



CANADA  
YUKON TERRITORY  
Small Claims Court

O.I.C. 1995/152

Form #2

# CONSENT TO ACT AS LITIGATION GUARDIAN

File # \_\_\_\_\_

**Plaintiff(s)**

Name, address, telephone 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Defendant(s)**

Name, address, telephone 1. \_\_\_\_\_  
2. \_\_\_\_\_

I,

Name \_\_\_\_\_  
whose address and telephone number are

Address and telephone number \_\_\_\_\_

consent to act as litigation guardian for the

Check one box  Name plaintiff \_\_\_\_\_

Name  defendant \_\_\_\_\_

who is under a disability as follows:

Check one box  minor (under 18 years of age)

mentally incompetent or incapable of managing his or her affairs

absentee.

My relationship to the defendant/plaintiff is:

Relationship \_\_\_\_\_

I have no interest in this action adverse to that of the person under disability.

If I am representing the plaintiff, I acknowledge that I know I may be personally liable to pay any costs awarded against him/her or against their person under disability.

**SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, at \_\_\_\_\_ in the Yukon Territory.

\_\_\_\_\_  
SIGNATURE OF LITIGATION GUARDIAN

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC IN AND FOR THE YUKON TERRITORY

**Reference: Sections 6-11, 78, Small Claims Court Regulations**