

Williamson Law Office, PA
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843-821-8884
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SPECIAL NEEDS TRUST QUESTIONNAIRE

PART I – CLIENT INFORMATION

1. Client

Name: _____ Address: _____
Nickname: _____
Date of Birth _____
Social Security #: _____ County: _____
Phone #: (H) _____
(W) _____ E-Mail: _____
(Cell) _____
(Fax) _____

PART II - INFORMATION ON DISABLED PERSON AND FAMILY

1. Disabled Person

Name: _____ Address: _____
Nickname: _____
Date of Birth _____
Social Security #: _____ County: _____
Medicaid #: _____ Medicare Claim #: _____
Medicaid Case Worker: _____
Case Worker's Telephone #: _____
Phone #: (H) _____
(W) _____ E-Mail: _____
(Cell) _____
(Fax) _____

2. Spouse

Please check if no spouse:

Name:

If address is different from above:

Address: _____

Nickname:

Date of Birth

Social Security #:

County:

Phone #: (H)

(W)

E-Mail:

(Cell)

(Fax)

3. Children

Name

Date of birth

Spouse's name

and Ages of children

4. Parents

Name of living parents: _____

Address: _____

Telephone Number: _____ (cell) (home) or (office)

5. Marriages

Have you been married previously? _____ If yes, how was prior marriage terminated? Please circle which applies: (death) (divorce) (annulment)

Has your spouse been married previously? _____ If yes, how was prior marriage terminated? Please circle which applies: (death) (divorce) (annulment)

PART III – SPECIAL NEEDS TRUST INFORMATION

1. Trustee

Name of Trustee: _____
Street Address: _____
City: _____ State: ____ Zip: _____
Phone #: (H) _____
(W) _____ E-Mail: _____
(Cell) _____
(Fax) _____
Contact Person (if corporate trustee) _____
Trustee will sign the acceptance of the Trust document in:
State: _____ County: _____

Name of Initial Co-Trustee (if applicable) _____
Street Address: _____
City: _____ State: ____ Zip: _____
Phone #: (H) _____
(W) _____ E-Mail: _____
(Cell) _____
(Fax) _____
Contact Person (if corporate trustee) _____
Trustee will sign the acceptance of the Trust document in:
State: _____ County: _____

Name of Successor Trustee: _____
Street Address: _____
City: _____ State: ____ Zip: _____
Phone #: (H) _____
(W) _____ E-Mail: _____
(Cell) _____

2. Distribution on Death

Please circle the applicable person below:

- Spouse
- Trust for Spouse
- Parent (s)
- Child (ren)
- Trust for Child (ren)
- Intestacy

3. Age Requirement If any contingent beneficiary of the trust is relatively young, what will the age requirement be for distribution?

Trustee Retains Distribution until age: _____

Withdrawal Rights: 1/3 at Age: _____
 1/2 at Age: _____
 All at Age: _____

If no remaining descendants: _____ In Accordance with Intestate Laws
 _____ To _____

PART IV – Public Benefits/Private Insurance

1. Public Benefits:

Is Injured Person receiving or will Injured Person apply for any of the following?

SSI _____Receives _____Will or Has Applied
 If receiving, Amount of SSI: \$_____

Medicaid _____Receives _____Will or Has Applied

Medicaid Waiver _____Receives _____Will or Has Applied
 Waiver Name: _____

CHIP _____Receives _____Will or Has Applied

SSDI _____Receives _____Will or Has Applied

Medicare _____Receives _____Will or Has Applied

Section 8 Housing _____Receives _____Will or Has Applied
 Monthly Rent: \$_____

SNAP(Food Stamps) ___Receives ___Will or Has Applied
Monthly Amount: \$_____

DDD ___Receives ___Will or Has Applied

Group Home ___Receives ___Will or Has Applied

Psychiatric Institution ___Receives ___Will or Has Applied

Veterans Disability Benefits ___Receives ___Will or Has Applied

Other Public Benefits ___Receives ___Will or Has Applied

List Other Public Benefits: _____

2. Private Insurance:

Is injured person covered by private medical insurance? Yes or No

If yes:

Name of Insurance Company: _____

Insurance Obtained Through:

- Injured Person
- Father
- Mother
- Other

PART V - FINANCIAL DATA

Bank accounts: For each bank or savings account, list the name of the bank or savings and loan, the average balance, whether the account is checking or savings, and the exact manner in which the account is titled (in your name alone or jointly with another).

Name of Institution	Average Balance	Type of Account	In Name of:

Stocks and bonds: For each group of stocks and bonds which you own, list, in order, for each, the number of shares or face amount if a bond, whether common or preferred, the name of the company, whether it is a stock or a bond, the exact way in which the security is registered (your name or your name jointly with another) and the fair market value of the stock or bond.

Real estate: For each item of real estate which you own, including your residence, give the street address, a brief description of it (how many lots, acres, etc.), its fair market value, the amount of any mortgage, and if you own the real property jointly with someone else, the exact manner in which your joint names are shown on the deed the first time your names are mentioned. **Please bring copies of deeds with you to the office.**

Life insurance: For each policy of life insurance (and annuity) which you own, list the face amount, the type (whether whole life, term, group term, etc.), the policy number, the name of the company, the beneficiary, and the amount of any loan on the policy.

Business interests: Please list any interest which you may have in a partnership, joint venture, closely held corporation, sole proprietorship or any other business interest and give your opinion as to its fair market value.

Automobiles: For each automobile that you own, give the model, make, fair market value, and indebtedness thereon. Also list any boats, trailers, coin collections, guns, family heirlooms, or any other valuable assets or property interest, and give your opinion as to their fair market value.

Retirement Plans: If you are the beneficiary of a pension/profit-sharing or other retirement plan, describe what benefit you or any of your survivors are entitled to receive and whether or not you were required to contribute to the plan.

Expected Inheritances: Do you expect to inherit any substantial amount of property from anyone, and if so, give their names and the approximate value of what you anticipate you will inherit.

Estates, trusts, etc.: Are you a beneficiary under any estate or any trust, or do you have any right under a trust to require the payment of any money to yourself or anyone else? If yes, please provide details.

Lifetime Gifts: Have you made any gifts of \$10,000 or more in any one year to any one person. If so, give the amount, the year, name of the person receiving the gift, and whether or not you filed gift tax returns for the gift.

Debts: Please list any debts of substance, describing the amount of the debt and the creditor.

The undersigned will be the only client in this matter.

Signature of client or client representative

Date: _____

CERTIFICATION

The undersigned hereby represent(s) to Williamson Law Office, PA and each of its attorneys that the information contained in this form is accurate and complete. The undersigned understand(s) that Williamson Law Office, PA and its individual attorneys will rely on this information and that if the information contained herein is inaccurate or incomplete, the recommendations made by Williamson Law Office, PA may not be appropriate.

Date: _____

Signature of client or client representative

Signature of client or client representative