**THE KING'S BENCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Centre**

BETWEEN:

claimant

- and -

defendant

**CONSENT TO ACT AS LITIGATION GUARDIAN**

|  |
| --- |
|  |
|  |
|  |

*(Name, address and telephone number of party filing)*

**THE KING'S BENCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Centre**

BETWEEN:

claimant

– and –

defendant

**CONSENT TO ACT AS LITIGATION GUARDIAN**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to act as litigation guardian for

(*name of person consenting)*  
the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in this claim, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(claimant or defendant)*

who is under disability as follows:

(*check one*)

a minor, whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(month/day/year)*

mentally incompetent or incapable of managing his or her affairs, not so declared.

I am ordinarily resident in Manitoba.

My relationship to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(specify claimant or defendant)*

I have no interest in this action contrary to that of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(specify claimant or defendant)*

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person consenting

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and postal code