

SUPPORTED DECISION-MAKING AGREEMENT

This agreement is governed by the Arizona supported decision-making agreement statute section 14-5722, Arizona revised statutes. For the purposes of this agreement, "decision-maker" means an adult with a disability who executes an agreement for the purpose of designating an individual to serve as the decision-maker's supporter when the decision-maker makes certain decisions that are listed in the agreement.

PURPOSE OF AGREEMENT

THE PURPOSE OF THE SUPPORTED DECISION-MAKING AGREEMENT IS TO SUPPORT AND ACCOMMODATE A DECISION-MAKER TO MAKE INFORMED DECISIONS AND CHOICES ABOUT CERTAIN ASPECTS OF THE ADULT'S DAILY LIFE.

ROLE OF SUPPORTER

To assist a decision-maker, a supporter may:

1. Assist the decision-maker with getting information to be able to understand available choices.
2. Assist the decision-maker in understanding choices so the decision-maker can make the best personal decisions.
3. Assist the decision-maker in communicating decisions to the right people and organizations.

REVOCATION OR TERMINATION OF AGREEMENT

A. The decision-maker or the supporter may revoke this agreement at any time.

B. This agreement terminates as a matter of law at any time the decision-maker becomes an incapacitated person as defined in section 14-5101, Arizona revised statutes.

C. This agreement terminates as a matter of law on the appointment of a guardian for any reason or purpose pursuant to title 14, chapter 5, article 3, Arizona revised statutes.

D. If either the decision-maker or supporter has questions about the agreement, the decision-maker or supporter should speak with a lawyer before signing this supported decision-making agreement.

**IMPORTANT INFORMATION FOR SUPPORTERS ABOUT
THE LIMITS TO THIS AGREEMENT**

A. You may not make a decision for or on behalf of the decision-maker.

B. Neither you nor any organization for whom you are employed or serve as a volunteer may receive any financial support, remuneration or compensation, either directly or indirectly, for or related to your services and role as a supporter to the decision-maker.

C. When you agree to provide support to an adult under this supported decision-making agreement, you have a duty to and you shall:

- 1. Act in good faith.**
- 2. Act with loyalty to the decision-maker.**
- 3. Act without self-interest.**
- 4. Avoid conflicts of interest.**

5. Stop serving as a supporter at any time that you question the capacity of the decision-maker to continue making decisions even with your support.

D. Stop serving as a supporter at any time that the supported decision-making agreement is revoked by the decision-maker or you, or the agreement ends as a matter of law.

E. Respect the decision-maker's relationships with friends and family members and not attempt to isolate or alienate the decision-maker from those friends and family members.

APPOINTMENT OF SUPPORTER

I _____, (name of adult, (the "decision-maker")), am of sound mind and enter into this agreement voluntarily.

My disabilities are: (describe briefly)

I choose _____ to be my supporter.

Supporter's address: _____

Supporter's telephone number: _____

Supporter's email address: _____

Supporter's role and limitations on that role

My supporter may help me with life decisions about each of the following which I have marked with an "x" (check those that apply):

Yes ___ No ___ obtaining food, clothing, and a place to live.

Yes ___ No ___ my physical health and health services.

Yes ___ No ___ my mental health and mental health services.

Yes ___ No ___ managing my money or property.

Yes ___ No ___ getting an education or other training.

Yes ___ No ___ choosing and maintaining my services and supports.

Yes ___ No ___ finding a job.

Yes ___ No ___ other: _____ (specify)

Yes ___ No ___ my supporters may see my private health information under the health insurance portability and accountability act of 1996 (P.L. 104-191) if I first choose to provide a signed release.

Yes ___ No ___ my supporters may see my educational records under the family educational rights and privacy act of 1974 (20 United States Code Section 1232g) if I first choose to provide a signed release.

This agreement is effective when signed and will continue until _____ (date) or until my supporter or I end the agreement or the agreement ends by operation of law, including the appointment of a guardian for me.

DECISION-MAKER'S SIGNATURE

Signed this _____ (day) of _____ (month), _____ (year)

Signature of decision-maker

Printed name of decision-maker

CONSENT OF SUPPORTER

I (name of supporter), _____ consent to act as a supporter under this agreement.

Signature of supporter

Printed name of supporter

THIS AGREEMENT MUST BE SIGNED IN FRONT OF TWO
WITNESSES OR A NOTARY PUBLIC

(witness 1 signature)

(witness 2 signature)

(printed name of witness 1)

(printed name of witness 2)

OR

NOTARY PUBLIC
STATE OF ARIZONA
COUNTY OF _____

This document was acknowledged before me on _____,
_____ (date) by

_____ AND _____
(name of decision-maker) (name of supporter)

(signature of notary)

(printed name of notary)

My commission expires: _____

**WARNING: PROTECTION FOR THE DECISION-MAKER
WITH A DISABILITY**

**IF A PERSON WHO RECEIVES A COPY OF THIS SUPPORTED
DECISION-MAKING AGREEMENT OR WHO IS AWARE OF THE
EXISTENCE OF THIS AGREEMENT HAS CAUSE TO BELIEVE THAT
THE DECISION-MAKER IS BEING ABUSED, NEGLECTED, OR
EXPLOITED BY THE SUPPORTER, THE PERSON SHALL REPORT
THE ALLEGED ABUSE, NEGLECT, OR EXPLOITATION TO THE
DEPARTMENT OF ECONOMIC SECURITY'S ONLINE REPORTING
SYSTEM BY CALLING THE ADULT PROTECTIVE SERVICES, ADULT
ABUSE HOTLINE OR BY CALLING THE LOCAL POLICE
DEPARTMENT.**