

**SUPPORTED
DECISION-MAKING
AGREEMENT**

Template for North Dakota

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



Supported Decision-Making Agreement

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

Name: _____ Date of Birth: _____

Address: _____

Phone: (work) _____ (home) _____ (cell) _____

Email: _____

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, 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 areas I want my “Supporter” to help me:

(Initial those that apply.)

Health care – *Managing my physical health and mental health such as...*

Yes ___ No ___ When to seek health care;

Yes ___ No ___ Which health care professionals to consult;

Yes ___ No ___ Which health care professionals to use for treatment purposes;

Yes ___ No ___ Which, if any, legally, available, over the counter or prescribed medications to take;

Yes ___ No ___ 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 including...*

Yes ___ No ___ Where I reside;

Yes ___ No ___ With whom I reside.

Finances – *Managing my money and property including...*

Yes ___ No ___ How much money I save and how to save it;

Yes ___ No ___ How much money to spend and how I spend it;

Yes ___ No ___ Whether to have a representative payee;

Yes ___ No ___ How and when to pay legitimate bills.

Education – *Getting an education or other training including...*

Yes ___ No ___ Whether to get additional education;

Yes ___ No ___ Where to get additional education;

Yes ___ No ___ Assistance in determining objectives of additional education;

Yes ___ No ___ Choosing support services, as needed.

Legal Affairs – *Getting legal advice including...*

Yes ___ No ___ Whether to get legal representation;

Yes ___ No ___ Whether to get help with suspicious offers.

Vocation – *Finding a job including...*

Yes ___ No ___ Assistance in determining employment decisions;

Yes ___ No ___ Additional training to get employment and to advance in employment;

Yes ___ No ___ Choosing support services for employment, as needed.

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

Other "areas" which **I would like** assistance from my "Supporter" are:

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

I do not want my "Supporter" to help me make these kind(s) of decisions:

**4. Signatures of...
"Named Individual" and "Supporter"**

"Named Individual's" Signature

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

_____ (Print Name) _____ (Signature of Named Individual) _____ (Date)

I ("Named Individual") choose the following person as my "Supporter"

Name: _____ (Must be age 18 or older)

Address: _____

Phone: (work) _____ (home) _____ (cell) _____

Email: _____ Relationship to me _____

_____ (Signature of "Named Individual")

(Date) _____ (City) _____ (State) _____

Consent of "Supporter"

My relationship to the "Named Individual" is: _____

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

_____ (Print Name) _____ (Signature of Supporter) _____ (Date)

5. Notary Public or Statement of Witnesses

This document will NOT be valid unless

- **it is notarized OR**
- **signed by two qualified witnesses.**

Notary Public or Statement of Witnesses

This document must be either...

- (1) Notarized **OR**
- (2) Witnessed 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;
3. Be competent;
4. Not be an employee or agent of the "Supporter" in the Agreement;
5. Not be a creditor of the "Named Individual".

**Option 1: Notary Public for Verification of
"Named Individual's" Signature**

State of _____

County of _____

In my presence on _____ (date) _____ ("Named Individual")
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) (Notary Seal)

Notary Public, _____ County

State of North Dakota

My commission expires _____, 20____.

**Option 1: Notary Public for Verification of
"Supporter's" Signature**

State of _____

County of _____

In my presence on _____ (date) _____ ("Supporter")
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) (Notary Seal)

Notary Public, _____ County

State of North Dakota

My commission expires _____, 20____.

**Option 2: Two Witnesses for Verification of
"Named Individual's" Signature**

Witness one:

In my presence on _____ (date),

_____ ("Named Individual")

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.

(Signature of Witness #1)

_____(Address)

Witness two:

In my presence on _____ (date)

_____ ("Named Individual")

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.

(Signature of Witness #2)

_____(Address)

**Option 2: Two Witnesses for Verification of
"Supporter's" Signature**

Witness one:

In my presence on _____ (date)

_____ ("Supporter")

signed this document. I acknowledge the "Supporter's" signature on this document or acknowledge the "Supporter" directed the person signing this document to sign on the "Supporter's" behalf.

(Signature of Witness #1)

_____(Address)

Witness two:

In my presence on _____ (date)

_____ ("Supporter")

signed this document. I acknowledge the "Supporter's" signature on this document or acknowledge the "Supporter" directed the person signing this document to sign on the "Supporter's" behalf

(Signature of Witness #2)

_____(Address)