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Replace line 71 on page 3 with the following:
Section 4. A document substantially in the following
format may be used to create a supported
decision-making agreement that has the meaning and
effect prescribed by this act.

This document IS _____ / IS NOT _____
(check one) legally binding. Only a person with the
legal right and capacity to contract can make a
legally binding agreement.

I, _____ (Name of Principal), make
this supported decision-making agreement to choose
supporters to help me make decisions. I am choosing to
make this agreement. I may end this agreement at any
time. These supporters DO NOT make decisions for me.
They give me information, advice, and other support so
I can make decisions for myself.

DESIGNATION OF SUPPORTERS

HEALTH CARE

I DO _____ / DO NOT _____ (check one)

24 want help with health care. I want the following
25 people to be my supporters and help me with my health
26 care decisions:

27 Name of Supporter:

28 _____

29 Relationship to Principal:

30 _____

31 Repeat as needed for each supporter.

32 I, _____ (Name of Principal), allow these
33 supporters to help me make decisions about my physical
34 and mental health. These people do not make decisions
35 for me - they help me make decisions myself.

36 These supporters can help me in these ways:

37 _____

38 These supporters MAY NOT do these things:

39 _____

40 FINANCIAL DECISION-MAKING

41 I DO _____ / DO NOT _____ (check one)

42 want help with financial decisions. I want the
43 following people to be my supporters and help me with
44 my financial decisions:

45 Name of Supporter:

46 _____

47 Relationship to Principal:

48 _____

49 Repeat as needed for each supporter.

50 I, _____ (Name of Principal), allow these
51 supporters to help me make decisions about my
52 finances. These people do not make decisions for me -
53 they help me make decisions myself.

54 These supporters can help me in these ways:

55 _____

56 These supporters MAY NOT do these things:

57 _____

58 WHERE I LIVE AND COMMUNITY LIVING

59 I DO _____ / DO NOT _____ (check one)

60 want help with decisions about where I live and
61 community living. I want the following people to be my
62 supporters and help me with decisions about where I
63 live:

64 Name of Supporter:

65 _____

66 Relationship to Principal:

67 _____

68 Repeat as needed for each supporter.

69 I, _____ (Name of Principal), allow these

70 supporters to help me make decisions about where I
71 live and community living. These people do not make
72 decisions for me - they help me make decisions myself.
73 These supporters can help me in these ways:

74 _____

75 These supporters MAY NOT do these things:

76 _____

77 EDUCATION

78 I DO _____ / DO NOT _____ (check one)

79 want help with decisions about my education. I want
80 the following people to be my supporters and help me
81 with decisions about my education:

82 Name of Supporter:

83 _____

84 Relationship to Principal:

85 _____

86 Repeat as needed for each supporter.

87 I, _____ (Name of Principal), allow these
88 supporters to help me make decisions about my
89 education. These people do not make decisions for me -
90 they help me make decisions myself.

91 These supporters can help me in these ways:

92 _____

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93 These supporters MAY NOT do these things:

94 _____

95 EMPLOYMENT

96

97 I DO _____ / DO NOT _____ (check one)

98 want help with employment. I want the following people

99 to be my supporters and help me with my employment:

100 Name of Supporter:

101 _____

102 Relationship to Principal:

103 _____

104 Repeat as needed for each supporter.

105 I, _____ (Name of Principal), allow these

106 supporters to help me make decisions about my

107 employment. These people do not make decisions for me

108 - they help me make decisions myself.

109 These supporters can help me in these ways:

110 _____

111 These supporters MAY NOT do these things:

112 _____

113 OTHER DECISIONS

114 I DO _____ / DO NOT _____ (check one)

115 want help with other decisions. I want the following

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116 people to be my supporters and help me with other

117 decisions:

118 Name of Supporter:

119 _____

120 Relationship to Principal:

121 _____

122 Repeat as needed for each supporter.

123 I, _____ (Name of Principal), allow these
124 supporters to help me make certain decisions. These
125 people do not make decisions for me - they help me
126 make decisions myself.

127 These supporters can help me in these ways:

128 _____

129 These supporters MAY NOT do these things:

130 _____

131 SIGNATURE AND ACKNOWLEDGEMENT

132 I agree to be a supporter under this agreement.

133 (Signature of Supporter)

134 _____

135 Signature Date:

136 _____

137 Supporter Name Printed:

138 _____

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139 Supporter Address:
140 _____
141 Supporter Telephone Number:
142 _____
143 Supporter Email Address:
144 _____
145 Repeat as needed for each supporter listed in the
146 supported decision-making agreement.
147 (Signature of Principal)
148 _____
149 Your Signature Date:
150 _____
151 Your Name Printed:
152 _____
153 Your Address:
154 _____
155 Your Telephone Number:
156 _____
157 State of:
158 _____
159 [County] of:
160 _____
161 I, _____, a Notary Public, in and for the

162 County in this State, hereby certify that
163 _____, whose name is signed to the foregoing
164 document, and who is known to me, acknowledged before
165 me on this day that, being informed of the contents of
166 the document, he or she executed the same voluntarily
167 on the day the same bears date.

168 Given under my hand this the _____ day of
169 _____, 2____.

170 _____

171 (Seal, if any)

172 Signature of Notary

173 My commission expires:

174 _____

175 [This document prepared by:

176 _____]

177 Section 5. (a) A supporter shall do all of the

178

179 Replace line 107 on page 4 with the following:

180 Section 6. (a) A supported decision-making agreement

181

182 Replace line 131 on page 5 with the following:

183 Section 7. (a) An adult may revoke a supported

184

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185 Replace line 169 on page 7 with the following:

186 Section 8. A supported decision-making agreement that

187

188 Replace line 174 on page 7 with the following:

189 Section 9. (a) A person who in good faith relies on an

190

191

192 Replace line 180 on page 7 with the following:

193 Section 10. (a) The meaning and effect of a supported

194

195 Replace line 192 on page 7 with the following:

196 Section 11. This act shall become effective on the