

## Request to Withdraw an Application Relating to the Appointment of a Substitute Decision Maker

Applicant(s) Name(s): \_\_\_\_\_

Application Concerning (individual's name):  
\_\_\_\_\_

I wish to withdraw the application made to the Office of the Commissioner for Adults Living with an Intellectual Disability requesting the appointment of a substitute decision maker in the area(s) of:

Personal Care

Property

Reason for the Request: (Please explain why you wish to withdraw the application.)

Applicant(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Please send completed request to:**

**Office of the Commissioner for Adults Living with an Intellectual Disability (CALIDO)**

315-258 Portage Avenue,

Winnipeg, Manitoba R3C 0B6

Phone number: (204) 945-5039 or 1-800-757-9857

Fax number: (204) 948-3713

General email: [calido@gov.mb.ca](mailto:calido@gov.mb.ca)