

SUPPORTED DECISION-MAKING AGREEMENT OF [INSERT  
DECISIONMAKER'S NAME]

This is the Supported Decision-Making Agreement of [INSERT  
DECISIONMAKER'S NAME], date of birth [INSERT DECISIONMAKER'S  
DATE OF BIRTH], of [INSERT DECISIONMAKER'S CITY OF  
RESIDENCE], Florida.

(1) INTRODUCTION. I, [INSERT DECISIONMAKER'S NAME] want to have one or more persons I trust help me make decisions, obtain and understand the information I need to make my decisions, and tell other people about my decisions. The people who will help me are my "supporters."

This is a written agreement between me ("decisionmaker") and each of my supporters. I am stating in this agreement what kind of help each of my supporters will give me and whether I will delegate any powers to them to exercise on my behalf. If I would like to delegate any powers to them to exercise on my behalf, I must do so in a separate legal document, such as a durable power of attorney.

UNLESS EXPRESSLY AUTHORIZED TO DO SO IN A SEPARATE LEGAL DOCUMENT, A SUPPORTER APPOINTED UNDER THIS AGREEMENT DOES NOT MAKE DECISIONS FOR ME BUT MAY, IF SO DESIGNATED, COMMUNICATE MY DECISIONS ON MY BEHALF.

My supporters may share information about me with each other only when I say it's okay:

Yes  No

With this agreement, I am saying it is okay for my supporters to talk to each other about me whenever they want.

Yes  No

(2) SUPPORTERS AND POWERS GRANTED TO SUPPORTERS.  
These are my supporters and how they will help me make decisions:

SUPPORTER NO. 1

Name:

Address:

Telephone Number(s):

E-mail address(s):

Relationship to Decisionmaker:

I want Supporter No. 1 to help me with: (Make a cross mark X in the space before each description, as desired)

Personal Care:

- Making choices about food and clothing.
- Taking care of personal hygiene (showering, bathing).
- Remembering to take medicine.
- Making choices about my support services, including applying for public benefits and seeking home care services, such as laundry and cooking, transportation, and companionship.

Safety:

- Making safe choices around the house (for example, fire alarms, turning stove off).
- Understanding and getting help if I am being treated badly (abused).
- Making choices about alcohol and drugs.

Home, Work, School, and Friends:

- Making choices about where and with whom I live.
- Making choices about how I spend my time.
- Making choices about where I work.
- Making choices about my education.
- Finding support services, hiring and firing staff.

Health Choices:

- Choosing when to go to the doctor or dentist.
- Making medical choices about everyday things (for example, check-up, small injury, taking aspirin).
- Making choices about major medical care (for example, big injuries, surgery).
- Making choices about medical care in emergencies.

Partners:

- Making choices about dating, sex, birth control, and pregnancy.
- Making choices about marriage.

Money:

- Paying the bills on time and keeping a budget.
- Keeping track of my money and making sure no one steals my money.
- Making big decisions about money (for example, opening a bank account, signing a lease).

Other:

- Making choices about legal matters.
- Making choices about \_\_\_\_\_  
\_\_\_\_\_.

I am attaching another legal document, such as a power of attorney or a health care surrogate designation, for this supporter:

Yes  No

## SUPPORTER NO. 2

Name:

Address:

Telephone Number(s):

E-mail address(s):

Relationship to Decisionmaker:

I want Supporter No. 2 to help me with: (Make a cross mark X in the space before each description, as desired)

### Personal Care:

- Making choices about food and clothing.
- Taking care of personal hygiene (showering, bathing).
- Remembering to take medicine.
- Making choices about my support services, including applying for public benefits and seeking home care services, such as laundry and cooking, transportation, and companionship.

### Safety:

- Making safe choices around the house (for example, fire alarms, turning stove off).
- Understanding and getting help if I am being treated badly (abused).
- Making choices about alcohol and drugs.

### Home, Work, School, and Friends:

- Making choices about where and with whom I live.
- Making choices about how I spend my time.

- Making choices about where I work.
- Making choices about my education.
- Finding support services, hiring and firing staff.

Health Choices:

- Choosing when to go to the doctor or dentist.
- Making medical choices about everyday things (for example, check-up, small injury, taking aspirin).
- Making choices about major medical care (for example, big injuries, surgery).
- Making choices about medical care in emergencies.

Partners:

- Making choices about dating, sex, birth control, and pregnancy.
- Making choices about marriage.

Money:

- Paying the bills on time and keeping a budget.
- Keeping track of my money and making sure no one steals my money.
- Making big decisions about money (for example, opening a bank account, signing a lease).

Other:

- Making choices about legal matters.
- Making choices about \_\_\_\_\_  
\_\_\_\_\_.
- Making choices about \_\_\_\_\_  
\_\_\_\_\_.

Making choices about \_\_\_\_\_  
\_\_\_\_\_.

Making choices about \_\_\_\_\_  
\_\_\_\_\_.

I am attaching another legal document, such as a power of attorney or a health care surrogate designation, for this supporter:

Yes  No

ALTERNATE SUPPORTER. If one of my supporters dies, becomes unable to act as my supporter, refuses to act as my supporter, or terminates the supporter's part of this agreement, I want the following person to become my supporter and help me with the areas the original supporter was helping me with:

Name:

Address:

Telephone Number(s):

E-mail address(s):

Relationship to Decisionmaker:

(3) PRENEED GUARDIAN(S). I want the following supporters, in this order, to be my preneed guardians, as described in s. 744.3045, Florida Statutes, in case a court ever determines that I need a guardian.

1. Name:  
Address:  
Telephone Number(s):  
E-mail address(s):  
Relationship to Decisionmaker:

2. Name:  
Address:  
Telephone Number(s):

E-mail address(s):  
Relationship to Decisionmaker:

3. Name:  
Address:  
Telephone Number(s):  
E-mail address(s):  
Relationship to Decisionmaker:

(4) INFORMATION ACCESS FORMS. I am attaching to this agreement:

A form that allows my supporter(s) to obtain my health information under the Health Insurance Portability and Accountability Act:  
Yes  No

A form that allows my supporter(s) to access my educational records under the Family Educational Rights and Privacy Act of 1974:  
Yes  No

(5) GUARDIANS AND GUARDIAN ADVOCATES. If I have a guardian or guardian advocate and this agreement relates to any of the rights that have been delegated to my guardian or guardian advocate, my guardian or guardian advocate must approve this agreement by signing section (11).

My guardian or guardian advocate has signed section (11) of this agreement, approving my use of this agreement.  
Yes  No

I do not have a guardian or guardian advocate

(6) NOTICE TO THIRD PARTIES. This is a summary of the rights and obligations of a supporter under this agreement. A supporter does not make decisions for the decisionmaker, but a supporter may provide a decisionmaker with help obtaining information for decisions, understanding their options, understanding the benefits and responsibilities associated with a decision, understanding the consequences of decisions, and communicating their decisions.

A supporter may accompany the decisionmaker and participate in discussions with other persons at the decisionmaker's discretion. The decisionmaker sets out in this agreement the areas in which the supporter may help the decisionmaker with decisions. A third party should recognize a decision or request of the decisionmaker communicated with the assistance of a supporter as the decision or request of the decisionmaker. Supporters do not speak for the decisionmaker, but they may assist the decisionmaker in speaking for themselves. A decisionmaker may act without the help of the supporter.

(7) DURATION AND TERMINATION OF AGREEMENT. I can end all or part of this agreement at any time by expressing my wish to terminate the agreement in writing. I may give notice to my supporter(s) if I terminate this agreement. This agreement starts [INSERT DATE] and will continue until the agreement is terminated by myself or until my supporter(s) are no longer able to serve as my supporter(s).

(8) SIGNATURE OF DECISIONMAKER. I know that I do not have to sign this agreement. I am entering into this agreement voluntarily and without coercion or undue influence. I understand the nature and effect of this agreement. I know that I can change this agreement at any time.

Signature: \_\_\_\_\_

Printed Name:

Telephone Number:

E-mail address:

Date:

(9) DECLARATIONS OF SUPPORTERS.

DECLARATION OF SUPPORTER NO. 1.

I, [INSERT NAME OF SUPPORTER NO. 1], am the decisionmaker's [INSERT RELATIONSHIP TO DECISIONMAKER]. I am willing to act as the decisionmaker's supporter. I understand that my job as a supporter is to help the decisionmaker make decision by providing the decisionmaker with help obtaining information for decisions, understanding their options, understanding the benefits and responsibilities associated with a decision, understanding the consequences of decisions, and communicating their decisions. My support may include giving the decisionmaker information in a way that the decisionmaker can understand, discussing pros and cons of

decisions, and helping the decisionmaker communicate their decisions. In helping the decisionmaker communicate their decisions, I understand that I do not speak for the decisionmaker; I only assist the decisionmaker with speaking for themselves. I will act with the care, competence, and diligence ordinarily exercised by individuals in similar circumstances, with due regard either to the possession of, or lack of, special skills or expertise. I know that I may exercise only the authority expressly granted to me in this agreement. I know that I may not make decisions for the decisionmaker, unless expressly authorized to do so in a separate legal document, such as a power of attorney. I will not exert undue influence on the decisionmaker. I will not sign on behalf of the decisionmaker or provide an electronic signature of the decisionmaker to a third party, unless expressly authorized to do so in another legal document such as a power of attorney. I will access the decisionmaker's personal information only to the extent authorized in this agreement. I will ensure all information collected on behalf of the decisionmaker is kept private and confidential, is not subject to unauthorized access, use, or disclosure, and is properly disposed of when appropriate. I will not use information I receive under this agreement for any purpose other than as authorized by the decisionmaker unless the decisionmaker consents to another use. I understand that under chapter 825, Florida Statutes, it is a crime to commit acts of abuse, neglect, or exploitation against a person with a disability and that the penalty for doing so may include fines and prison time.

Supporter No. 1 Signature: \_\_\_\_\_  
Printed Name:  
Date:

#### DECLARATION OF SUPPORTER NO. 2.

I, [INSERT NAME OF SUPPORTER NO. 2], am the decisionmaker's [INSERT RELATIONSHIP TO DECISIONMAKER]. I am willing to act as the decisionmaker's supporter. I understand that my job as a supporter is to help the decisionmaker make decision by providing the decisionmaker with help obtaining information for decisions, understanding their options, understanding the benefits and responsibilities associated with a decision, understanding the consequences of decisions, and communicating their decisions. My support may include giving the decisionmaker information in a way that the decisionmaker can understand, discussing pros and cons of decisions, and helping the decisionmaker communicate their decisions. In helping the decisionmaker communicate their decisions, I understand that I

do not speak for the decisionmaker; I only assist the decisionmaker with speaking for themselves. I will act with the care, competence, and diligence ordinarily exercised by individuals in similar circumstances, with due regard either to the possession of, or lack of, special skills or expertise. I know that I may exercise only the authority expressly granted to me in this agreement. I know that I may not make decisions for the decisionmaker, unless expressly authorized to do so in a separate legal document, such as a power of attorney. I will not exert undue influence on the decisionmaker. I will not sign on behalf of the decisionmaker or provide an electronic signature of the decisionmaker to a third party, unless expressly authorized to do so in another legal document such as a power of attorney. I will access the decisionmaker's personal information only to the extent authorized in this agreement. I will ensure all information collected on behalf of the decisionmaker is kept private and confidential, is not subject to unauthorized access, use, or disclosure, and is properly disposed of when appropriate. I will not use information I receive under this agreement for any purpose other than as authorized by the decisionmaker unless the decisionmaker consents to another use. I understand that under chapter 825, Florida Statutes, it is a crime to commit acts of abuse, neglect, or exploitation against a person with a disability and that the penalty for doing so may include fines and prison time.

Supporter No. 2 Signature: \_\_\_\_\_

Printed Name:

Date:

#### DECLARATION OF ALTERNATE SUPPORTER

I, [INSERT NAME OF ALTERNATE SUPPORTER, am the decisionmaker's [INSERT RELATIONSHIP TO DECISIONMAKER]. I am willing to act as the decisionmaker's supporter. I understand that my job as a supporter is to help the decisionmaker make decision by providing the decisionmaker with help obtaining information for decisions, understanding their options, understanding the benefits and responsibilities associated with a decision, understanding the consequences of decisions, and communicating their decisions. My support may include giving the decisionmaker information in a way that the decisionmaker can understand, discussing pros and cons of decisions, and helping the decisionmaker communicate their decisions. In helping the decisionmaker communicate their decisions, I understand that I do not speak for the decisionmaker; I only assist the decisionmaker with speaking for themselves. I will act with

the care, competence, and diligence ordinarily exercised by individuals in similar circumstances, with due regard either to the possession of, or lack of, special skills or expertise. I know that I may exercise only the authority expressly granted to me in this agreement. I know that I may not make decisions for the decisionmaker, unless expressly authorized to do so in a separate legal document, such as a power of attorney. I will not exert undue influence on the decisionmaker. I will not sign on behalf of the decisionmaker or provide an electronic signature of the decisionmaker to a third party, unless expressly authorized to do so in another legal document such as a power of attorney. I will access the decisionmaker's personal information only to the extent authorized in this agreement. I will ensure all information collected on behalf of the decisionmaker is kept private and confidential, is not subject to unauthorized access, use, or disclosure, and is properly disposed of when appropriate. I will not use information I receive under this agreement for any purpose other than as authorized by the decisionmaker unless the decisionmaker consents to another use. I understand that under chapter 825, Florida Statutes, it is a crime to commit acts of abuse, neglect, or exploitation against a person with a disability and that the penalty for doing so may include fines and prison time.

Alternate Supporter Signature: \_\_\_\_\_  
Printed Name:  
Date:

(10) NOTARIZATION OR WITNESSING. The signatures on this agreement are notarized.

NOTARIZATION

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by the decisionmaker and supporters signed above.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Decisionmaker's Name: \_\_\_\_\_

Personally Known or  Produced \_\_\_\_\_ as Identification

Supporter No. 1 Name: \_\_\_\_\_

Personally Known or  Produced \_\_\_\_\_ as Identification

Supporter No. 2 Name: \_\_\_\_\_

Personally Known or  Produced \_\_\_\_\_ as Identification

Alternate Supporter Name: \_\_\_\_\_

Personally Known or  Produced \_\_\_\_\_ as Identification

#### WITNESSES

Witness No. 1 Signature: \_\_\_\_\_

Witness No. 1 Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Personally Known or  Produced \_\_\_\_\_ as Identification

Witness No. 2 Signature: \_\_\_\_\_

Witness No. 2 Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Personally Known or  Produced \_\_\_\_\_ as Identification

(11) APPROVAL BY GUARDIAN OR GUARDIAN ADVOCATE.

I, [INSERT NAME OF GUARDIAN/GUARDIAN ADVOCATE] am the [INSERT CORRECT TITLE: GUARDIAN OR GUARDIAN ADVOCATE] of [INSERT NAME OF DECISIONMAKER]. I have read and understand the nature and effect of this agreement. I approve the use of this agreement by [INSERT NAME OF DECISIONMAKER] to obtain support in making decisions.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

WARNING: PROTECTION FOR DECISIONMAKER

IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE OF THE EXISTENCE OF THIS AGREEMENT KNOWS OR HAS REASONABLE CAUSE TO BELIEVE THAT THE ADULT NAMED AS A DECISIONMAKER IS BEING ABUSED, NEGLECTED, OR EXPLOITED BY THE SUPPORTER, THE PERSON MUST REPORT THE ALLEGED ABUSE, NEGLECT, OR EXPLOITATION TO THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES' FLORIDA ABUSE HOTLINE:

ONLINE: <https://reportabuse.dcf.state.fl.us/>

PHONE: 1-800-962-2873

FLORIDA RELAY: 711

TTY: 800-955-8771

FAX: 800-914-0004