

SELF-SETTLED SPECIAL NEEDS TRUSTS QUESTIONNAIRE

Date _____ File Number _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you.

A. DISABLED PERSON

Full Name: _____

Nickname: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Fax No. _____

E-mail address _____ Cell No. _____

Birth Date _____ Social Security No. _____

Medicaid No. _____ Medicare Claim No. _____

Gender: Male Female Disabled Person is: Competent Incompetent

Disabled person is: A U.S. Citizen A Qualified Alien Don't Know

Disabled Person Suffers from:

- | | |
|---|--|
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Fragile X Syndrome |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Bi-Polar Disorder | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Quadraplegia |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Rett Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Spina BiFida |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Tourettes Syndrome |
| <input type="checkbox"/> Dissociative Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Epilepsy | |

Prognosis _____

- Disabled Person Receives:
- SSI and Medicaid - Amount of SSI: \$ _____
 - SSD and Medicare
 - SSI Only - Amount of SSI: \$ _____
 - Medicaid Waiver
 - Section 8 Housing
 - DDD
 - Group Home
 - Psychiatric Institutionalization
 - Veterans Disability Benefits
 - Other Public Benefits _____

If disabled person is not receiving any of these benefits, which, if any, have they filed for?

SSI: Date of Filing: _____

Has there been a determination of disability by the Social Security Administration?
 Yes No

Medicaid

SSD Date of Filing: _____

Medicare: Is the disabled person likely to be eligible for Medicare within 30 months of the settlement? Yes No

Medicaid Waiver

Section 8 Housing

DDD

Group Home

Psychiatric Institution

Veterans Disability Benefits

Other Public Benefits _____

B. ATTORNEY

1. Personal Injury Attorney

Name of Attorney _____

Name of Law Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-Mail Address _____ Cell No. _____

2. Defense Attorney

Name of Attorney _____

Name of Law Firm _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-Mail Address _____ Cell No. _____

C. STRUCTURED SETTLEMENT BROKER

Name of Company _____

Street Address _____

City _____ State _____ Zip _____

Name of Contact _____

Telephone No. _____ Fax No. _____

E-Mail Address _____ Cell No. _____

D. TRUST INFORMATION

1. Establishment of Trust.

Who will establish the Trust?

Name of Judge: _____

Order of New Jersey Superior Court,

Name of County: _____

Docket No.: _____

Party Role: Defendant

Executor of Estate -- Name of Decedent _____

Division: Law Division

Chancery Division: Probate

Equity

Guardian(s) [name(s) provided above]

Name of Father: _____
[address provided above]

Name of Mother: _____
[address provided above]

Name of Grandparent: _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

2. **Trustee.**

Who will serve as Trustee?

Name of Initial Trustee _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Contact Person (if corporate trustee) _____

Trustee will sign the acceptance of the Trust document in: State _____

County _____

If the trustee is an individual, is he/she bondable? Yes No

Name of Successor Trustee _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Contact Person (if corporate trustee) _____

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: 30 35 Other _____

Withdrawal Rights: 1/3 at Age _____, 1/3 at Age _____, 1/3 at Age _____

1/2 at Age _____, 1/2 at Age _____

All at Age _____

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

4. Real Estate.

Will the Trust own any real estate? Yes No

If yes, provide the following:

Street Address _____

City _____ State _____ Zip _____

Single Family Dwelling Townhouse Condominium Apartment

E. ESTATE PLANNING DOCUMENTS

1. Disabled Person.

If the disabled person is competent, he/she has a: Will
 Health Care POA/Living Will
 Power of Attorney
 Banking Power of Attorney

Would you like intake forms sent to you so that
these documents can be prepared? Yes No

2. Disabled Person's Family.

Family members have: Wills
 Health Care POAs/Living Wills
 Powers of Attorney
 Banking Powers of Attorney
 Third Party Special Needs Trust

Would you like intake forms sent to you
so that these documents can be prepared? Yes No

J. IMMEDIATE DISTRIBUTIONS

1. Home.

Is a home purchase being considered? Yes No

If yes, estimated amount of purchase? _____

NOTE: It is better to have this purchased via a lump sum rather than a structure. We need to discuss whether the home should be purchased by the family, the trust, or the disabled person individually.

2. Vehicle.

Will a vehicle be purchased to meet the transportation needs of the disabled person? Yes No

If yes, estimated amount of purchase? _____

NOTE: This should be purchased from a lump sum rather than a structure. We should discuss the best way to purchase this before the settlement is finalized, if possible.

I have reviewed the information contained in this questionnaire and verify that it is complete, accurate and correct to the best of my knowledge.
