SUPPORTED DECISION-MAKING ACT OVERVIEW

New Mexico Supported Decision-Making Act, NMSA 1978, §§ 24-7D-1 to -14.

LAW:

Since July 1, 2025, the Supported Decision-Making Act has been in place in New Mexico. To read more about this law, please visit: https://nmonesource.com and search "Supported Decision-Making" or "24-7D-1."

WHAT IS SUPPORTED DECISION-MAKING?

Supported Decision-Making is a written plan that explains what help or information a person may need to make a life decision. This plan allows a person to identify people they trust to help them get information and understand their options before making a decision. Some examples of life decisions could be: finding a job or a place to live, managing money, staying healthy, and more. The ***Decision-Maker*** picks someone they trust, called a ***Supporter***. The ***Supporter*** can help the ***Decision-Maker***: 1) get information, 2) explain the options, and 3) share the life decision with people who need to know. The ***Supporter*** does not make decisions for the ***Decision-Maker.*** A ***Decision-Maker*** can have more than one ***Supporter***.

DEFINITIONS:

Adult means a person who is at least eighteen years of age.

Decision-Maker means an adult who has entered into a Supported Decision-Making Agreement with one or more Supporters under a Supported Decision-Making Agreement.

Decision-Making Support means assistance in understanding the options, responsibilities, and consequences of a Decision-Maker's life decisions without making those decisions on behalf of the Decision-Maker.

Supported Decision-Making Agreement means an agreement entered into between a Decision-Maker and a Supporter under the Supported Decision-Making Act.

Supporter means an adult who has entered into a Supported Decision-Making Agreement with a Decision-Maker under a Supported Decision-Making Agreement.

PURPOSE OF AGREEMENT:

The purpose of the Supported Decision-Making Agreement is to support and accommodate the Decision-Maker to make informed decisions and choices about certain aspects of the Decision-Maker's daily life.

PRESUMED CAPACITY:

Decision-Makers can make their own decisions. A diagnosis of mental illness, intellectual disability, or developmental disability, by itself, is not proof that the Decision-Maker is unable to make their own decisions. Only a medical professional or a judge can decide if a Decision-Maker does not have the capacity to make their own decisions.

WHAT MAKES A SUPPORTED DECISION-MAKING AGREEMENT LEGAL?

This agreement does not need to be filed in court for it to be legal. New Mexico law only requires this agreement to be signed by the Decision-Maker and Supporter in front of two witnesses (over the age of 18 years old), and notarized.

IMPORTANT:

IF YOU ARE RECEIVING A SUPPORTED DECISION-MAKING AGREEMENT

A person who receives an original or a copy of a supported decision-making agreement **shall rely on the agreement**, unless the person suspects abuse, neglect, or exploitation.

If a person who receives a copy of this supported decision-making agreement or who is aware of the existence of this agreement has cause to believe that the Decision-Maker is being abused, neglected, or exploited by the Supporter, the person shall report the alleged abuse, neglect, or exploitation to the Adult Protected Services hotline 1-866-654-3219, or by calling the local police department.

NEED ASSISTANCE? *Contact the New Mexico Developmental Disabilities Council at (505) 841-4519 to request this document in an alternative format or for further information about the Supported Decision-Making Act. Auxiliary aids and services are available upon request to individuals with disabilities.*

Disponible en español en línea – http://nmsdm.org/

SUPPORTED DECISION-MAKING LEGAL AGREEMENT

I make the following choices in this Supported Decision-Making Agreement:

	Decision-Maker	Supporter
Name		
Address		
Phone Number		
Email Address		

Relationship of the Supporter to the Decision-Maker: _____

SUPPORTER'S HELP – WHAT THEY CAN AND CANNOT DO FOR ME

I understand that my Supporter can help me with life decisions. Place an "X" in either the "Yes" box or in the "No" box for each life decision listed below:

Getting food and clothing and finding a place to live.	Yes ☐ No ☐
My physical health and health services.	Yes ☐ No ☐
My mental health and mental health services.	Yes ☐ No ☐
Handling my money or property.	Yes ☐ No ☐
My school or training.	Yes ☐ No ☐
Picking and keeping my services and supports.	Yes ☐ No ☐
Applying for or managing public benefits.	Yes ☐ No ☐
Applying for a job.	Yes ☐ No ☐

⚠ **Wait to sign in front of witnesses and a notary!**

SUPPORTER'S HELP – WHAT THEY CAN AND CANNOT DO FOR ME (continued)

☐ Other Life Decision #1 *(please describe)*:

☐ Other Life Decision #2 *(please describe)*:

☐ Other Life Decision #3 *(please describe)*:

☐ ***I have other life decisions that I would like my Supporter's help with. I have attached my list with these other life decisions on another page to this form.***

HEALTH AND EDUCATIONAL INFORMATION

Yes ☐ No ☐ Seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191, 110 Stat. 1936 (1996)).

→ *If yes, I understand that I must provide a signed release.*

Yes ☐ No ☐ Seeing my educational records under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g).

→ *If yes, I understand that I must provide a signed release.*

HOW LONG I WANT THIS AGREEMENT TO BE USED (*select one*):

☐ I want this agreement to be used by my Supporter until _____ OR
date

☐ I want my Supporter to use this agreement until I or the Supporter decide to stop it.

I, _____ *am of sound mind and I enter into this*
Printed Name of Decision-Maker

Supported Decision-Making Agreement freely and willingly.

✍ _____ _____
Signature of Decision-Maker *Date*

⚠ **Wait to sign in front of witnesses and a notary!**

ROLE AND DUTIES OF A SUPPORTER

A Supporter, can ***help*** a Decision-Maker:

- get information so the Decision-Maker can make a life decision;
- understand the different choices the Decision-Maker has; and
- share the Decision-Maker's life decision with people who need to know.

A Supporter ***cannot***:

- Make a decision for the Decision-Maker, or sign legal documents for the Decision-Maker.
- Do things that puts the Supporter in a better position.
- Agree to help the Decision-Maker to get ahead or get paid to help the Decision-Maker.
- Get or use information without the Decision-Maker knowing about it and agreeing that it is okay.

As a Supporter, I understand that I ***must***:

- ✓ Always be honest and do my best to help the Decision-Maker. I should act in a way that another person would in the same situation.
- ✓ Do things that the Decision-Maker has agreed to in this form.
- ✓ Support what the Decision-Maker wants and not what I think is the best choice.
- ✓ Stop being a Supporter at any time that I feel that the Decision-Maker isn't able to make important life decisions, even with my help.
- ✓ Stop being a Supporter at any time that the agreement (this form) is canceled by the Decision-Maker or me.
- ✓ Respect the Decision-Maker's relationships with friends and family members. I should not say or do anything to keep the Decision-Maker away from their friends and family members.

*I,*_____*, have read and understand my*
Printed Name of Supporter

*role and duties as a Supporter for*_____*. I agree to*
Printed Name of Decision-Maker

serve as a Supporter until this Agreement expires, is revoked by me or the Decision-Maker, or if I am disqualified to serve. See NMSA 1978, Section 24-7D-12(B) for a list of disqualifications.

✍_____ _____
Signature of Supporter *Date*

⚠ **Wait to sign in front of witnesses and a notary!**

NOTE: *The Decision-Maker and Supporter* ***must sign in front of two witnesses****. In addition, this agreement must be* ***notarized****. For this reason, all four people (Decision-Maker, Supporter, and two witnesses) must wait to sign this agreement together, in front a notary*.

WITNESSES

By my signature below, I confirm that the Decision-Maker and Supporter both signed their names on this agreement in front of me.

Witness #1:

✍ _____ _____

(Witness 1 - Signature) *(Witness 1 - Printed Name)*

Witness #2:

✍ _____ _____

(Witness 2 - Signature) *(Witness 2 – Printed Name)*

NOTARY

State of New Mexico
County of _____

This document was signed and acknowledged by me on _____
Date

by _____ and _____.
Name of Decision-Maker *Name of Supporter*

_____
Signature of Notarial Officer

{Notary Stamp}

My Commission Expires:_____

[Approved for use by Supreme Court Order No. S-1-AO-2026-00029].