

SUPPORTED DECISION-MAKING AGREEMENT¹

(1) INTRODUCTION. I, Principal Name , want to have one or more persons I trust help me make decisions, obtain and understand the information I need to make my decisions, and tell other people about my decisions. The people who will help me are my “supporters.”

This is a written agreement between me (“Principal”) and each of my supporters. I can say in this agreement what kind of help each of my supporters will give me. A SUPPORTER APPOINTED UNDER THIS AGREEMENT DOES NOT MAKE DECISIONS FOR ME.

My supporters may share information with each other (select one of the following):

Yes

No

(2) SUPPORTERS. These are my supporters:

SUPPORTER NO. 1

Name: Supporter 1 name

Address: Supporter 1 address

Telephone number: Supporter 1 phone #

Electronic mail address: Supporter 1 email

I want this supporter to help me with (mark any of the following you want):

- Making choices about food and clothing
- Making choices about where and with whom I live
- Making choices about my health and health care
- Making choices about how I spend my time
- Making choices about where I work
- Making choices about my support services
- Making choices about how I spend my money and how I save my money
- Making choices about legal matters
- Making choices about (list other areas the supporter will help you with):

Other areas for support, be specific.

I do not want this supporter to help me with:

Areas where the decider does not want support. Be specific

¹ This form is a slightly modified version of the form found at Alaska Statute § 13.56.180.

SUPPORTER NO. 2

Name: Supporter 2 name

Address Supporter 2 address:

Telephone number: Supporter 2 phone #

Electronic mail address Supporter 2 email:

I want this supporter to help me with (mark any of the following you want):

- Making choices about food and clothing
- Making choices about where and with whom I live
- Making choices about my health and health care
- Making choices about how I spend my time
- Making choices about where I work
- Making choices about my support services
- Making choices about how I spend my money and how I save my money
- Making choices about legal matters
- Making choices about (list other areas the supporter will help you with):

Other areas for support, be specific.

I do not want this supporter to help me with:

Areas where the decider does not want support. Be specific

SUPPORTER NO. 3

Name: Supporter 3 name

Address: Supporter 3 address

Telephone number: Supporter 3 phone #

Electronic mail address: Supporter 3 email

I want this supporter to help me with (mark any of the following you want):

- Making choices about food and clothing

- Making choices about where and with whom I live
- Making choices about my health and health care
- Making choices about how I spend my time
- Making choices about where I work
- Making choices about my support services
- Making choices about how I spend my money and how I save my money
- Making choices about legal matters
- Making choices about (list other areas the supporter will help you with):

Other areas for support, be specific.

I do not want this supporter to help me with:

Areas where the decider does not want support. Be specific

ALTERNATE SUPPORTER. If one of my supporters dies, becomes unable to act as my supporter, refuses to act as my supporter, or terminates the supporter's part of this agreement, I want the following person to become my supporter and help me with the areas the original supporter was helping me with:

Name: Alternative Supporter name

Address: Alternative Supporter address

Telephone number: Alternative Supporter phone #

Electronic mail address: Alternative Supporter email

(3) INFORMATION ACCESS FORMS. I am attaching to this agreement (mark yes or no for each choice below):

A form that lets my supporter(s) obtain my health information under the Health Insurance Portability and Accountability Act

Yes

No

Which Supporter(s)? Supporter Name

A form that lets my supporter(s) see my educational records under the Family Educational Rights and Privacy Act of 1974

Yes

No

Which Supporter(s)? Supporter Name

(4) GUARDIANS AND CONSERVATORS. If I have a guardian or conservator, I must notify the guardian or conservator about this agreement. If this agreement encroaches on the

authority of that guardian or conservator, the guardian or conservator must approve this agreement in writing.

- I have a guardian, and I have notified the guardian about this agreement.
- I am attaching a signed statement by my guardian approving my use of this agreement.
- I have a conservator, and I have notified the conservator about this agreement.
- I am attaching a signed statement by my conservator approving my use of this agreement.
- I do not have a guardian or conservator.

(5) NOTICE TO THIRD PARTIES. This is a summary of the rights and obligations of a supporter under AS 13.56, the chapter that authorizes making this agreement. A supporter does not make decisions for the principal, but a supporter may provide a principal with help when making decisions, obtaining information for decisions, communicating decisions, and understanding the options, responsibilities, and consequences of decisions. A supporter may accompany the principal and participate in discussions with other persons. The principal sets out in this agreement the areas in which the supporter may help the principal with decisions.

A third party must recognize a decision or request of the principal that is made or communicated with the assistance of a supporter as the decision or request of the principal ([AS 13.56.130](#)). The principal or supporter may enforce the decision or request in law or equity. A principal may act without the help of the supporter.

(6) DURATION AND TERMINATION OF AGREEMENT. I can end all or part of this agreement at any time by giving notice to my supporter(s). My termination must be signed and notarized or witnessed like this agreement. This agreement starts Add Date and will continue until the agreement is terminated by me or my supporter(s).

(7) SIGNATURE OF PRINCIPAL. I know that I do not have to sign this agreement. I am entering into this agreement voluntarily and without coercion or undue influence. I understand the nature and effect of this agreement. I know that I can change this agreement at any time.

Signature:

Printed name: Principal Name

Telephone number: Principal phone #

Principal address: Principal address

Electronic mail address: Principal email

Date:

NOTARIZATION OR WITNESSING FOR PRINCIPAL. The signature on this agreement must be either (1) notarized, or (2) witnessed by two witnesses.

NOTARIZATION

I, Principal Name say on oath or affirm that I have read the foregoing document and believe all statements made in the document are true.

Signature

Subscribed and sworn to or affirmed before me at _____ on _____.(date)

Signature of Officer

Title of Officer

WITNESSING

If the signature is not notarized, two adults must witness the signature of the principal in the presence of the witnesses. A witness CANNOT be a supporter named in this agreement. The witnesses CANNOT be employees or agents of the principal or supporter(s) named in this agreement. Unless a person who understands the principal's means of communication is present to assist when the agreement is signed, each witness must understand the means of communication used by the principal.

1. Witness signature:

Printed name:

Date:

2. Witness signature:

Printed name:

Date:

(8) SIGNATURES OF SUPPORTERS.

Signature of Supporter No. 1

Signature:

Printed name: Supporter 1 name

Date:

Signature of Supporter No. 2

Signature:

Printed name: Supporter 2 name

Date:

Signature of Supporter No. 3

Signature:

Printed name: Supporter 3 name

Date:

Signature of Alternate Supporter

Signature:

Printed name: Alternate Supporter name

Date:

(9) DECLARATIONS OF SUPPORTERS.

DECLARATION OF SUPPORTER NO. 1. I, Supporter 1 name , am the principal's relationship to the principal. I am willing to act as the principal's supporter. I acknowledge my duties as a supporter under AS 13.56.

I understand that my job as a supporter is to help the principal make decisions, obtain and understand information for decisions, communicate decisions, and understand the options, responsibilities, and consequences of decisions. My support may include giving the principal information in a way that the principal can understand, discussing pros and cons of decisions, and helping the principal communicate the principal's decisions.

I will act with care, competence, and diligence. I know that I may not make decisions for the principal. I will not exert undue influence on the principal. I will not sign for the principal or provide an electronic signature of the principal to a third party. I will keep the principal's information confidential. I will not use information I receive under this agreement for a purpose other than as authorized by the principal for decision making, unless the principal consents to another use.

Signature:

Printed name: Supporter 1 name

Date:

NOTARIZATION OR WITNESSING FOR SUPPORTER 1. The signature on this agreement must be either (1) notarized, or (2) witnessed by two witnesses.

NOTARIZATION

I, Supporter 1 name say on oath or affirm that I have read the foregoing (or attached) document and believe all statements made in the document are true.

Signature

Subscribed and sworn to or affirmed before me at _____ on _____.(date)

Signature of Officer

Title of Officer

WITNESSING

If the signature is not notarized, two adults must witness the signature of the supporter in the presence of the witnesses. A witness CANNOT be a supporter named in this agreement. The witnesses CANNOT be employees or agents of the principal or supporter(s) named in this agreement. Unless a person who understands the principal's means of communication is present to assist when the agreement is signed, each witness must understand the means of communication used by the principal.

1. Witness signature:

Printed name:

Date:

2. Witness signature:

Printed name:

Date:

DECLARATION OF SUPPORTER NO. 2. I, Supporter 2 name , am the principal's relationship to the principal . I am willing to act as the principal's supporter. I acknowledge my duties as a supporter under AS 13.56.

I understand that my job as a supporter is to help the principal make decisions, obtain and understand information for decisions, communicate decisions, and understand the options,

responsibilities, and consequences of decisions. My support may include giving the principal information in a way that the principal can understand, discussing pros and cons of decisions, and helping the principal communicate the principal's decisions.

I will act with care, competence, and diligence. I know that I may not make decisions for the principal. I will not exert undue influence on the principal. I will not sign for the principal or provide an electronic signature of the principal to a third party. I will keep the principal's information confidential. I will not use information I receive under this agreement for a purpose other than as authorized by the principal for decision making, unless the principal consents to another use.

Signature:

Printed name: Supporter 2 name

Date:

NOTARIZATION OR WITNESSING FOR SUPPORTER 2. The signature on this agreement must be either (1) notarized, or (2) witnessed by two witnesses.

NOTARIZATION

I, Supporter 2 Name say on oath or affirm that I have read the foregoing (or attached) document and believe all statements made in the document are true.

Signature

Subscribed and sworn to or affirmed before me at _____ on _____.(date)

Signature of Officer

Title of Officer

WITNESSING

If the signature is not notarized, two adults must witness the signature of the supporter in the presence of the witnesses. A witness CANNOT be a supporter named in this agreement. The witnesses CANNOT be employees or agents of the principal or supporter(s) named in this agreement. Unless a person who understands the principal's means of communication is present to assist when the agreement is signed, each witness must understand the means of communication used by the principal.

1. Witness signature:

Printed name:

Date:

2. Witness signature:

Printed name:

Date:

DECLARATION OF SUPPORTER NO. 3. I, Supporter 3 name, am the principal's relationship to the principal. I am willing to act as the principal's supporter. I acknowledge my duties as a supporter under AS 13.56.

I understand that my job as a supporter is to help the principal make decisions, obtain and understand information for decisions, communicate decisions, and understand the options, responsibilities, and consequences of decisions. My support may include giving the principal information in a way that the principal can understand, discussing pros and cons of decisions, and helping the principal communicate the principal's decisions.

I will act with care, competence, and diligence. I know that I may not make decisions for the principal. I will not exert undue influence on the principal. I will not sign for the principal or provide an electronic signature of the principal to a third party. I will keep the principal's information confidential. I will not use information I receive under this agreement for a purpose other than as authorized by the principal for decision making, unless the principal consents to another use.

Signature:

Printed name: Supporter 3 name

Date:

NOTARIZATION OR WITNESSING FOR SUPPORTER 3. The signature on this agreement must be either (1) notarized, or (2) witnessed by two witnesses.

NOTARIZATION

I, Supporter 3 say on oath or affirm that I have read the foregoing (or attached) document and believe all statements made in the document are true.

Signature

Subscribed and sworn to or affirmed before me at _____ on _____.(date)

Signature of Officer

Title of Officer

WITNESSING

If the signature is not notarized, two adults must witness the signature of the supporter in the presence of the witnesses. A witness CANNOT be a supporter named in this agreement. The witnesses CANNOT be employees or agents of the principal or supporter(s) named in this agreement. Unless a person who understands the principal's means of communication is present to assist when the agreement is signed, each witness must understand the means of communication used by the principal.

1. Witness signature:

Printed name:

Date:

2. Witness signature:

Printed name:

Date:

DECLARATION OF ALTERNATE SUPPORTER. I, Alternate Supporter name, am the principal's relationship to the principal. I am willing to act as the principal's supporter in the place of another supporter. I acknowledge the duties as a supporter under AS 13.56.

I understand that my job as a supporter would be to help the principal make decisions, obtain and understand information for decisions, communicate decisions, and understand the options, responsibilities, and consequences of decisions. My support may include giving the principal information in a way that the principal can understand, discussing pros and cons of decisions, and helping the principal communicate the principal's decisions.

I will act with care, competence, and diligence. I know that I may not make decisions for the principal. I will not exert undue influence on the principal. I will not sign for the principal or provide an electronic signature of the principal to a third party. I will keep the principal's information confidential. I will not use information I receive under this agreement for a purpose other than as authorized by the principal for decision making, unless the principal consents to another use.

Signature:

Printed name: Alternate Supporter name

Date:

NOTARIZATION OR WITNESSING FOR ALTERNATE SUPPORTER. The signature on this agreement must be either (1) notarized, or (2) witnessed by two witnesses.

NOTARIZATION

I, Alternate Supporter say on oath or affirm that I have read the foregoing (or attached) document and believe all statements made in the document are true.

Signature

Subscribed and sworn to or affirmed before me at _____ on _____.(date)

Signature of Officer

Title of Officer

WITNESSING

If the signature is not notarized, two adults must witness the signature of the supporter in the presence of the witnesses. A witness CANNOT be a supporter named in this agreement. The witnesses CANNOT be employees or agents of the principal or supporter(s) named in this agreement. Unless a person who understands the principal's means of communication is present to assist when the agreement is signed, each witness must understand the means of communication used by the principal.

1. Witness signature:

Printed name:

Date:

2. Witness signature:

Printed name:

Date:

(10) APPROVAL BY GUARDIAN. I am the guardian of Principal Name. I have read and understand the nature and effect of this agreement. I approve the use of this agreement by Principal Name to obtain support in making decisions.

Signature:

Printed name: Guardian Name

Date:

(11) APPROVAL BY CONSERVATOR. I am the conservator of Principal Name. I have read and understand the nature and effect of this agreement. I approve the use of this agreement by Principal Name to obtain support in making decisions.

Signature:

Printed name: Conservator Name

Date: