EQUALITY ♦ LAW ♦ JUSTICE

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February 11, 2026
Proponent for HB 2609 - Verbal Testimony
House Committee on Judiciary

Chair Humphries and members of the committee:

My name is Mike Burgess. I am the Director of Policy & Outreach at the Disability Rights Center of Kansas (DRC). DRC is a public interest legal advocacy organization that is part of a national network of federally mandated organizations empowered to advocate for Kansans with disabilities. DRC is officially designated by the State of Kansas as Kansas' protection and advocacy system. DRC is a private, 501(c)(3) nonprofit corporation, organizationally independent of state government, and whose focus is the protection and enhancement of the rights of Kansans with disabilities.

Thank you for the opportunity to share our support for HB 2609.

I have been excited about the concept of Supported Decision Making since learning about it more than eight years ago. It is one of those concepts that just makes sense. Many of us already use a less formal version of Supported Decision Making. Think about it, how many of us will talk to a financial planner before making a major purchase, or will talk with a doctor or nurse friend about something related to health? This bill simply establishes a formal, legally recognized version to help anyone who would like to use it. It is used by adults with developmental disabilities, brain injuries, mental health needs, aging adults, and others who want support while keeping control over their decisions.

A Supported Decision-Making Agreement (SDMA) form is often organized around the major life domains and written in plain language. It is designed to be very simple for someone to check the boxes for the areas where they may need help, identify who they would like to be their "supporters", and to indicate how they would like help and what they do not want help with.

It absolutely is designed to complement and work with other types of legal documents such as a Durable Power of Attorney (DPOA), Advance Directive, HIPAA release form, and other types of legal documents. Since we last talked about this topic two years ago, four more states have passed statutes on supported decision-making agreements including Florida, Hawaii, New Mexico, and Utah. Now more than half of the states and DC have passed such laws.

At DRC, we regularly hear from parents of children with disabilities who were pressured by their schools and/or providers to get a guardianship for their son or daughter. While guardianship is an important tool for those who need it, many of those adult children do not need a guardianship. (There are many, many more stories similar to the parents who have testified today.)

Thank you for your great work on passing the updated Guardianship law last year! The new law is much more person-centered and includes many tools to help adults who need a guardianship. It also mentions supported decision making a number of times and supported-decision making as a concept is one of the less-restrictive alternatives that is required to be considered before a guardianship can be put in place.

One of the questions I often get asked is why we need this bill. There are several important benefits to having this concept formalized into a law. First, it creates protections for supporters acting in good faith. It also creates protections for any business who honors or does not honor an SDMA in good faith. Third, it creates enhanced penalties for bad actors. And lastly, it will create additional recognition of Supported

Decision Making as a concept that complements the new Guardianship law and the Durable Power of Attorney Act. It will help educators, advocates, providers, and others use this much needed concept to increase self-determination amongst Kansans with disabilities.

To anyone who has worked on a house or car, you understand that having the right tool can make all of the difference between a simple job and a difficult one. While the existing tools (such as guardianship and durable powers of attorney) are a great fit for many who need them, they aren't always the right tool for people who have a lesser need. They can also be a little intimidating to put into place (or remove) and can be difficult to set up in a way to make sure they do exactly what they need to do. There is a big need for a tool like supported decision making agreements. It does nothing to weaken or diminish guardianship or durable powers of attorney, they complement each other and can serve as the right tool for many people.

Again, this bill will have no impact on anyone who currently has a guardianship (or may need to have one in the future). But it will help many families who want a system where their adult may need some help, but not need a guardianship.

I have also attached an example Supported Decision-Making Agreement form from the State of Virginia that gives you an idea of what a Kansas SDMA form could look like. I have also attached a sample of a Durable Power of Attorney form. As you can see, both tools are extremely useful. They are important tools to have in our tool box.

We have also created a website that provides additional information about Supported Decision Making at www.idecidekansas.org.

Thank you for the opportunity to support HB 2609. I would be happy to stand for questions at the appropriate time.

Commonwealth of Virginia:
Supported Decision-Making Agreement

This agreement should be read out loud or otherwise communicated in a way that is accessible and understandable to all parties. The form of communication should be appropriate to the needs and preferences of the person with a disability. A *Supported Decision-Making Facilitator* may be assigned to oversee this agreement, but is not required. Additionally, a notary may sign the agreement, but it is not required.

I, _____, am the creator of this Supported Decision-Making Agreement which is all about me, and that makes me the "*Decision Maker"*. I made this agreement with my choices and have selected people that I trust to be my "*Supporters"*.

The people I select as my *Supporters* are the people who have agreed to help me understand and make choices.

My *Supporters* **DO NOT** make decisions for me. They give me information, advice, and other support so that **I CAN make decisions for myself.**

This agreement can be changed at any time. I can change it by crossing out words and writing my initials next to the changes, or I can change it by writing new information onto the form and writing my initials next to what I add. I will keep track of anything I add by filling out and signing the "*Changes*" page attached to this agreement. I will also write the names of any Supporters that I no longer want to support me on the "*Cancellation*" page attached to this agreement and sign it.

If I decide that I no longer want to have a Supported Decision-Making Agreement, I can fill out the *Cancellation of Supported Decision-Making Agreement* section at the bottom of the "*Agreements*" page attached to this document.

Name of Decision Maker: _____

Preferred Method of Contact (e.g. email address, phone number, how to contact you):

_____

Initial Effective Date of Agreement: _____

In addition to this Supported Decision-Making Agreement, I have the following forms of support:

☐ Durable Power of Attorney	☐ Documents Attached/	☐ Documents NOT Attached
☐ Advance Medical Directive	☐ Documents Attached/	☐ Documents NOT Attached
☐ Financial Fiduciary	☐ Documents Attached/	☐ Documents NOT Attached
☐ HIPAA Release Form	☐ Documents Attached/	☐ Documents NOT Attached
☐ Educational Release Form	☐ Documents Attached/	☐ Documents NOT Attached
☐ Other: _____	☐ Documents Attached/	☐ Documents NOT Attached

(e.g. DBHDS Authorized Representative, Health Passport, Person Centered 1 Page Health Profile)

Supported Decision-Making Agreement for: _____

Commonwealth of Virginia:
Supported Decision-Making Agreement

1. Health and Personal Care

I DO ☐ / DO NOT ☐ want help with health and personal care decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may do these things:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/ ___ Get and look at my health care information, including seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A release is signed and attached to this agreement.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me choose when to go to the doctor.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make and keep my doctor and dentist appointments.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand and make medical choices in an emergency.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me choose what to wear and help me get dressed, if needed.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

/ ___ Help me decide where, when, and what to eat.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me make choices about drinking alcohol and using drugs.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me tell people what I want and what I don't want regarding my health and personal care.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me tell people how I make choices about my health and personal care.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Make sure people understand what I am saying about my health and personal care.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help with my health and personal care these supporters <u>may also do</u> these things:
(Examples: Attend medical appointments with me, talk directly to my doctors, help others understand what helps me calm down when I'm upset)

These supporters <u>MAY NOT</u> do these things to help me with my health and personal care:
(Examples: May not talk directly to doctors, may not attend medical appointments)

2. Friends and Partners

I DO ☐ / DO NOT ☐ want help with decisions about my friends and partners. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may do these things:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/___ Help me understand and choose if I want to date and who I want to date.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me understand and make choices about birth control and pregnancy, and access medical care, if needed.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me make choices about sex.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me make choices about marriage.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me choose who to spend time with.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me tell people what I want and what I don't want regarding my friends and partners.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me tell people how I make choices about my friends and partners.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help me with my friends and partners these supporters <u>may also do</u> these things:
(Examples: Help me find groups/places where I could meet new friends/partners, talk directly to my friends and partners)

These supporters <u>MAY NOT</u> do these things to help me with my friends and partners:
(Examples: May not talk directly to my friends and partners, may not decide who my friends and partners are, may not contact my friends and partners without my consent)

3. Money

I DO ☐ / DO NOT ☐ want help with decisions about money. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/___ Get and look at my financial information, including bank records.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me get information about my finances.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me make big decisions about money (for example, opening a bank account, signing a lease).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me fill out financial forms and documents.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me keep a budget so I know how much money I can spend.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me pay rent and bills on time.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me make sure no one is taking my money or using it for themselves.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me tell people what I want and what I don't want regarding my money.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me tell people how I make choices about my money.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Make sure people understand what I am saying about my choices and decisions regarding my money.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help me with my money these supports <u>may also do</u> these things:
(Examples: Help me save money, Help me budget for larger purchase, look at and help me understand my Social Security benefits, help me apply for other benefits)

These supporters <u>MAY NOT</u> do these things to help me with my money:
(Examples: May not tell me how to spend my money, may not spend my money without my consent, may not see my finances without my consent)

4. Where I Live and Community Living

I DO ☐ / DO NOT ☐ want help with decisions about where I live and how I live in my community. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/ Get and look at information about places where I have lived.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me decide where to live.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me decide who to live with.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me understand chores, remind me to do chores, and help me do chores.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me understand any leases I am thinking about, and help me understand any rules of my home and community.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make safe choices around the house (for example, turning off the stove, practicing for fire alarms).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make decisions about what to do and where to go in my free time.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make decisions about transportation, and help me use transportation.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me with understanding, finding, hiring, and firing support staff and services.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me make decisions about traveling to places I do not go often (for example, special events, vacations).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me tell people what I want and what I don't want regarding where I live and what I do in my community.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me tell people how I make choices about where I live and what I do in my community.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help me with where I live and my community these supporters <u>may also do</u> these things:
(Examples: Help me explore other ways to spend my days, talk directly to my paid supports, talk directly to my roommates)

These supporters MAY NOT do these things to help me with where I live and my community:
(Examples: May not change where I live without my consent, may not decide how I spend my days, may not speak with my paid supports without my consent)

5. School and Education

I DO ☐ / DO NOT ☐ want help with decisions about school and education. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/ ___ Get and look at my education information, including seeing my education records under the Family Educational Rights and Privacy Act of 1974 (FERPA). A release is signed and attached to this agreement.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me make decisions about whether to go to school, and where to go.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me make decisions about special education and accommodations.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Attend education meetings with me, including IEP meetings and school conferences.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make decisions about school activities and events.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me tell people what I want and what I don't want regarding my education.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me tell people how I make choices about my education.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Make sure people understand what I am saying my education.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help me with my school and education these supporters <u>may also do</u> these things:
(Examples: Help me understand my prevocational options, help me communicate my decisions about my prevocational interests to my teachers and school supports)

These supporters <u>MAY NOT</u> do these things to help me with my school and education:
(Examples: May not attend school/IEP meetings, may not decide what supports I receive at school, may not see my grades or school reports)

6. Working

I DO ☐ / DO NOT ☐ want help with decisions about working. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/ Help me choose if I want to work.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me understand my work choices and apply for jobs.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me request benefits at work (vacation time, sick leave, time off, etc.).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me make decisions about transitional services (services as I transition out of high school).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me explore and make decisions about internships, apprenticeships, and/or mentoring.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me make decisions about supported employment or other supports and services I need in order to work.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Attend meetings about my employment with my employment supporters, including Vocational Rehabilitation or other employment agencies.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ ___ Help me with career preparation and placement.
___ All Supporters/ ___ Only Supporters Listed Here: _____

/ Help me request accommodations for my work.
___ All Supporters/ ___ Only Supporters Listed Here: _____

/ Help me get to and from work every day.
___ All Supporters/ ___ Only Supporters Listed Here: _____

/ Help me talk to my employer.
___ All Supporters/ ___ Only Supporters Listed Here: _____

/ ___ Help me tell people what I want and what I don't want regarding my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

/ Help me tell people how I make choices about my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

/ Make sure people understand what I am saying about my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me with my work these supporters <u>may also do</u> these things:
(Examples: Talk to my employment supports, help me understand and decide my work schedule, talk to my employer or supervisor)

These supporters <u>MAY NOT</u> do these things to help me with my work:
(Examples: May not talk to my supervisor or employer without my consent, may not visit me at work, may not talk with my employment supports without my consent, may not dictate my work schedule)

7. My Rights and Safety

I DO ☐ / DO NOT ☐ want help with decisions about my rights and safety. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/ Help me understand my rights as a voter and register to vote.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me understand my choices when voting at elections.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me cast my ballot when voting.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me understand and sign contracts and formal agreements.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me communicate to others and make sure people understand what I am communicating in regards to my rights and issues of safety (what I want and do not want when I'm upset or in crisis, what to do when interacting with emergency services).
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help me with my rights and safety these supporters <u>may also do</u> these things:
(Examples: Help me understand benefits that I am eligible for, help me apply for additional benefits, may help me find and obtain legal services, may help me access help when I feel unsafe)

These supporters <u>MAY NOT</u> do these things to help me with my rights and safety:
(Examples: May not dictate who I can and cannot talk to, may not decide who I vote for, may not sign contracts for me)

8. Meeting and Talking with My Supporters

I DO ☐ / DO NOT ☐ want help coordinating meetings and talking with my Supporters. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:
Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

/___ Help me contact my Supporters to set up meetings.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/___ Help me talk with my Supporters when I am upset or have a problem with them.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me keep my Supporters updated on how I am doing.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me keep my Supporters updated on what I am doing.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

/ Help me communicate to my Supporters to make sure they understand what I am saying.
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

To help me meet and talk with my Supports these supporters may also do these things:
(Examples: Help me understand what my Supporters are telling me, help me communicate with my Supporters over email, text message, or the phone, Help advocate for me when meeting with my Supporters, Meet with my Supporters without me)

These supporters <u>MAY NOT</u> do these things to help me meet and talk with my Supporters:
(Examples: May not meet with my Supporters without me, May not talk with my Supporters about me without me present)

9. Other

I DO ☐ / DO NOT ☐ want help with other decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may also help me in these other ways:

Other: _____
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

Other: _____
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

Other: _____
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

Other: _____
☐ All Supporters/ ☐ Only Supporters Listed Here: _____

These supporters MAY NOT do these other things to help me:

Commonwealth of Virginia:
Supported Decision-Making Agreement

Agreements

By my signature below I, the *Decision Maker*, agree to consult and work with my *Supporters* in making decisions and in other matters that I need and to consider (think about) their guidance. This agreement starts when I sign it, and ends when I choose to end it. Any *Supporter* may leave the agreement by telling me in writing. If a *Supporter* leaves the agreement, the rest of the agreement continues.

By my signature below I, the *Supporter,* agree to be available as often as needed to give the *Decision Maker* my best advice and assistance. I agree to support the *Decision Maker* with honesty, good faith, and in their and only their stated best interest, in line with the *Decision Maker's* values, needs, and preferences in order to assist them with making decisions relating to their life. When requested by the *Decision Maker*, I agree to help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian. As the *Supporter*, I acknowledge that I might know private information about the *Decision Maker* and will respect their confidentiality. I agree not to use my position to abuse, exploit, manipulate, slander or exercise undue influence on the *Decision Maker*. If I am also a paid provider, I will not provide support in areas that would appear as a conflict of interest.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

_____ _____
Signature of Decision Maker in This Agreement Printed Name of Decision Maker in This Agreement

Date Signed: _____

I agree to be a *Supporter* under this agreement:

_____ _____
Signature of Supporter 1 Printed Name of Supporter 1

Date Signed: _____

_____ _____
Signature of Supporter 2 Printed Name of Supporter 2

Date Signed: _____

_____ _____
Signature of Supporter 3 Printed Name of Supporter 3

Date Signed: _____

This page can be printed again if space for more Supporter's signatures is needed.

Cancellation of Supported Decision-Making Agreement

I, _____, am the creator of this agreement, which is all about me, and that makes me the *Decision Maker.* As the Decision Maker, I no longer want this Support Decision-Making Agreement. This agreement will no longer be effective as of the date indicated below.

_____ _____
Signature of Decision Maker in This Agreement Date of Revocation

Supported Decision-Making Facilitator (Optional):

By my signature below I, the *Facilitator,* agree to assist the *Decision Maker* with coordinating meetings with their *Supporters*, if and when needed. I agree to make reasonable efforts to ensure that the *Supporters* under this agreement are acting honestly, in good faith, and in accordance with the choices of the *Decision Maker*. If I suspect abuse, exploitation, manipulation, neglect, or undue influence on the *Decision Maker* by a *Supporter* I will discuss my concerns with both the *Decision Maker* and the *Supporter*, and follow the *Protocols for Addressing Abuse and Exploitation*. I also agree to help and advise the *Decision Maker*, should they have issues or concerns with any of their *Supporters*. If I am also a *Supporter*, I will take necessary steps to prevent any potential conflict with my role as the *Facilitator*.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

_____ _____
Signature of Decision Maker in This Agreement Printed Name of Decision Maker in This Agreement

Date Signed: _____

_____ _____
Signature of Facilitator Printed Name of Facilitator

Date Signed: _____

Notary (Optional):

COMMONWEALTH OF VIRGINIA
COUNTY OF _____

On (date) _____ (name of Decision Maker) _____ appeared and verified their identity, acknowledged this Supported Decision- Making Agreement, and affixed their signature on the agreements page above.

NOTARY _____
Signature

REGISTRATION NUMBER _____

MY COMMISSION EXPIRES _____

SEAL

Commonwealth of Virginia:
Supported Decision-Making Agreement

Changes

Changes to this Supported Decision-Making Agreement can be made at any time by the Decision Maker to add a new Supporter(s) and/or adjust how Supporters provide support. Use the chart below to track changes to the Supported Decision-Making Agreement. Print this page again if space for more Amendments is needed or fill out a new Supported Decision-Making Agreement.

Change 1:
Date:_____

Change:
_____
_____
_____

_____
Signature of Decision Maker

_____ _____
Signature of Supporter(s) Involved Signature of Supporter(s) Involved

Change 2:
Date:_____

Change:
_____
_____
_____

_____
Signature of Decision Maker

_____ _____
Signature of Supporter(s) Involved Signature of Supporter(s) Involved

Change 3:
Date:_____

Change:
_____
_____
_____

_____
Signature of Decision Maker

_____ _____
Signature of Supporter(s) Involved Signature of Supporter(s) Involved

Supported Decision-Making Agreement for: _____

Commonwealth of Virginia:
Supported Decision-Making Agreement

Cancellations

The Decision Maker and/or Supporters may cancel their agreement at any time. This cancellation will not affect any decisions made or action taken on the basis of the initial Supported Decision-Making Agreement prior to receiving this notice.

Cancelled Supporter(s) 1:
Date:_____

Name of Cancelled Supporter(s):
_____
_____
_____

_____
Signature of Decision Maker

Cancelled Supporter(s) 2:
Date:_____

Name of Cancelled Supporter(s):
_____
_____
_____

_____
Signature of Decision Maker

Cancelled Supporter(s) 3:
Date:_____

Name of Cancelled Supporter(s):
_____
_____
_____

_____
Signature of Decision Maker

GENERAL DURABLE POWER OF ATTORNEY

(1) I, _____(principal), of _____(street address), _____(city), _____(state), appoint _____(attorney in fact) of _____(city), _____(state), as my attorney in fact under the Kansas Power of Attorney Act, K.S.A. 58-650 to K.S.A. 58-665. In the event of the subsequent disability, death or disqualification of the attorney in fact I have designated, I appoint _____(name) of _____(city), _____(state).

(2) This is a durable power of attorney and the authority of my attorney in fact shall not terminate if I become disabled or in the event of later uncertainty as to whether I am dead or alive.

(3) This durable power of attorney shall become effective immediately.

GENERAL GRANT OF AUTHORITY

(4) General powers are granted to my attorney in fact and my attorney in fact is granted the power to act with respect to all lawful subjects and purposes and my attorney in fact's authority shall extend to and include each and every action or power which an adult who is not disabled may carry out through an agent specifically authorized in the premises, with respect to any and all matters whatsoever, except as provided in paragraph (7).

(5) The general authority granted and assumed by the attorney in fact shall include, but not be limited to the following acts, conducted either directly or by electronic means:

(a) To ask, demand, sue for, recover, collect and receive any and all such sums of money, debts, deposits, certificates of deposit, accounts, legacies, bequests, interest dividends, annuities, and demands whatsoever as now or shall hereafter become due, owing payable or belonging to me, including any proceedings under the Bankruptcy Act or similar statutes;

(b) To write checks on any of my checking accounts, deposit and withdraw moneys from savings accounts, sign or endorse checks of any nature payable to me, assign or transfer stock certificates, and certificates of deposit and enter any safety deposit box leased in my name or my name and others if I would otherwise be permitted access to such box;

(c) To maintain, repair, improve, manage, insure, rent, lease, sell, convey, mortgage, in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest, including joint interest in such property, that I now own or may later acquire, for me, on my behalf, in my name and under such terms and conditions and such other covenants as my attorney in fact may deem proper and in my name to make, execute, acknowledge good and sufficient deeds of conveyance or other instrument or instruments necessary to effect such sale, conveyance or agreement;

(d) To conduct, engage in, and transact any and all lawful business of whatsoever nature or kind for me, on my behalf, and in my name. including exercising any rights I may hold as an owner of an interest in a business entity or sole proprietorship;

(e) To transfer any interests in property I may own to a revocable or living trust created by me, which trust benefits me during my life;

(f) To participate or not participate, as my attorney in fact may determine, in any program, plan or activity dealing with agricultural land or practices sponsored by or under the supervision or direction of the United States Department of Agriculture (USDA), Farm Service Agency (FSA), Commodity Credit Corporation (CCC) or Federal Crop Insurance Corporation (FCIC) or any similar or successor organization or entity;

(g) To exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may later acquire the legal right, power, or capacity to exercise or perform, in connection with, arising from, or relating to any person, item, transaction thing, business property, real or personal, tangible or intangible, or matter whatsoever;

(h) To resign any position I may hold as a director, officer, fiduciary or in any other capacity;

(i) To execute Federal or state income tax returns, gift tax returns or any other returns or forms, documents or agreements relating thereto or otherwise dealing with the IRS or any state agency involved in the collection or payment of any taxes;

(j) To open or maintain accounts with financial institutions and to buy, sell, endorse, transfer, hypothecate and borrow against any shares of stocks, bonds or other securities and to vote as my proxy any such shares;

(k) To make any and all arrangements deemed appropriate and in my best interest for my personal care, support maintenance, living arrangements and medical care, including admission to a hospital, retirement home or facility, extended care facility, nursing home, hospital or any other convalescent or medical care unless I have otherwise appointed another person as my attorney

in fact for health care decisions, in which event such other appointment shall take precedence over this direction;

(l) To apply for Medicaid, Social Security, or any other publicly or privately funded assistance program, and to execute any documents and do any other acts deemed necessary or advisable to qualify me or make me eligible for such assistance. To enter into a Notice of Intent to Divide Resources or Income or both, Interspousal Agreement to Divide Resources or Income or both, or any document of similar purpose, in order to protect as many of my assets as possible from the spend-down requirements of eligibility for Medicaid and thus provide more income and resources to my spouse; to make any transfers to my spouse needed to carry out the terms of such Notice of Intent or other such documents; to make any transfers with or without consideration to my spouse or others (including transfer on any real estate which is my homestead); to sign a statement of my intent to return to my home in connection with any applications for Medicaid assistance for hospital, nursing home or extended health care, or for any other purpose; and to do any other matters necessary or advisable under all the circumstances (including but not limited to my situation and that of my spouse and family and appropriate estate planning for me and my spouse) to increase my eligibility for Medicaid, Social Security, or any other publicly or privately funded assistance program.

(m) To execute a power of attorney required by any governmental agency or other entity on my behalf naming my attorney in fact as the attorney in fact authorized to enter into any transaction with such agency or entity;

(n) To exercise authority over digital assets on my behalf including a catalogue of electronic communications sent or received by me but not the content of electronic communications unless specifically authorized as an optional additional power.

All acts done by my attorney in fact shall inure to my benefit and shall likewise bind me and my successors in interest.

OPTIONALADDITIONAL POWERS

(6) I grant my attorney in fact the authority to take the following actions but only to the extent that I have affirmatively expressed my intentions by initialing on the line designated "include" in front of the description of the power conveyed. If I have initialed the line designated "exclude" or if I have left both lines blank, then I do not intend to grant my attorney in fact the authority to take the action described.

	Include	Exclude	
(a)	_____	_____	To execute, amend or revoke any trust agreement.
(b)	_____	_____	To fund with my assets any trust not created by me.
(c)	_____	_____	To make or revoke a gift of my property in trust or otherwise.
(d)	_____	_____	To disclaim a gift or devise of property to or for my benefit.
(e)	_____	_____	To create or change survivorship interests in my property or in property in which I may have an interest.
(f)	_____	_____	To designate or change the designation of beneficiaries to receive any property, benefit or contract right upon my death.
(g)	_____	_____	To give or withhold consent to an autopsy or postmortem examination.
(h)	_____	_____	To make or decline to make a gift of my body parts under an anatomical gift act.
(i)	_____	_____	To nominate a guardian or conservator for me, and the attorney in fact may nominate himself or herself.
(j)	_____	_____	To give consent on my behalf to the sale, gift, transfer, mortgage or other alienation of my homestead or interest in my homestead. The street address of the homestead is: _____ _____, _____ and the legal description of the homestead is:

Nothing in this document shall be construed as a limitation or abridgement of the right of my spouse to consent or withhold consent to the alienation of the spouse's homestead or any rights in the homestead, under Article 15, section 9 of the Kansas Constitution.

(k) _____ _____ To designate one or more substitute or successor or additional attorneys in fact.

(l) _____ _____ To delegate any or all powers contained in this document.

(m) _____ _____ To exercise authority over the content of electronic communications sent or received by me pursuant to K.S.A. 58-4809.

(n) _____ _____ To pay reasonable expenses incurred for my funeral and burial or other disposition of my body.

POWERS PROHIBITED

(7) As provided in K.S.A. 58-654(g) my attorney in fact shall not have the power or authority to do any of the following acts:

(a) To make, publish, declare, amend or revoke my will;

(b) Make, execute, modify or revoke a living will or "do not resuscitate" order or a durable power of attorney for health care decisions;

(c) To require me, against my will, to take any action or to refrain from taking any action;

(d) To carry out any action I have specifically forbidden while not under any disability or incapacity.

ACCOUNTING

(8) (Initial the following optional directives desired by the principal)

_____ I direct as soon as practicable after my death that my attorney in fact shall provide an accounting to my personal representative or trustee in such manner and for such period as requested by the personal representative or trustee.

_____ I direct as soon as practicable after my disability that my attorney in fact shall provide an accounting to _____.

_____ I waive the necessity of my attorney in fact providing an accounting to me or any other person during my lifetime or upon my death.

_____ (Here insert any other direction relating to accounting.)

This instrument is executed, delivered and shall be governed by the Kansas Power of Attorney Act, and amendments thereto and all questions as to its validity, powers of the attorney in fact and construction shall be likewise so governed.

_____ _____
Principal Date

State of Kansas

County of _____

This instrument was acknowledged before me on_____,
_____, by_____.

_____
Notarial Officer

_____
Title

(OFFICIAL STAMP) My Commission Expires:

_____

CONSENT OF SPOUSE

(Optional unless attorney in fact is granted power over the homestead under paragraph (6)(j))

_____, spouse of the above named Principal, consents to the provisions of the durable power of attorney of _____ which provides the attorney in fact may give consent on behalf of the principal to the sale, gift, transfer, mortgage or other alienation of the principal's homestead or interest in the homestead. In addition, I consent that the attorney in fact may alienate the interest, in whole or in part, of the principal in the homestead described in the durable power of attorney and further, I agree that the consent of the attorney in fact will constitute the consent of the principal required by Article 15, Section 9, of the Kansas Constitution.

_____
Spouse

State of Kansas

County of _____

This instrument was acknowledged before me on_____,

_____, by _____.

_____
Notarial Officer

_____
Title

(OFFICIAL STAMP)

My Commission Expires:

_____

ACCEPTANCE OF AUTHORITY AND AGREEMENT TO ACT
(Optional)

Now on this _____ day of _____, 20_____, _____, attorney in fact, accepts the authority granted in this document and agrees to act in the best interest of the above named principal in carrying out the duties and responsibilities set forth in this document until such time as said authority is terminated by the principal or by operation of law, whichever occurs first.

_____
Attorney in fact

State of Kansas

County of _____

This instrument was acknowledged before me on _____, _____, by _____.

_____
Notarial

_____
Officer Title

(OFFICIAL STAMP)

My Commission Expires:

_____

Reference

K.S.A. 58-650 to 58-665; 58-4809; 58-4810.

Comment

The Judicial Council is providing this form power of attorney for financial matters as required by K.S.A. 58-652(g). This form authorizes another person (your attorney in fact) to make decisions and take actions concerning your money and property for you (the principal). **If you have questions about the power of attorney or the authority you are granting to your attorney in fact, you should seek legal advice before signing this form.**

While subsection (k) grants authority for contractual arrangements for medical or long-term care needs, it is not intended to grant authority for actual medical decision making. If you wish to execute a power of attorney regarding healthcare decisions, please refer to K.S.A. 58-632. You can find the statutory form on the Judicial Council website. Under Kansas law, a power of attorney may be either durable or nondurable. A durable power of attorney will remain in effect even if the principal becomes disabled or incapacitated (Option A), and it can be written to take effect only when the principal becomes disabled or incapacitated, also known as a "springing" durable power of attorney (Option B). A nondurable power of attorney is no longer effective if the principal becomes disabled or incapacitated. (Option C).

The form power of attorney prepared by the Judicial Council is drafted as a durable power of attorney that becomes effective immediately and remains in effect even if the principal becomes disabled or incapacitated (Option A), because that is the structure most people use when drafting a power of attorney. However, alternative language for Options B and C is included below.

Option B - If the principal wants to create a "springing" durable power of attorney, the following language should be substituted for paragraphs (2) and (3) of the form:

> (2) This is a durable power of attorney and the authority of my attorney in fact, when effective, shall not terminate or be void or voidable if I am or become disabled or in the event of later uncertainty as to whether I am dead or alive.
>
> (3) Notwithstanding any other provisions in this document, this power of attorney shall become effective only upon the disability of the principal. The rights, powers and authorities of my attorney in fact shall commence only upon my disability and shall remain in full force until such disability is terminated. Disability shall be the condition as defined in K.S.A. 58-651(c). Such condition shall be

conclusively determined by a written declaration of my attending physician.

In addition, if the durable power of attorney is springing, the following or substantially similar language relating to medical records should be included:

> I intend for my attorney in fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164.
>
> I authorize any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my agent, without restrictions, all of my individually identifiable health information and medical records regarding any past, present of future medical or mental health condition, including but not limited to information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug and alcohol abuse.
>
> The authority given my attorney in fact shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my attorney in fact has no expiration date and shall expire only in the event that I revoke such authority in writing and deliver it to my health care provider.

Option C – If the principal wants to create a nondurable power of attorney, the word "durable" should be stricken from the title of the form, and the following language should be substituted for paragraph (2):

> This power of attorney is not durable, and the authority of my attorney in fact shall be suspended during any period that I am disabled to the extent that I am unable to receive or evaluate information or to communicate decisions with respect to the subject of the power of attorney.

Paragraph (4) begins with the statutory language from K.S.A. 58-654 which delegates general powers to the attorney in fact to act on the principal's behalf with respect to all lawful subjects and purposes. This is all that is required. However, additional paragraphs specifically enumerating specific powers are included in the form because some drafters may prefer such enumeration.

The granting of the optional additional powers contained in paragraph (6) are important decisions. The Committee suggests a thorough discussion of these powers with counsel as to their tax, estate planning and other consequences. The principal should initial next to each specific power, indicating whether that power is included or excluded. If neither line is initialed, the presumption will be that the power is excluded.

If a successor attorney in fact is designated (see bracketed language in paragraph 1) and the principal does not want the successor attorney in fact to have the same optional additional powers as the original attorney in fact, an additional section should be added, in which the principal indicates whether each optional additional power is included or excluded as to the successor attorney in fact.

If the optional additional power to consent on behalf of the principal to the sale, gift, transfer, mortgage or other alienation of the principal's homestead in section (6)(j) is chosen, the subsection entitled "Consent of Spouse" is required by K.S.A. 58-654(f)(10) and must be included. If this optional power is not included, the "Consent of Spouse" subsection need not be included.

A person who is appointed an attorney in fact under a durable power of attorney has no duty to exercise the authority conferred in the power of attorney, unless the attorney in fact has agreed expressly in writing to act for the principal in such circumstances. The subsection entitled "Acceptance of Authority and Agreement to Act" provides for such express written agreement to act; however, it is optional.

If a person appoints more than one attorney in fact, the power of attorney should state whether such attorneys in fact must act jointly or may act independently. If the power of attorney does not specify, then K.S.A. 58-653 requires attorneys in fact to act jointly.

In 2017, Kansas enacted the Revised Uniform Fiduciary Access to Digital Assets Act (RUFADAA), K.S.A. 58-4801 *et seq*. The RUFADAA provides a mechanism for an attorney in fact to obtain access to a principal's digital assets from a custodian that is maintaining or storing those digital assets. Under the RUFADAA, a general grant of authority in a power of attorney is sufficient to provide the attorney in fact with authority over all of the principal's digital assets, including a catalogue of the principal's electronic communications but not the content of those communications.

K.S.A. 58-4810. The RUFADAA distinguishes between the content of electronic communications, which includes the subject line and text of email, text messages, and other private messages, and the catalogue of electronic communications, which includes the list of senders, recipients, and the date and time of the message. K.S.A. 58-4802. An attorney in fact may access the content of electronic communications only if the power of attorney explicitly grants such authority. K.S.A. 58-4809. The optional additional power in paragraph (6)(m) is intended to authorize such access.