

# Supported Decision-Making Agreement

This agreement should be reviewed by all parties to the agreement. The form of communication shall be appropriate to the needs and preferences of each party. The adult should sign in the presence of a notary. Each Supporter will acknowledge by signature his/her/their role as determined by the adult.

This document is not intended to create an agency agreement between the adult and any Supporters listed in this document. Supporters do not owe a fiduciary duty to the adult subject to the agreement, and have no authority to make decisions for the adult.

**If you have any questions about your legal rights, please talk to an attorney.**

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*Notice to Third Parties: Under Indiana law, a request or decision made or communicated with the assistance of a supporter shall be recognized as the request or decision of the adult. An agreement that complies with Indiana Code 29-3-1-14(7) is presumed valid. A party may rely on the presumption of validity unless the party has actual knowledge that the agreement was not validly executed. A person who, in good faith, relies on or declines to honor an authorization in an agreement is not subject to civil or criminal liability or to discipline for unprofessional conduct. A supporter who performs supported decision making in good faith as specified in an agreement is immune from civil or criminal liability resulting from the adult's decision unless the act or omission amounts to fraud, misrepresentation, recklessness, or willful or wanton misconduct.*

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Today's date is:

My full name is:

My date of birth is:

My telephone number is:

My address is:

My e-mail address is:

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I want to have people I trust help me make decisions. The people who will help me are called **Supporters**. I can say what kind of help my supporters will give me.

**I understand:**

- I can talk to an attorney before I sign this agreement.
- This agreement is because I want Supporters to help me make decisions.
- My Supporter cannot make decisions for me.
- My Supporter is not liable for any consequences or decisions I make unless my Supporter's actions or omissions amount to fraud, misrepresentation, recklessness, or willful or wanton misconduct.
- I can end or change this agreement when I want to. I must let my Supporters know about any changes I make to this agreement. Anyone with a copy of the agreement should get a copy of the change in writing.
- I can change my list of Supporters when I want to.
- My Supporter(s) can quit if he/she/they wants to.

If I have more than one Supporter in any area, I want those Supporters to work jointly (together) unless I note otherwise below or in the Supporter Appointment Addendum.

I want support to help me make decisions about:

**Finances**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

**Physical Health**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

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**Mental Health**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

**Legal Matters**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

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**Services and Supports**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

**Education**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

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**Work**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

**Community Living/Housing**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

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**Other**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

**Other**

Supporter(s):

How I want help:

Topics/Tasks for specific help:

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### Signature of Adult

This supported decision-making agreement starts right now and will continue until the agreement is stopped by me. I have reviewed, agree with, and understand all the information contained in this agreement.

My signature: \_\_\_\_\_

My full name:

Today's date:

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### Guardian Consent (*if applicable*)

I am the legal guardian for the above-named individual. I consent to this Agreement.

Notes or limitations (if any):

My signature: \_\_\_\_\_

My full name:

Today's date:

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### Signature of Notary

State of

County of

This document was acknowledged before me on  (date)

by  (name of person completing this form).

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

Notary Seal, if any:

My commission expires \_\_\_\_\_

#### WARNING: PROTECTION FOR ADULTS WITH A DISABILITY

If a person who receives a copy of this agreement or is aware of the existence of this agreement has cause to believe that the adult with a disability is being abused, neglected, or exploited by the supporter, the person shall report the alleged abuse, neglect, or exploitation to Indiana Adult Protective Services at (800) 992-6978.

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