☐ 1. I request to act as litigation guardian for _____ (name), a person who lacks the mental capacity to participate in this Application before the Human Rights Tribunal of Ontario.

☐ 2. I declare that I am at least 18 years of age and that I understand the nature of this proceeding.

☐ 3. I declare that my relationship with the person is as follows:

_____

4. I declare that:

◯ I do not have any existing substitute decision making authority for the person.

OR

◯ I am a court appointed litigation guardian or substitute decision-maker for the person and have the authority to conduct this proceeding. (Please attach a copy of the document(s) authorizing you to act in this capacity i.e. a continuing power of attorney and related document(s), or appointment under the *Substitute Decisions Act, 1992*, or Court order.)
[IF THIS APPLIES, YOU NEED NOT COMPLETE SECTIONS 5-8 OF THIS FORM]

OR

◯ I am a substitute decision maker for the person with respect to matters other than this Application. Please attach a copy of the document authorizing you to act in this capacity (i.e. a continuing power of attorney, or appointment under the *Substitute Decisions Act, 1992*).

☐ 5. I declare that no other person has authority to be the litigation guardian for the person in this tribunal proceeding.

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6. I declare that:

◯ No other person has guardianship or substitute decision making powers for the person for any matters.

OR

◯ _____ (name) holds power of attorney or guardianship for the person for other matters, but this power does not apply to the conduct of this proceeding. I have provided that person or organization with a copy of all the materials related to this Application and a copy of the Practice Direction on Litigation Guardians.

☐ 7. I declare that I believe:

a. the person for whom I seek to be a litigation guardian does not have the mental capacity to make decisions about this Application on his or her own behalf;

b. if the person is the applicant, the person does not have the mental capacity to consent to an Application being brought on his or her behalf under section 34(5) of the *Human Rights Code*;

c. the person cannot understand information relevant to making the decisions to commence an Application (if applicable), delegate the power to pursue or respond to an Application, or withdraw or settle an Application and is not able to appreciate the reasonably foreseeable consequences of making or not making such decisions.

☐ 8. I declare that the reasons for my belief that the person is not mentally capable of making decisions about this Application, and the nature and extent of the disability causing the mental incapacity, are as follows (attach additional pages as needed to explain the basis of the person's incapacity and evidence in support):

☐ 9. I declare that I have no interest that would conflict with the interests of the person I am representing.

☐ 10. I declare that I will diligently attend to the interests of the person represented and shall take all steps necessary for the protection of those interests including:

a. to the extent possible, informing and consulting with the person represented about the proceedings;

b. considering the impact of the proceeding on the person represented;

c. deciding whether to retain a representative and providing instructions to the representative; and

d. assisting in gathering evidence to support the proceeding and putting forward the best possible case to the tribunal.

Signature of Litigation Guardian	
By signing my name, I declare that, to the best of my knowledge, the information that is found in this form and declaration is complete and accurate.	
Signature: *(If filing electronically, sign by typing your name here.)*	Date: *(dd/mm/yyyy)*

Collection of Information:

Under the Ontario *Human Rights Code*, the Human Rights Tribunal of Ontario (HRTO) has the right to collect the personal information requested on this form. We use the information to resolve your application. After you file the form, your information may also be available to the public. If you have questions about how the HRTO uses your personal information, contact the HRTO at 416-326-1312 or 1-866-598-0322 (toll-free.)