Supported Decision-Making Authorization (Form 1)

I, ____________________________________________, am a resident of Alberta and make this supported decision-making authorization.

1. Termination of previous supported decision-making authorization.

I terminate all previous supported decision-making authorizations made by me ______  ______

initials of supported person and witness

2. Appointment of supporters

Under section 4(1) of the Act, a maximum of 3 supporters may be appointed

I appoint the following persons as my supporters

a. ___________________________________________; __________________________

   name of supporter                                initials of supported person and witness

b, ___________________________________________; __________________________

   name of supporter                                initials of supported person and witness

c, ___________________________________________; __________________________

   name of supporter                                initials of supported person and witness

3. Decisions respecting personal matters for which supporter has authority

Note: See the definition of “personal matter” in section 1(bb) of the Act

My supporter(s) has (have) authority in respect of decisions to be made by me relating to the following personal matters.

____________________________________________________________________________

personal matters

____________________________________________________________________________

____________________________________________________________________________

initials of supported person and witness
4. **Authority of supporters**

Note: if (a) is checked, the supporter(s) should refer to section 9 the Act and section 4(3) to (5) of the Regulation for details about the supporter’s authority and responsibilities.

I give my supporters the authority to (check the relevant boxes and initial at the end)

- [ ] a) access, collect or obtain or assist me in accessing, collecting or obtaining from any person any information that is relevant to the decision(s) related to the personal matters specified in item 3 and to assist me in understanding the information; 

  initials of supported person and witness

- [ ] b) assist me in making the decisions related to the personal matters specified in item 3;

  initials of supported person and witness

- [ ] c) communicate or assist me in communicating the decision(s) related to the personal matters specified in item 3 to other persons. 

  initials of supported person and witness

5. **Effective dates of supported decision-making authorization**

This supported decision-making authorization has effect from ________________________ to ________________________.

6. **Consent of supporters**

I consent to act as a supporter

______________________________  ________________________________

signature of supporter  printed name of supporter

______________________________  ________________________________

signature of supporter  printed name of supporter

______________________________  ________________________________

signature of supporter  printed name of supporter
7. Signature

Signed by me in the presence of __________________________ at __________________________

name of witness location

In the province of Alberta this ___________ of _________________, ____________

day month year

_________________________________________

Signature of **supported adult** in the presence of the witness

_________________________________________

Signature of **witness** in the presence of the supported adult

Printed name and address of witness

_________________________________________

_________________________________________

_________________________________________

Note: witness should also initial provisions initialed by supported adult

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