

Introduction to Your New Jersey Advance Directive

This packet contains a legal document, a **New Jersey Advance Directive**, that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself. You may fill out Part I, Part II, or both, depending on your advance planning needs. You must complete Part III.

Part I is the **New Jersey Proxy Declaration**. This part lets you name an adult, called your health care representative, or representative, to make decisions about your health care—including decisions about life-sustaining treatments—if you can no longer speak for yourself.

Part II is a **New Jersey Instruction Declaration**, which is your state's living will. Part II lets you state your wishes regarding health care decisions in the event that you can no longer make your own.

Part III contains the signature and witnessing provisions so that your document will be effective.

Your advance directive goes into effect when your doctor and one other doctor determine in writing that you are no longer able to understand and appreciate the nature and consequences of your health care decisions and you are no longer able to reach an informed health care decision.

This form does not expressly address mental illness. If you would like to make advance care plans regarding mental illness, you should talk to your physician and an attorney about a durable power of attorney tailored to your needs.

Note: These documents will be legally binding only if the person completing them is a competent adult who is at least 18 years of age.

Instructions Completing Your Advance Directive for Health care

How do I make my Advance Directive for Health Care legal?

You must sign and date your document, or direct another to sign and date it:

1. in the presence of two witnesses who must be at least 18 years of age. These witnesses must also sign the document to show that they believe you to be of sound mind, that you voluntarily signed the document, and that they are not your appointed health care representative or alternate health care representative;

OR

2. before a notary public, an attorney at law, or another person authorized to administer oaths.

Can I add personal instructions to my Living Will?

One of the strongest reasons for naming a representative is to have someone who can respond flexibly as your health care situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your representative carry out your wishes, but be careful that you do not unintentionally restrict your representative's power to act in your best interest. In any event, be sure to talk with your representative about your future medical care and describe what you consider to be an acceptable "quality of life."

Whom should I appoint as my representative?

Your representative is the person you appoint to make decisions about your health care if you become unable to make those decisions yourself. Your representative may be a family member or a close friend whom you trust to make serious decisions. The person you name as your representative should clearly understand your wishes and be willing to accept the responsibility of making health care decisions for you.

You can appoint a second person as your alternate representative. The alternate will step in if the first person you name as a representative is unable, unwilling, or unavailable to act for you.

You **cannot** appoint an operator, administrator, or employee of your treating health care institution, unless he or she is related to you by blood, marriage, domestic partnership, or adoption. However, you can appoint a physician so long as he or she is not serving as your attending physician at the same time.

What if I change my mind?

You may revoke your Advance Directive, or any part of it, at any time by:

- Announcing your revocation either orally or in writing to your health care representative, your doctor or other health care provider, or a reliable witness,
- Performing any other act that demonstrates your intent to revoke the document, or
- Executing a subsequent Advance Directive.

If you designate your spouse as your representative, his or her authority is automatically revoked upon divorce or legal separation, unless you specify otherwise in the “further instructions” section of the Advance Directive. If you designate your domestic partner, his or her authority is automatically revoked upon termination of your domestic partnership, unless otherwise specified in the “further instructions” section of the Advance Directive.

What other important facts should I know?

If you are female, you may include instructions specific to your pregnancy in the event that you are pregnant when your Advance Directive goes into effect.

INITIAL HERE IF YOU HAVE AN OBJECTION TO NEW JERSEY'S BRAIN DEATH DEFINITION

BRAIN DEATH:

The State of New Jersey has determined that an individual may be declared legally dead when there has been an irreversible cessation of all functions of the entire brain, including the brain stem (also known as whole brain death). However, individuals who do not accept this definition of brain death because of their personal religious beliefs may request that it not be applied in determining their death.

Initial the following statement only if it applies to you:

____To declare my death on the basis of the whole brain death standard would violate my personal religious beliefs. I therefore wish my death to be declared only when my heartbeat and breathing have irreversibly stopped.

ORGAN DONATION (OPTIONAL)

ORGAN DONATION (OPTIONAL)

(It is now possible to transplant human organs and tissue in order to save and improve the lives of others. Organs, tissues, and other body parts are also used for therapy, medical research and education. This section allows you to indicate your desire to make an anatomical gift and if so, to provide instructions for any limitations or special uses.)

____I do not want to make an organ or tissue donation and I do not want my representative or family to do so.

OR

INITIAL THE STATEMENT THAT BEST REFLECTS YOUR WISHES

____Upon my death, I wish to donate:

_____ My body for anatomical study if needed.

_____ Any needed organs, tissues, or eyes.

_____ Only the following organs, tissues, or eyes:

I authorize the use of my organs, tissues, or eyes:

_____ For transplantation

_____ For therapy

_____ For research

_____ For medical education

_____ For any purpose authorized by law.

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ADD OTHER INSTRUCTIONS, IF ANY, REGARDING YOUR ADVANCE CARE PLANS

THESE INSTRUCTIONS CAN FURTHER ADDRESS YOUR HEALTH CARE PLANS, SUCH AS YOUR WISHES REGARDING HOSPICE TREATMENT, BUT CAN ALSO ADDRESS OTHER ADVANCE PLANNING ISSUES, SUCH AS YOUR BURIAL WISHES

ATTACH ADDITIONAL PAGES IF NEEDED

FURTHER INSTRUCTIONS:

PART III

USE ALTERNATIVE
NO. 1 IF YOU PLAN
TO SIGN BEFORE
WITNESSES (P. 9)

USE ALTERNATIVE
NO. 2 IF YOU PLAN
TO HAVE YOUR
SIGNATURE
NOTARIZED (P. 10)

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PART III: EXECUTION

This advance directive will not be valid unless it is EITHER:

Signed in the presence of two witnesses who must be at least 18 years of age. These witnesses must also sign the document to show that they believe you to be of sound mind, that you voluntarily signed the document, and that they are not your appointed health care representative or alternate health care representative (use Alternative No. 1 if you plan to sign before witnesses);

OR

Signed before a notary public, an attorney at law, or another person authorized to administer oaths (use Alternative No. 2 if you plan to have your signature notarized).

Alternative No. 1.

By writing this advance directive, I inform those who may become responsible for my health care of my wishes and intend to ease the burdens of decision making which this responsibility may impose. I have discussed the terms of this designation with my health care representative(s) and my representative(s) has/have willingly agreed to accept the responsibility for acting on my behalf in accordance with this directive and my wishes. I understand the purpose and effect of this document and sign it knowingly, voluntarily and after careful deliberation.

Signed this _____ day of _____ 20_____.

Signature _____

Address _____

City _____ State _____

I declare that the person who signed this document or asked another to sign this document on his or her behalf, did so in my presence and he or she appears to be of sound mind and free of duress or undue influence. I am 18 years of age or older, and am not designated by this or any other document as the person's health care representative or alternate health care representative.

1. Witness _____

Address _____

City _____ State _____

Signature _____ Date _____

2. Witness _____

Address _____

City _____ State _____

Signature _____ Date _____

SIGN AND DATE
YOUR
DOCUMENT AND
PRINT YOUR
ADDRESS

YOUR WITNESSES
MUST PRINT THEIR
NAMES AND
ADDRESSES AND
SIGN AND DATE
HERE

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NEW JERSEY ADVANCE DIRECTIVE - PAGE 10 OF 10

Alternative No. 2.

By writing this advance directive, I inform those who may become responsible for my health care of my wishes and intend to ease the burdens of decision making which this responsibility may impose. I have discussed the terms of this designation with my health care representative(s) and my representative(s) has/have willingly agreed to accept the responsibility for acting on my behalf in accordance with this directive and my wishes. I understand the purpose and effect of this document and sign it knowingly, voluntarily and after careful deliberation.

Signed this _____ day of _____ 20_____.

Signature _____

Address _____

City _____ State _____

Notary, Attorney at Law, or other person authorized to administer oaths

On _____, before me came
(date)

(name of declarant)

whom I know to be such person, and the declarant did then and there execute this declaration.

Sworn before me this _____ day of _____, 20_____.

Signature of: (check one)

____ Notary Public

____ Attorney at Law

SIGN AND DATE
YOUR
DOCUMENT AND
PRINT YOUR
ADDRESS

A NOTARY
PUBLIC OR
ATTORNEY AT
LAW SHOULD
COMPLETE THIS
SECTION

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Courtesy of CaringInfo
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

You Have Filled Out Your Health Care Directive, Now What?

1. Your New Jersey Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your representative and alternate representative, doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your representative(s), doctor(s), clergy, family, and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
5. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
6. Remember, you can always revoke your New Jersey document.
7. Be aware that your New Jersey document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives called "prehospital medical care directives" or "do not resuscitate orders" are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing these orders. We suggest you speak to your physician if you are interested in obtaining one. **CaringInfo does not distribute these forms.**

Congratulations!

You've downloaded **your free, state specific advance directive.**

You are taking important steps to make sure your wishes are known. Please consider helping us keep this resource free.

Your generous support to the National Hospice Foundation allows us to continue to provide FREE resources, tools, and information to educate and empower individuals to access advance care planning, caregiving, hospice and grief services.

Please show your support for our mission and consider making a tax-deductible gift to the National Hospice Foundation today.

Since 1992, the National Hospice Foundation has been dedicated to creating FREE resources for individuals and families facing a life-limiting illness, raising awareness for the need for hospice and palliative care, and providing ongoing professional education and skills development to hospice and palliative care professionals across the nation. To learn more, please visit www.NationalHospiceFoundation.org

You may wonder if a gift of \$35, \$50 or \$100 to the National Hospice Foundation would make a difference, but it is only because of the generosity of others like you that these FREE resources are made available.

Please consider supporting our mission by returning a **generous tax-deductible donation.** Every gift makes a difference! Your gift strengthens the Foundation's ability to provide FREE caregiver and family resources.

Cut along the dotted line and use the coupon below to return a check contribution of the most generous amount you can send. Thank you.



YES! I want to support the important work of the National Hospice Foundation.

\$35 helps us provide webinars to hospice professionals

\$50 helps us provide free advance directives

\$100 helps us maintain our free InfoLine

\$_____ to support the mission of the National Hospice Foundation.

Return to:

National Hospice Foundation
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OR donate online today: www.NationalHospiceFoundation.org/donate