

SUPPORTED DECISION-MAKING **AGREEMENT**

Template for North Dakota

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)