

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