

# Hawai'i Supported Decision-Making Agreement

## **How to Complete the Hawai'i Supported Decision-Making Agreement**

Follow these steps to fill out your form correctly.

### 1. Fill in your information

Write your name, address, phone number, and email.

This shows that you are the person making the agreement (the “decider”).

### 2. Choose your supporters

List the people you want to help you. You can have one or more supporters. Choose people you trust and who listen to you.

### 3. Check what each supporter can help with

Check the boxes for the types of decisions you want each supporter to help with — like health, money, or housing.

If you don't want this supporter to help with a certain type of decision, check the box that says:

I don't want this supporter to help me with these decisions.

You can also write “Other” and describe a different kind of decision.

You may use different forms for different supporters.

You can edit this form to fit your situation or add new sections for other types of decisions — like education, transportation, or community activities.

### 4. Sign the form

You must sign in front of either:

#### **Legal Notice:**

Under **Act 284, Session Laws of Hawai'i 2025 (HB 320)**, a person who receives a Supported Decision-Making Agreement **shall rely on the agreement and its authority to assist as presented** and is **not liable** or subject to penalty for actions taken in **good faith** based on the agreement.

## Hawai'i Supported Decision-Making Agreement

- Two witnesses, or
- A notary public

You do not need both.

Witnesses cannot be your supporters, financial monitor, or anyone named in the form.

### 5. Give everyone a copy

Give copies to:

- You (the decider)
- Each supporter
- The financial monitor (if you have one)
- Your service providers, like your doctor, lawyer, case manager, or bank

Keep your copy in a safe place.

### 6. You can change it anytime

You can change or cancel your agreement whenever you want.

Write your initials next to changes or fill out a new form.

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This agreement must be read or explained in a way that the person with a disability understands. It must be signed in front of either a notary public or two witnesses. The information should be shared using the person's preferred way of communicating.

### **About Me (the Decider)**

My Name: \_\_\_\_\_

I want people I trust to help me make decisions. These people are called supporters. My supporters cannot make decisions for me. I make all of my own decisions — they just help me understand and think through my choices.

This agreement is my choice. I can change or cancel it at any time. Any changes must be signed or written on a new page attached to this agreement.

### **My Signature**

By signing, I am saying I want support while keeping the right to make my own decisions. I understand I don't have to sign this form, and I can stop using it whenever I want.

My Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

***Wait to sign until a notary or two witnesses are watching.***

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

About My Supporters

Supporter #1

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This person can help me with the following (check all that apply):

- **Personal Care:**

- Choosing food
- Choosing clothes
- Bathing or hygiene
- Remembering medication
- Other: \_\_\_\_\_
- I don't want this supporter to help me with these decisions

- **Staying Safe:**

- Fire or home safety
- Reporting abuse or mistreatment
- Choices about alcohol or drugs
- Other: \_\_\_\_\_
- I don't want this supporter to help me with these decisions

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- **Home, Work, and Friends:**

- Where and with whom I live
- Work or daily activities
- Free time and recreation
- Support services
- Other: \_\_\_\_\_
- I don't want this supporter to help me with these decisions

- **Health Choices:**

- Making doctor or dentist appointments
- Everyday medical choices
- Big medical decisions (like surgery)
- Emergency medical care
- Other: \_\_\_\_\_
- I don't want this supporter to help me with these decisions

- **Relationships:**

- Dating and relationships
- Birth control or pregnancy
- Marriage
- Other: \_\_\_\_\_
- I don't want this supporter to help me with these decisions

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- **Money:**

- Paying bills or budgeting
- Watching over accounts
- Big financial decisions (like leases or loans)
- Other: \_\_\_\_\_
- I don't want this supporter to help me with these decisions

### **Communication and Meetings**

When can my supporters talk about me?

- They can only talk about me when I say it's okay.
- They can talk about me anytime under this agreement.

### **Supporter Meetings**

- I want my supporters to meet regularly: \_\_\_\_\_  
(example: every month or before big decisions).
- I do not want regular meetings.

### **Optional: Money Monitor**

If I want help with money, I can choose a monitor to make sure my supporters act honestly.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Email: \_\_\_\_\_

The monitor will:

- Check my financial records each month.
- Make sure supporters act in my best interest.
- Report any problems to Adult Protective Services.

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

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

### **Supporter Agreement**

I, \_\_\_\_\_, agree to be a supporter. I will help the decider get information and understand choices. I will not make decisions for them.

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

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

### **Witnesses or Notary**

This agreement must be signed in front of either two witnesses (not supporters, monitors, or the decider) or a notary public.

Witness 1:

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

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

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

Witness 2:

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

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

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

OR

Notary Section

State of Hawai'i, County of \_\_\_\_\_

On \_\_\_\_\_ (date), before me,  
\_\_\_\_\_ (notary name), the above person(s) signed this  
agreement.

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

Notary Seal: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

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