## **Capacity Assessment Report**

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This is a form that can be used to record the results of a capacity assessment conducted in accordance with the Enduring Powers of Attorney Act in New Brunswick. It is intended to be used when a grantor's capacity is being assessed to determine whether their attorney(s) may begin to exercise authority.

Name		
Address		City/Prov
Postal Code	Tel	Email
A. Request for ass	sessment	
Name of person who	requested assessmen	t
Name of grantor (pe	rson being assessed)_	
I am authorized to as	sess the grantor's capa	acity because (check one):
the grantor's egrantor's capa	• .	orney designates me as the person to assess the
grantor's capa	city, or it designates a p	rney does not designate anyone to assess the person who is unable or unwilling to do so, and I am a coner lawfully entitled to practise in New Brunswick.
Notes:		

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<b>B. Determination</b> Note: According to the Enduring Powers of Attorney Act, a person has capacity with respect to a matter if the person is able to (a) understand the information that is relevant to decisions with respect to the matter, and (b) appreciate the reasonably foreseeable consequences of decisions with respect to the matter.				
<b>Property and financial affairs</b> Complete this section if you were asked to assess the grantor's capacity with respect to property and financial affairs.				
$\square$ The grantor has capacity with respect to property and financial affairs.				
$\square$ The grantor lacks capacity with respect to property and financial affairs.				
Reasons for determination:				

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Personal care Complete this section if you	were asked to assess the grantor's	capacity with respect to personal care.		
$\square$ The grantor has capacity with respect to all personal care matters.				
$\square$ The grantor lacks capacity with respect to all personal care matters.				
☐ The grantor lacks capacity with respect to the following personal care matters:				
☐ health care	☐ accommodation	☐ employment		
☐ diet	☐ support services	☐ recreation		
☐ clothing	☐ education	☐ social activities		
		□ other:		
Reasons for determination:				
C. Reassessment (optional)				
$\square$ I recommend that the grantor's capacity be reassessed.				
Date for reassessment:				
(				
Signature		Date		