



**Families**

The Office of the Commissioner for Adults Living with an Intellectual Disability  
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Toll Free: 1-800-757-9857  
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**Familles**

Bureau du commissaire aux adultes ayant une déficience intellectuelle  
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Tél. : 204 945-5039 Téléc. : 204 948-3713  
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Site web : [www.gov.mb.ca/fs/calido/index.fr.html](http://www.gov.mb.ca/fs/calido/index.fr.html)

**CONFIDENTIAL**

**NOTICE OF HEARING**

A hearing will be held before a hearing panel for its consideration and recommendation with respect to the applications made by 'name of applicant' for the appointment of a substitute decision maker for 'person's name'.

The application requests that powers be granted to the substitute decision maker under Section 92 of *The Adults Living with an Intellectual Disability Act*.

Please be advised that a Microsoft Teams teleconference hearing will be held with respect to the requirements under Section 87 of the Act and will take place on:

**Date/Time:**

**Microsoft Teams:**

**Access Code:**

**Date and time of Hearing**

Instructions and meeting invite to be sent via email

Refer to email invitation

Any persons given notice of this hearing will have the right to participate on the conference call before the Hearing Panel to present information, and make oral presentations to the hearing panel, and to be represented by another person.

Enclosed for your information is a fact sheet explaining the hearing panel process.

<b>COPIES OF NOTICE:</b>		
'person's name'		Hearing Panel Members
Name of CSW	Presiding:	name
Name of CLdS Program Supervisor	Member:	name
Care Provider	Member:	name
Nearest Relative		
Name(s) of Proposed SDM(s)		
Name of Applicant		
Name of Case Manager and Agency if applicable		
<b>Please contact Marilyn Desjarlais, Coordinator, Adults Living with an Intellectual Disability's Hearing Panel, telephone (204) 555-5555, or (toll-free 1-800-555-5555), to confirm your participation in in the conference call.</b>		

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2025 \_\_\_\_\_

Jacques Lafournaise  
Commissioner for Adults Living with an Intellectual Disability

## NOTICE EMAIL ADDRESSES

'person's name'  
Name of CSW  
Name of CLdS Program Supervisor  
Care Provider  
Nearest Relative  
Name(s) of Proposed SDM(s)  
Name of Applicant  
Name of Case Manager and Agency if applicable

SAMPLE