

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: