SUPPORTED DECISION-MAKING AGREEMENT

Template for North Dakota
Supported Decision-Making Agreement

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 the following Supporter whom I have chosen, and we agree will help me make some decisions. My Supporter does not have authority to make decision(s) for me.

Supporter’s Name: _____________________   Date of Birth: _____________

Address: _________________________________________________________

Phone: (work) ____________ (home) _____________ (cell) ______________

Email: __________________________________________________________

Relationship to 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 me 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 help me create or modify a guardianship or conservatorship.

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. I understand that a separate SDM Agreement is recommended 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 one or more of the following occurs:
  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.
  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 below.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Some areas I want my Supporter to help me decide:

(Initial those that apply)

Healthcare - Managing my physical health and mental health

Yes ___ No ___ When to seek healthcare
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 to provide a signed authorization, so my Supporter may see my private health information under the Health Insurance Portability and Accountability Act (HIPAA)

Residence - Managing my home

Yes ___ No ___ Where I live
Yes ___ No ___ Who I live with
Yes ___ No ___ What I need to live independently

Finances - Managing my money and property

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

Yes ___ No ___ Whether to get additional education
Yes ___ No ___ Where to get additional education
Yes ___ No ___ Assistance in determining goals of additional education
Yes ___ No ___ Choosing support services
Legal Affairs - Getting legal advice

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

Vocation - Finding a job

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 is not exclusive or does not identify all areas the Named Individual might request support from the Supporter.
Other areas in which I would like assistance from my Supporter are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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. I have chosen the Supporter listed on this page to help me make some decisions.

____________________________  ______________________________  ____________
(Print Name)   (Signature of Named Individual)    (Date)

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)

Notary Public or Statement of Witnesses

This document must be either:

• Notarized OR

• 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 (18) 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 ______________________________

Signed 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

_____________________________ Title of office

My commission expires: __________________________ (stamp)

Option 1: Notary Public for Verification of Supporter’s Signature

State of ______________________________

County of ______________________________

Signed 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

_____________________________ Title of office

My commission expires: __________________________ (stamp)
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 that 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 that the Supporter directed the person signing this document to sign on the Supporter’s behalf.

_______________________________
(Signature of Witness #2)

_______________________________(Address)