

SUPPORTED DECISION-MAKING AGREEMENT
 NORTH DAKOTA PROTECTION AND ADVOCACY PROJECT
 SFN 61881 (10-2020)

The following format is *not mandatory*, but any Supported Decision-Making (SDM) Agreement Template must be *substantially equivalent* as described in North Dakota Century Code (N.D.C.C.), Chapter 30.1-36.

1. This is a Supported Decision-Making Agreement of the following "Named Individual":

Name			Date of Birth		
Address		City		State	ZIP Code
Work Phone Number	Home Phone Number	Cell Phone Number	Email Address		

I am voluntarily entering into this Agreement with:

"Supporter's" Name

whom I have chosen to be my "Supporter" of decision making. We have agreed he/she will help me make *some* decisions.

My "Supporter" does not have authority to make decision(s) for me.

My "Supporter" will help me, as I request, by:

1. collecting records, documents, and other information so I can consider them to better understand the issues;
2. organizing my records, documents, and other information so I can more easily understand the issues;
3. identifying choices available to me and how each choice might lead to advantages and disadvantages;
4. showing ways to compare the advantages and disadvantages of each available choice;
5. telling other people my decision(s) when I ask my "Supporter" to tell them; and,
6. explaining how I am using the decision-making process as allowed under N.D.C.C. Chapter 30.1-36 to the court in any proceeding to create or modify a guardianship or conservatorship for me.

I understand that...

- I must be at least eighteen years old to make an effective Supported Decision-Making Agreement;
- this Supported Decision-Making Agreement is effective only if I understand its meaning and what the Agreement does;
- I can have more than one Supported Decision-Making Agreement with different “Supporters” at the same time.
(For clarity, it is recommended that a separate SDM Agreement be completed for each “Supporter”.)

This Agreement takes effect as soon as the Agreement is signed by me (“Named Individual”), my “Supporter”, and a notary public or the required witnesses.

The Agreement may be terminated...

- By the “Named Individual” giving notice to the “Supporter” orally, in writing, through an assistive technology device or by showing specific intent to terminate the Agreement.
- By the “Supporter” providing written notice of resignation to “Named Individual”; or
- As to a specific “Supporter” when:
 - a) A court has convicted the “Supporter” of a crime involving abuse, neglect, or exploitation;
 - b) A restraining order has been issued by a court to protect the “Named Individual” from the “Supporter”; or
 - c) A court has determined the “Supporter” lacks capacity to make or communicate responsible decisions concerning residential or educational matters, medical treatment, legal affairs, or vocational, financial, or other matters affecting the health or safety of the “Named Individual”.
- A Supported Decision-Making Agreement may be terminated by any additional method specified in the Supported Decision-Making Agreement.

2. Some of the areas I want my "Supporter" to help me:

HEALTH CARE (*managing my physical health and mental health*), such as:

	Yes	No
When to seek health care		
Which health care professionals to consult		
Which health care professionals to use for treatment purposes		
Which, if any, legal, available, over-the-counter or prescribed medications to take		
When I provide a signed authorization, so my "Supporter" may see my private health information under the Health Insurance Portability and Accountability Act.		

RESIDENCE (*obtaining food, clothing, and a place to live*), such as:

Obtaining food and/or clothing		
Where I reside		
With whom I reside		

FINANCES (*managing my money and property*), such as:

How much money I save and how to save it		
How much money to spend and how I spend it		
Whether to have a representative payee		
How and when to pay legitimate bills		

EDUCATION (*getting an education or other training*), such as:

Whether to get additional education		
Where to get additional education		
Assistance in determining objectives of additional education		
Choosing support services, as needed		

LEGAL AFFAIRS (*getting legal advice*), such as:

	Yes	No
Whether to get legal representation		
Whether to get help with suspicious offers		

VOCATION (*finding a job*), such as:

Assistance in determining employment decisions		
Additional training to get employment and to advance in employment		
Choosing support services for employment, as needed		

The above list of “areas” is not exclusive and does not identify all areas the “Named Individual” might request support from the “Supporter”.

Other areas **I would like** assistance from my "Supporter"

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3. Areas I DO NOT want my "Supporter" to help me with (if any):

Areas **I do not** want assistance from my "Supporter" to help me make these kind(s) of decisions

4. Signatures

"Named Individual's" Signature (*appointing Supporter*)

- I am at least 18 years of age or older and I understand the nature and effect of this Agreement.
- I, as "Named Individual", choose the following person as my "Supporter":

"Supporter" Name		"Supporter's" Relationship to Me		
Address		City	State	ZIP Code
Work Phone Number	Home Phone Number	Cell Phone Number	Email Address	

Signature of "Named Individual"	Date
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"Supporter" Consent

I am at least 18 years of age or older and I understand the nature and effect of this Agreement.

I agree to act as a "Supporter" for the "Named Individual" for decision-making under this

Relationship to "Named Individual"

Signature of "Supporter"

Date

5. NOTARY PUBLIC OR STATEMENT OF WITNESSES

This document will NOT BE VALID UNLESS:

• **Option 1:** it is notarized;

OR

• **Option 2:** signed by **two** qualified adult **witnesses** who verify the signing of a Supported Decision-Making Agreement.

Each witness **MUST:**

1. Not be a party to the Agreement;
2. Be at least eighteen years of age or older;
3. Be competent;
4. Not be an employee or agent of the "Supporter" in the Agreement; and
5. Not be a creditor of the "Named Individual".

Option 1: NOTARY PUBLIC for Verification of "NAMED INDIVIDUAL's" Signature

Notary Section: "Named Individual"

State of	County of	
In my presence, on:	Date	"Named Individual's" Name

Acknowledges his/her signature on this document or acknowledges that he/she directed the person signing this document to sign on the "Named Individual's" behalf.

Signature of Notary Public	Commission Expiration Date
Affix Notary Stamp	

Option 1: NOTARY PUBLIC for Verification of "SUPPORTER's" Signature

Notary Section: "Supporter"

State of	County of	
In my presence, on:	Date	"Supporter's" Name

Acknowledges his/her signature on this document or acknowledges that he/she directed the person signing this document to sign on the "Supporter's" behalf.

Signature of Notary Public	Commission Expiration Date
Affix Notary Stamp	

Option 2: WITNESSES for Verification of "NAMED INDIVIDUAL's" Signature

Witness 1: "Named Individual"

In my presence, on the following date	"Named Individual's" Name
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signed this document. I acknowledge the "Named Individual's" signature on this document or acknowledge that the "Named Individual" directed the person signing this document to sign on the "Named Individual's" behalf.

Name of Witness #1		Phone Number	
Address	City	State	ZIP Code
Witness #1 Signature		Date	

Witness 2: "Named Individual"

In my presence, on the following date	"Named Individual's" Name
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signed this document. I acknowledge the "Named Individual's" signature on this document or acknowledge that the "Named Individual" directed the person signing this document to sign on the "Named Individual's" behalf.

Name of Witness #2		Phone Number	
Address	City	State	ZIP Code
Witness #2 Signature		Date	

Option 2: WITNESSES for Verification of "SUPPORTER's" Signature

Witness 1: "Supporter"

In my presence, on the following date	"Supporter" Name
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signed this document. I acknowledge the "Supporter's" signature on this document or acknowledge that the "Supporter" directed the person signing this document to sign on the "Supporter's" behalf.

Name of Witness #1		Phone Number	
Address	City	State	ZIP Code
Witness #1 Signature		Date	

Witness 2: "Supporter"

In my presence, on the following date	"Supporter" Name
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signed this document. I acknowledge the "Supporter's" signature on this document or acknowledge that the "Supporter" directed the person signing this document to sign on the "Supporter's" behalf.

Name of Witness #2		Phone Number	
Address	City	State	ZIP Code
Witness #2 Signature		Date	