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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)

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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 my 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 \_\_\_\_\_

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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 ACKNOWLEDGMENT

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

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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