

By: Zaffirini

S.B. No. 66

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the authority of a supporter regarding legal
3 proceedings granted under a supported decision-making agreement.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section [1357.051](#), Estates Code, is amended to
6 read as follows:

7 Sec. 1357.051. SCOPE OF SUPPORTED DECISION-MAKING
8 AGREEMENT. An adult with a disability may voluntarily, without
9 undue influence or coercion, enter into a supported decision-making
10 agreement with a supporter under which the adult with a disability
11 authorizes the supporter to do any or all of the following:

12 (1) provide supported decision-making, including
13 assistance in understanding the options, responsibilities, and
14 consequences of the adult's life decisions, without making those
15 decisions on behalf of the adult with a disability;

16 (2) subject to Section [1357.054](#), assist the adult in
17 accessing, collecting, and obtaining information that is relevant
18 to a given life decision, including medical, psychological,
19 financial, educational, legal, or treatment records, from any
20 person;

21 (3) assist the adult with a disability in
22 understanding the information described by Subdivision (2); and

23 (4) assist the adult in communicating the adult's
24 decisions to appropriate persons.

1 SECTION 2. Section 1357.056(a), Estates Code, is amended to
2 read as follows:

3 (a) Subject to Subsection (b), a supported decision-making
4 agreement is valid only if it is in substantially the following
5 form:

6 SUPPORTED DECISION-MAKING AGREEMENT

7 Important Information For Supporter: Duties

8 When you agree to provide support to an adult with a
9 disability under this supported decision-making agreement, you
10 have a duty to:

- 11 (1) act in good faith;
- 12 (2) act within the authority granted in this
13 agreement;
- 14 (3) act loyally and without self-interest; and
- 15 (4) avoid conflicts of interest.

16 Appointment of Supporter

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

19 I agree and designate that: _____

20 Name: _____

21 Address: _____

22 Phone Number: _____

23 E-mail Address: _____

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

26 Y/N obtaining food, clothing, and shelter

27 Y/N taking care of my physical health

(signature of supporter) (printed name of supporter)

Signature

(my signature) (my printed name)

(witness 1 signature) (printed name of witness 1)

(witness 2 signature) (printed name of witness 2)

State of _____

County of _____

This document was acknowledged before me

on _____ (date)

by _____ and _____

(name of adult with a disability) (name of supporter)

(signature of notarial officer)

(Seal, if any, of notary) _____

(printed name)

My commission expires: _____

WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY

IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE OF THE EXISTENCE OF THIS AGREEMENT HAS CAUSE TO BELIEVE THAT THE ADULT WITH A DISABILITY IS BEING ABUSED, NEGLECTED, OR EXPLOITED BY THE SUPPORTER, THE PERSON SHALL REPORT THE ALLEGED ABUSE, NEGLECT, OR EXPLOITATION TO THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES BY CALLING THE ABUSE HOTLINE AT 1-800-252-5400 OR ONLINE AT WWW.TXABUSEHOTLINE.ORG.

1 SECTION 3. The changes in law made by this Act apply to a
2 supported decision-making agreement entered into on or after the
3 effective date of this Act. A supported decision-making agreement
4 entered into before the effective date of this Act is governed by
5 the law as it existed on the date the supported decision-making
6 agreement was entered into, and the former law is continued in
7 effect for that purpose.

8 SECTION 4. This Act takes effect September 1, 2025.