Supported Decision-Making Agreement

On ________ day of __________, 20_____, I, _________________________, am entering into a voluntary agreement pursuant to Colorado Revised Statute, Title 15 Article 14 Part 8 “Supported Decision Making Agreement for Adults with a Disability.” I am entering into this agreement with my supporter(s) as part of my supportive community, who may assist me in understanding issues and choices, and who may answer questions and communicate on my behalf if specifically directed to do so by me. My supporter(s) may also assist me in facilitating decisions regarding my day-to-day health, safety, welfare, or financial affairs by providing me with the most up-to-date and relevant information available and known to my supporter(s). My supporter(s) does(do) not make decisions on my behalf and shall not coerce or manipulate me into making a decision. The decision that is made will be my own final and ultimate decision. Cash or kind will not be exchanged for assistance provided pursuant to this agreement.

NOTICE: A person is not subject to criminal or civil liability and does not engage in professional misconduct for an act or omission if the act or omission is one in good faith and in reliance on a supported decision-making agreement and its authority to assist as presented.

ISSUES ADDRESSED PURSUANT TO THIS AGREEMENT

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<th>Please Check Appropriate Box/Issue(s)</th>
<th>Name or Names of Supporters</th>
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My supporter may only obtain information that is relevant to a decision made pursuant to the supported decision-making agreement and only when such assistance is specifically requested by me. Any information obtained by my supporter pursuant to any assistance provided to me must be kept confidential by my supporter, at my request. This information may only be used for the specific purpose related to the assistance that I am seeking. Any misuse of the information may result in criminal and civil liability.

This agreement does not preclude me from seeking information on my own without the assistance from my supporter.

TERMINATION

This agreement is effective until terminated verbally or in writing by me or any member of the supportive community with notice of the termination to all parties to the supported decision-making agreement. The agreement is automatically terminated if a member of the supportive community is investigated by adult protective services and there is a finding that I or any other person with a disability has been mistreated by the supporter or the supporter has been convicted of a crime, including financial crimes and theft.

MANDATORY REPORTERS

Any mandatory reporter, as defined in Colorado Revised Statutes 18-6.5-102(10.5), relying on this supported decision-making agreement shall report any cause to believe that the adult with a disability is being mistreated by the member of the supportive community.

SIGNATURES OF DECIDER AND SUPPORTER(S)

Printed Name of Decider:
Address:
Phone:
Email:
Signature of Supported Person ___________________________________ Date_________

Printed Name of Supporter:
Address:
Phone:
This agreement must be signed by the adult with a disability and each member of the supportive community, without coercion or undue influence, in the presence of at least two disinterested witnesses who are over the age of 18, or a notary public.

**SIGNATURES OF WITNESSES**

**Printed Name of Witness:**

Witness Signature: __________________________ Date _________
Printed Name of Witness:

Witness Signature: _______________________________ Date ____________

SIGNATURE OF NOTARY PUBLIC

Notary Public (only required if there are not at least two witness signatures)

Subscribed and affirmed before me in the county of ________________, state of Colorado this _____ day of ________________, 20__. 

______________________________

Notary's Official Signature

______________________________

Commission Expiration

Notary Seal