

2018 -- H 7992

LC005267

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

A N A C T

RELATING TO PROBATE PRACTICE AND PROCEDURE -- SUPPORTED DECISION-
MAKING ACT

Introduced By: Representatives Craven, Knight, and McEntee

Date Introduced: March 23, 2018

Referred To: House Judiciary

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 33 of the General Laws entitled "PROBATE PRACTICE AND
2 PROCEDURE" is hereby amended by adding thereto the following chapter:

3 CHAPTER 15.3

4 SUPPORTED DECISION-MAKING ACT

5 **33-15.3-1. Short title.**

6 This chapter shall be known and may be cited as the "Supported Decision-Making Act."

7 **33-15.3-2. Purpose.**

8 (a) The purpose of this chapter is to achieve all of the following:

9 (1) Provide assistance in gathering and assessing information, making informed
10 decisions, and communicating decisions for adults who would benefit from decision-making
11 assistance;

12 (2) Give supporters legal status to be with the adult and participate in discussions with
13 others when the adult is making decisions or attempting to obtain information;

14 (3) Enable supporters to assist in making and communicating decisions for the adult but
15 not substitute as the decision maker for that adult; and

16 (4) Establish the use of supported decision-making as an alternative to guardianship.

17 (b) This chapter is to be administered and interpreted in accordance with all of the
18 following principles:

1 (1) All adults should be able to choose to live in the manner they wish and to accept or
2 refuse support, assistance, or protection;

3 (2) All adults should be able to be informed about and participate in the management of
4 their affairs; and

5 (3) The values, beliefs, wishes, cultural norms, and traditions that adults hold, should be
6 respected in supporting adults to manage their affairs.

7 **33-15.3-3. Definitions.**

8 For the purposes of this chapter:

9 (1) "Adult" means an individual who is eighteen (18) years of age or older.

10 (2) "Affairs" means personal, health care, and financial matters arising in the course of
11 activities of daily living and includes all of the following:

12 (i) Those health care and personal affairs in which adults make their own health care
13 decisions, including monitoring their own health; obtaining, scheduling, and coordinating health
14 and support services; understanding health care information and options; and making personal
15 decisions, including those to provide for their own care and comfort; and

16 (ii) Those financial affairs in which adults manage their income and assets and its use for
17 clothing, support, care, comfort, education, shelter, and payment of other liabilities of the
18 individual.

19 (3) "Good faith" means honesty in fact and the observance of reasonable standards of fair
20 dealing.

21 (4) "Immediate family member" means a spouse, child, sibling, parent, grandparent,
22 grandchild, stepparent, stepchild, or stepsibling.

23 (5) "Person" means an adult; health care institution; health care provider; corporation;
24 partnership; limited liability company; association; joint venture; government; governmental
25 subdivision, agency, or instrumentality; public corporation; or any other legal or commercial
26 entity.

27 (6) "Principal" means an adult who seeks to enter, or has entered, into a supported
28 decision-making agreement with a supporter under this chapter.

29 (7) "Supported decision-making" means a process of supporting and accommodating an
30 adult to enable the adult to make life decisions, including decisions related to where the adult
31 wants to live, the services, supports, and medical care the adult wants to receive, whom the adult
32 wants to live with, where the adult wants to work, and how the adult wants to manage finances,
33 without impeding the self-determination of the adult.

34 (8) "Supported decision-making agreement" or "the agreement" means an agreement

1 between a principal and a supporter entered into under this chapter.

2 (9) "Supporter" means a person who is named in a supported decision-making agreement
3 and is not prohibited from acting pursuant to § 33-15.3-6(b).

4 (10) "Support services" means a coordinated system of social and other services supplied
5 by private, state, institutional, or community providers designed to help maintain the
6 independence of an adult, including any of the following:

7 (i) Homemaker-type services, including house repair, home cleaning, laundry, shopping,
8 and meal-provision;

9 (ii) Companion-type services, including transportation, escort, and facilitation of written,
10 oral, and electronic communication;

11 (iii) Visiting nurse and attendant care;

12 (iv) Health care provision;

13 (v) Physical and psychosocial assessments;

14 (vi) Financial assessments and advisement on banking, taxes, loans, investments, and
15 management of real property;

16 (vii) Legal assessments and advisement;

17 (viii) Education and educational assessment and advisement;

18 (ix) Hands-on treatment or care, including assistance with activities of daily living such
19 as bathing, dressing, eating, range of motion, toileting, transferring, and ambulation;

20 (x) Care planning; and

21 (xi) Other services needed to maintain the independence of an adult.

22 **33-15.3-4. Presumption of capacity.**

23 (a) All adults are presumed to be capable of managing their affairs and to have legal
24 capacity.

25 (b) The manner in which an adult communicates with others is not grounds for deciding
26 that the adult is incapable of managing the adult's affairs.

27 (c) Execution of a supported decision-making agreement may not be used as evidence of
28 incapacity and does not preclude the ability of the adult who has entered into such an agreement
29 to act independently of the agreement.

30 **33-15.3-5. Supported decision-making agreements.**

31 (a) A supported decision-making agreement must include all of the following:

32 (1) Designation of at least one supporter;

33 (2) The types of decisions for which the supporter is authorized to assist; and

34 (3) The types of decisions, if any, for which the supporter may not assist.

1 (b) A supported decision-making agreement may include any of the following:

2 (i) Designation of more than one supporter;

3 (ii) Provision for an alternate to act in the place of a supporter in such circumstances as
4 may be specified in the agreement; and

5 (iii) Authorization for a supporter to share information with any other supporter named in
6 the agreement, as a supporter believes is necessary.

7 (c) A supported decision-making agreement is valid only if all of the following occur:

8 (1) The agreement is in a writing that contains the elements of the form contained in §
9 33-15.3-11;

10 (2) The agreement is dated; and

11 (3) Each party to the agreement signed the agreement in the presence of two (2) adult
12 witnesses, or before a notary public.

13 (d) The two (2) adult witnesses required by subsection (c)(3) of this section may not be
14 any of the following:

15 (1) A supporter for the principal;

16 (2) An employee or agent of a supporter named in the supported decision-making
17 agreement;

18 (3) A paid provider of services to the principal; and

19 (4) Any person who does not understand the type of communication the principal uses,
20 unless an individual who understands the principal's means of communication is present to assist
21 during the execution of the supported decision-making agreement.

22 (e) A supported decision-making agreement must contain a separate declaration signed
23 by each supporter named in the agreement indicating all of the following:

24 (1) The supporter's relationship to the principal;

25 (2) The supporter's willingness to act as a supporter; and

26 (3) The supporter's acknowledgement of the role of a supporter under this chapter.

27 (f) A supported decision-making agreement may authorize a supporter to assist the
28 principal to decide whether to give or refuse consent to a life sustaining procedure pursuant to the
29 provisions of chapters 4.10 and 4.11 of title 23.

30 (g) A principal or a supporter may revoke a supported decision-making agreement at any
31 time in writing and with notice to the other parties to the agreement.

32 **33-15.3-6. Supporters.**

33 (a) Except as otherwise provided by a supported decision-making agreement, a supporter
34 may do all of the following:

1 (1) Assist the principal in understanding information, options, responsibilities, and
2 consequences of the principal's life decisions, including those decisions relating to the principal's
3 affairs or support services;

4 (2) Help the principal access, obtain, and understand any information that is relevant to
5 any given life decision, including medical, psychological, financial, or educational decisions, or
6 any treatment records or records necessary to manage the principal's affairs or support services;

7 (3) Assist the principal in finding, obtaining, making appointments for, and implementing
8 the principal's support services or plans for support services;

9 (4) Help the principal monitor information about the principal's affairs or support
10 services, including keeping track of future necessary or recommended services; and

11 (5) Ascertain the wishes and decisions of the principal, assist in communicating those
12 wishes and decisions to other persons, and advocate to ensure that the wishes and decisions of the
13 principal are implemented.

14 (b) Any of the following are disqualified from acting as a supporter:

15 (1) A person who is an employer or employee of the principal, unless the person is an
16 immediate family member of the principal;

17 (2) A person directly providing paid support services to the principal, unless the person is
18 an immediate family member of the principal; and

19 (3) An individual against whom the principal has obtained an order of protection from
20 abuse or an individual who is the subject of a civil or criminal order prohibiting contact with the
21 principal.

22 (c) A supporter shall act with the care, competence, and diligence ordinarily exercised by
23 individuals in similar circumstances, with due regard either to the possession of, or lack of,
24 special skills or expertise.

25 **33-15.3-7. Recognition of supporters.**

26 A decision or request made or communicated with the assistance of a supporter in
27 conformity with this chapter shall be recognized for the purposes of any provision of law as the
28 decision or request of the principal and may be enforced by the principal or supporter in law or
29 equity on the same basis as a decision or request of the principal.

30 **33-15.3-8. Limitations of liability.**

31 (a) A person, who in good faith acts in reliance on an authorization in a supported
32 decision-making agreement, or who in good faith declines to honor an authorization in a
33 supported decision-making agreement, is not subject to civil or criminal liability or to discipline
34 for unprofessional conduct for any of the following:

1 (1) Complying with an authorization in a supported decision-making agreement based on
2 an assumption that the underlying supported decision-making agreement was valid when made
3 and has not been revoked;

4 (2) Declining to comply with an authorization in a supported decision-making agreement
5 based on actual knowledge that the agreement is invalid.

6 **33-15.3-9. Access to information.**

7 (a) A supporter may assist the principal with obtaining any information to which the
8 principal is entitled, including, with a signed and dated specific consent, protected health
9 information under the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-
10 191], educational records under the Family Educational Rights and Privacy Act of 1974 [20
11 U.S.C. § 1232g], or information protected by 42 U.S.C.A. § 290dd-2, 42 C.F.R Part 2.

12 (b) The supporter shall ensure all information collected on behalf of the principal under
13 this section is kept privileged and confidential, as applicable; is not subject to unauthorized
14 access, use, or disclosure; and is properly disposed of when appropriate.

15 **33-15.3-10. Reporting of suspected abuse, neglect, or exploitation.**

16 If a person who receives a copy of a supported decision-making agreement or is aware of
17 the existence of a supported decision-making agreement has cause to believe that the principal,
18 who is an adult with a developmental disability or an elder, is being abused, neglected, or
19 exploited by the supporter, the person shall report the alleged abuse, neglect, or exploitation
20 pursuant to §§ 40.1-27-02, and 42-66-8.

21 **33-15.3-11. Form of supported decision-making agreement.**

22 A supported decision-making agreement may be in any form not inconsistent with the
23 following form and the other requirements of this chapter. Use of the following form is presumed
24 to meet statutory provisions.

25 SUPPORTED DECISION-MAKING AGREEMENT

26 Appointment of Supporter

27 I,(insert your name), make this agreement of my own free will.

28 I agree and designate that:

29 Name:.....

30 Address:

31 Phone Number:

32 E-mail Address:

33 is my supporter. My supporter may help me with making everyday life decisions relating to the
34 following:

1 Y/N Obtaining food, clothing, and shelter

2 Y/N Taking care of my health

3 Y/N Managing my financial affairs

4 Y/N Other (specify):

5 _____
6 _____

7 I agree and designate that:

8 Name:

9 Address:

10 Phone Number:.....

11 E-mail Address:

12 is my supporter. My supporter may help me with making everyday life decisions relating to the
13 following:

14 Y/N Obtaining food, clothing, and shelter

15 Y/N Taking care of my physical health

16 Y/N Managing my financial affairs

17 Y/N Other (specify):

18 _____
19 _____

20 My supporter(s) is (are) not allowed to make decisions for me. To help me with my decisions, my
21 supporter(s) may:

22 (1) Help me access, collect, or obtain information that is relevant to a decision, including
23 medical, psychological, financial, educational, or treatment records;

24 (2) Help me gather and complete appropriate authorizations and releases;

25 (3) Help me understand my options so I can make an informed decision; and

26 (4) Help me communicate my decision to appropriate persons.

27 Effective Date of Supported Decision-Making Agreement

28 This supported decision-making agreement is effective immediately and will continue
29 until.....(insert date) or until the agreement is terminated by my supporter or me
30 or by operation of law.

31 Signed thisday of, 20.....

32 Consent of Supporter

33 I, (name of supporter), consent to act as a supporter under this agreement,
34 and acknowledge my responsibilities under chapter 15.3 of title 33.

1
2 (Signature of supporter) (Printed name of supporter)

3 My relationship to the principal is:

4 I, (Name of supporter), consent to act as a supporter under this
5 agreement, and acknowledge my responsibilities under chapter 15.3 of title 33.

6
7 (Signature of supporter) (Printed name of supporter)

8 My relationship to the principal is:

9 Consent of the Principal

10
11 (My signature) (My printed name)

12 Witnesses or Notary

13
14 (Witness 1 signature) (Printed name of witness 1)

15
16 (Witness 2 signature) (Printed name of witness 2)

17 Or
18 State of
19 County of

20 This document was acknowledged before me on (date) by
21 and

22 (Name of adult with a disability) (Name of supporter)
23

24 (Signature of notarial officer)
25 (Seal, if any, of notary)

26
27 (Printed name)

28 My commission expires:

29 SECTION 2. Section 33-15-47 of the General Laws in Chapter 33-15 entitled "Limited
30 Guardianship and Guardianship of Adults" is hereby amended to read as follows:

31 **33-15-47. Forms.**

32 The following forms shall be used for the purposes of this chapter:

33 STATE OF RHODE ISLAND PROBATE COURT
34 OF THE COUNTY OF _____

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No. _____

ESTATE OF _____

PERSONAL ESTATE ESTIMATED AT \$ _____

CITY/TOWN OF _____

19 _____

PETITION FOR LIMITED GUARDIANSHIP OR GUARDIANSHIP

_____ hereby petitions the Probate Court of the city/town of _____

Petitioner

to appoint a limited guardian/guardian for _____ who currently resides at

_____, in the city/town of _____, and whose date of birth

Address

is _____.

Based upon an assessment conducted by _____ on _____,

Date

which functional assessment reflects the current level of functioning of _____, it

Respondent

has been determined that _____ lacks decision-making ability in one or more of the

Respondent

following areas as indicated:

- _____ health care
- _____ financial matters
- _____ residence
- _____ association
- _____ other

Regarding each area indicated, please describe the specific assistance needed:

Indicate which of the following less restrictive alternatives to guardianship have been explored and deemed inappropriate as indicated:

- _____ Durable Power of Attorney for Health Care
- _____ Living Will

- 1 _____ Power of Attorney
- 2 _____ Durable Power of Attorney
- 3 _____ Trusts
- 4 _____ Joint Property Arrangements
- 5 _____ Representative Payee
- 6 _____ Money Management
- 7 _____ Single Court Transactions
- 8 _____ Government Benefit and Social Service Programs
- 9 _____ Housing Options
- 10 [Supported Decision-Making Agreement](#)
- 11 _____ Other

12 Please describe the basis for the determination that the alternative will not meet the needs
13 of the respondent for each alternative explored and deemed inappropriate:

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

27 _____

28 _____

29 The following individual/agency is willing to serve as guardian:

30 _____

31 _____

32 _____

33 Upon information and belief the above individual/agency has:

34 No conflict of interest that would interfere with guardianship duties.

- 1 No criminal background that would interfere with guardianship duties.
- 2 The capacity to manage financial resources involved.
- 3 The ability to meet requirements of law and unique needs of individual.
- 4 Demonstrated willingness to undergo training.

5 The Respondent has the following heirs at law:

6	NAME:	RESIDENCE:
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

13 _____
14 Signature

15 _____
16 Name

17 _____
18 Address

19 _____
20 Telephone

21 Subscribed and sworn to before me this as to the truth of the above facts by _____ in
22 _____ on the _____ day of _____, 19_____.

23 _____
24 Notary Public

25 _____
26 Print Name

27 DECREE

28 _____
29 Dated

PROBATE JUDGE

31 This notice should be served at once and returned to the clerk of the court.

32 NOTICE

33 STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

34 BY THE PROBATE COURT OF THE _____ OF _____

1 BY THE COUNTY OF _____ AND STATE AFORESAID

2 To _____

3 Estate or _____

4 Docket No. _____

5 GREETING:

6 A petition for Limited Guardianship/Guardianship has been filed in the Probate Court of
7 the city/town of _____ has requested that
8 the Probate _____ Petitioner
9 Court appoint a limited guardian/guardian for you.

10 A hearing regarding this Petition shall be held

11 On: _____

12 date

13 At: _____

14 time

15 at the Probate Court for the town of _____ .

16 _____

17 Address

18 _____

19 The Petition requests that the Probate Court consider the qualification of the following
20 individual/agency to serve as your limited guardian/guardian:

21 _____

22 _____

23 A guardian ad litem will be appointed by the Probate Court to visit you, explain the
24 process and inform you of your rights.

25 You have the right to attend the hearing to contest the petition, to request that the powers
26 of the guardian be limited or to object to the appointment of particular individual/agency limited
27 guardian/ guardian. If you wish to contest the petition, you have the right to be represented by an
28 attorney, at state expense, if you are indigent.

29 If the Petition is granted and a limited guardian/guardian is appointed, the Probate Court
30 may give the limited guardian/guardian the power to make decisions about one or more of the
31 following:

32 Your health care; your money; where you live; and with whom you associate.

33 Copies of this Notice will be mailed to:

34 The administrator of any care or treatment facility where you live or receive primary

1 services;
2 your spouse, and heirs at law; any individual or entity known to petitioner to be
3 regularly
4 supplying protection services to you.

5 CERTIFICATION OF SERVICE

6 I certify that I hand-delivered and read this Notice to _____ on the
7 _____ day of _____, 19____.

8 _____
9 Signature
10 _____
11 Print Name
12 _____
13 Address

14 CERTIFICATION OF NOTICE

15 I certify that, as required by Rhode Island General Laws § 33-15-17.1(e), I mailed a copy
16 of this Notice to the following persons, at the addresses listed, on the _____ day of _____,
17 19____.

18 _____
19 Signature
20 _____
21 Print Name
22 _____
23 Address

24 Subscribed and sworn to before me this _____ day of _____, 19____.
25 _____

26 Notary Public

27 WITNESS

28 Judge of the Probate Court of the _____ of _____ this _____ day of
29 _____, 19____.

30 _____
31 Clerk

32 DECISION-MAKING ASSESSMENT TOOL

33 Name of Individual being assessed: Current Address:
34 _____

1 Date of Birth: _____ Permanent Address (if different): _____
2 _____

3 Instructions for Completion

4 This document will be used by a Probate Court to determine whether to appoint a
5 guardian to assist this individual in some or all areas of decision-making.

6 This document has two parts. Please first complete the part which is right after these
7 instructions, titled Assessment. Then complete the second section, titled Summary.

8 To a physician completing this document: The individual's treating physician must
9 complete this document. If there is any information of which the treating physician completing
10 this document does not have direct knowledge, he or she is encouraged to make such inquiries of
11 such other persons as are necessary to complete the entire form. Those persons might include
12 other medical personnel such as nurses, or other persons such as family members or social service
13 professionals who are acquainted with the individual. If the physician has received information
14 from others in completing the form, the names of those individuals must be listed on the
15 Summary.

16 To a non-physician completing this document: Professionals or other persons acquainted
17 with the individual being assessed may also complete this document. If there is information of
18 which a non-physician completing this document does not have knowledge, such non-physician
19 may either leave portions of the document blank, or also make inquiries or do such investigation
20 as is necessary to complete the entire document. Again, the names of any individual from whom
21 information is derived should be listed on the Summary.

22 The document must be signed and dated by the person completing it. It does not need to
23 be notarized.

24 A. BIOLOGICAL ASSESSMENT

25 THE FOLLOWING IS BASED UPON A PHYSICAL EXAMINATION CONDUCTED
26 BY ME ON

27 _____

28 (DATE)

29 1. DIAGNOSIS and PROGNOSIS:

30 _____

31 2. MEDICATION (PLEASE LIST):

32 _____

33 _____

34 _____

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How do the above medications, if any, affect the individual's decision-making ability?

Please explain:

3. CURRENT NUTRITIONAL STATUS:

B. PSYCHOLOGICAL ASSESSMENT

1. MEMORY (CIRCLE ONE)

(A) Intact; (B) Mild Impairment; (C) Moderate Impairment; (D) Severe Impairment

2. ATTENTION (CIRCLE ONE)

(A) Intact; (B) Mild Impairment; (C) Shifting/Wandering; (D) Delirium; (E)

Unresponsive

3. JUDGMENT (CIRCLE ONE)

(A) Intact; (B) Able to Make Most Decisions; (C) Impaired; (D) Gross Impairment

4. LANGUAGE (CIRCLE ALL THAT APPLY)

- (A) Intact (B) Sensory Deficits (Hearing/Speech/Sight)
- (C) Impairment In Comprehension/Speech: Mild/Moderate/Severe
- (D) Completely Unresponsive

5. EMOTION (CIRCLE ALL THAT APPLY)

- (A) ANXIETY/DEPRESSION: (1) None (2) History of Anxiety/Depression
- (3) Moderate Symptoms of Anxiety/Depression
- (4) Severe symptoms with sleep/appetite/energy disturbance
- (5) Suicide/Homicidal
- (B) OTHER: (1) Suspiciousness/Belligerence/Explosiveness
- (2) Delusions/Hallucinations (3) Unresponsive

1 If you circled any of the above, other than (A) or (1) for any of the above categories,
2 please explain whether the situation is treatable or reversible, and if so, how:

3 C. SOCIAL ASSESSMENT

4 1. MOBILITY (CIRCLE ALL THAT APPLY)

- 5 (A) Intact/Exercises (B) Drives Car Or Uses Public Transportation
6 (C) Independent Ambulation in Home Only; (D) Walker/Cane; (E) Requires Assistance
7 If you circled (C), (D), or (E), is situation treatable or reversible? If so, how?

8 _____
9 _____
10 _____
11 _____
12 _____

13 2. SELF CARE (CIRCLE ALL THAT APPLY)

- 14 (A) No Assistance Needed;
15 (B) Requires Assistance with (1) Meals (2) Bathing (3) Dressing (4) Toileting/Feeding
16 If you circled any of (B), is individual aware that assistance is required?

17 _____
18 Is individual willing to accept assistance? _____
19 Is individual able to arrange for assistance? _____

20 3. CARE PLAN MAINTENANCE (CIRCLE ALL THAT APPLY)

- 21 (A) No Active Problem; (B) Initiates Problem Identification; (C) Actively Cooperative;
22 (D) Passively Cooperative; (E) Passively Uncooperative; (F) Actively Uncooperative

23 4. SOCIAL NETWORK RELATIONSHIPS

24 (CIRCLE ONE IN (A) AND IN ONE IN (B))

25 SUPPORT:

- 26 (1) Very Good Supportive Network; (2) Some Support From Family And Friends; (3) No
27 Or Limited Support From Family/Friends; (4) Needs Community Support; (5)
28 Isolated/Homebound

29 (B) SOCIAL SKILLS:

- 30 (1) Very Good Social Skills; (2) Good Social Skills; (3) Interacts With Prompting; (4)
31 Isolated

32 D. SUMMARY

33 I hereby certify that I have reviewed sections A, B, & C attached hereto and based on
34 such assessments that the individual's decision-making ability is as follows:

1 (1) PLEASE DESCRIBE AS FULLY AS YOU CAN THE INDIVIDUAL'S DECISION-
2 MAKING ABILITY IN EACH OF THE FOLLOWING AREAS:

3 A. FINANCIAL MATTERS

4 _____
5 _____
6 _____
7 _____
8 _____

9 B. HEALTH CARE MATTERS

10 _____
11 _____
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14 _____

15 C. RELATIONSHIPS

16 _____
17 _____
18 _____
19 _____
20 _____

21 D. RESIDENTIAL MATTERS

22 _____
23 _____
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25 _____
26 _____

27 (2) PLEASE INDICATE YOUR OPINION REGARDING WHETHER THE
28 INDIVIDUAL NEEDS A SUBSTITUTE DECISION-MAKER IN ANY OF THE FOLLOWING
29 AREAS: (Circle one for each category. If you circle "limited" for any category, please explain.)

30 (1) FINANCIAL MATTERS Yes No Limited

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(2) HEALTH CARE MATTERS Yes No Limited

(3) RELATIONSHIPS Yes No Limited

(4) RESIDENTIAL MATTERS Yes No Limited

(5) OTHER: If there are any other areas in which you think the individual lacks decision-making ability or has limited decision-making ability, please explain.

Signature

Name (Print or Type)

Title

Date

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Names and titles of others who assisted in Preparation of This Assessment.

STATE OF RHODE ISLAND PROBATE COURT

OF THE

COUNTY OF _____

Estate of _____

Docket No. _____

ANNUAL STATUS REPORT

(1) The residence of the ward is _____

(2) The medical condition of the ward is:

(3) I perceive the following changes in the decision making capacity of the ward:

(4) The following is a summary of the actions I have taken and decisions I have made on behalf of the ward during the last year:

(If more space is needed, please attach a supplement).

Guardian

Date

STATE OF RHODE ISLAND

PROBATE COURT OF

COUNTY OF _____

THE _____

(Estate Name)

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REPORT OF THE GUARDIAN AD LITEM

Now comes (Name of Guardian Ad Litem) for (Name of Proposed Ward) and reports that on (Date), I personally visited the proposed ward at (Address). I explained to (Name of Proposed Ward) the following:

- * The nature, purpose, and legal effect of the appointment of a guardian;
- * The hearing procedure, including, but not limited to, the right to contest the petition, to request limits on the guardian's powers, to object to a particular person being appointed guardian, to be present at the hearing, and to be represented by legal counsel;
- * The name of the person known to be seeking appointment as guardian:

Based on such visit and the respondent's reaction thereto, I make the following determination regarding the respondent's desire to be present at the hearing, to contest the petition, to have limits placed on the guardian's powers and respondent's objection, if any, to a particular person being appointed as guardian.

Based on my review of the petition, the decision making assessment tool, my interview with the prospective guardian, my visit with the respondent, and interviews and discussions with other parties, I made the following additional determinations:

Regarding whether the respondent is in need of a guardian of the type prayed for in the petition:

Regarding whether the guardian ad litem has, in the course of fulfilling his or her duties, discovered information concerning the suitability of the individual or entity to serve as such guardian:

1

Respectfully submitted,

2 Date: _____

3

(Name of Guardian Ad Litem)

4

SECTION 3. This act shall take effect upon passage.

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LC005267
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T
RELATING TO PROBATE PRACTICE AND PROCEDURE -- SUPPORTED DECISION-
MAKING ACT

- 1 This act would establish the supported decision-making act which is a less restrictive
- 2 alternative to guardianship for utilization of the probate courts.
- 3 This act would take effect upon passage.

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LC005267
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