

Consent to Act as Litigation Guardian
In the matter of the Intimate Partner
Violence Intervention Act

Between (Name of Applicant)

AND (Name of Respondent)

I, (full legal name)

Table with 2 rows: Mailing address (city, town, province, postal code) and; Indicate physical address if different from above)

consent to act as litigation guardian for (full legal name) the applicant at the address set out in the confidential information sheet in this application, who is under a disability as follows:

- minor
mentally incompetent or incapable of managing his or her own affairs

My relationship to the applicant is

I have no interest in this application adverse to that of (the applicant).

I acknowledge that I may be personally liable for any costs awarded against me or the applicant if I act as litigation guardian for the applicant.

Litigation Guardian Signature

Dated at New Brunswick, this day of , 20