**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Guardianship/Conservatorship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent | **No.** **Motion for Order re: Supported Decision Making**(MT) |

**Motion for Order re: Supported Decision Making**

**1.** I am filing a signed *Supported Decision Making Agreement* substantially similar to the form in RCW 11.130.745 on behalf of *(name) .*

**2.** The Supporters authorized in the agreement are *(name)*  and *(name) .*

**3.** I ask the court to authorize the Supporter/s and allow them to have access and help make decisions consistent with the attached *Supported Decision Making Agreement* and RCW 11.130.720.

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true.

[ ] I have attached *(#):* pages.

Signed at *(city and state):* Date:

*Sign here Print name*

**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Guardianship/Conservatorship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent | **No.** **Order re: Supported Decision Making**(OR) |

**Order re: Supported Decision Making**

**1.** The court finds *(name)*  and *(name)*  are authorized supporters for *(name)*  .

The court orders:

**2.** The supporter/s listed in **1** shall have access to medical, psychological, financial, educational, or treatment records consistent with the *Supported Decision Making Agreement* executed on *(date)*  and RCW 11.130.720.

**3.** The supporter/s listed in **1** shall have authority to communicate the decisions of
*(name)*  to the appropriate persons.

**4.** Pursuant to RCW 11.130.750, a person who receives an original or a copy of the *Supported Decision Making Agreement* shall rely on the agreement.

**Dated**

 **Judge/Court Commissioner**

Signature Printed Name WSBA No: