

Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardianship | Developmental Disabilities | Veteran's Benefits

CONFIDENTIAL SPECIAL NEEDS TRUST QUESTIONNAIRE

THIS INFORMATION IS EXTREMELY IMPORTANT. PLEASE PRINT AND BE AS COMPLETE AS POSSIBLE.
Please use the last page to write additional information if necessary.

Date _____
Personal data of the **GRANTOR(S)** (person setting up Trust):
Grantor's name _____
Home address _____
City _____ State _____ Zip _____
Telephone number _____
E-mail address _____
Social Security # _____
Date of birth _____
U.S. citizen: Yes _____ No _____
Relationship to Beneficiary: _____

Personal data of the **Second Grantor** (if any):
Grantor's name _____
Home address _____
City _____ State _____ Zip _____
Telephone number _____
E-mail address _____
Social Security # _____
Date of birth _____
U.S. citizen: Yes _____ No _____
Relationship to Beneficiary: _____

Personal data of the **Beneficiary** of the Special Needs Trust:

Beneficiary's name _____

Home address _____

City _____ State _____ Zip _____

Telephone number _____

E-mail address _____

Social Security # _____

Date of birth _____

U.S. citizen: Yes _____ No _____

Name of **Beneficiary's Spouse**, if applicable _____

Please identify the **Beneficiary's** Disabilities, Diagnoses, or Reason for the Special Needs Trust: _____

Is the **Beneficiary** currently receiving public Benefits? If so, please identify: _____

Has the **Beneficiary** been determined to be disabled by Social Security? _____

ADVANCE DIRECTIVES

Please identify what, if any, Advance Directives the **Beneficiary has executed** or if the **Beneficiary** has a Court Appointed Guardian and who the empowered individuals are.

Durable Power of Attorney: _____

Declaration of Health Care Surrogate/
Health Care Power of Attorney _____

Living Will: _____

Declaration of Pre-need Guardian _____

Guardian Appointed? _____

Please name the agents under the Advance Directives or Guardian:

1. _____
2. _____
3. _____

OTHERS INTERESTED IN THE BENEFICIARY'S WELFARE

PLEASE PRINT ALL NAMES AS THEY WOULD APPEAR ON LEGAL DOCUMENTS.

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____
Spouse's Name: _____ Date of Birth: _____
Email: _____

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____
Spouse's Name: _____ Date of Birth: _____
Email: _____

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____
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Relationship: _____ Telephone Number: _____
Spouse's Name: _____ Date of Birth: _____
Email: _____

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____
Spouse's Name: _____ Date of Birth: _____
Email: _____

NOTE: THIS INFORMATION IS COMPLETELY CONFIDENTIAL AND IS FOR USE IN SPECIAL NEEDS PLANNING ONLY. IT WILL NOT BE USED FOR ADVERTISING OR MARKETING PURPOSES, AND THESE PERSONS WILL NOT, UNDER ANY CIRCUMSTANCES, BE CONTACTED FOR ANY PURPOSE WITHOUT YOUR CONSENT.

ASSETS OF TRUST

Please describe the assets or property to be placed in the Trust including the source, type and approximate value of each asset:

PROPOSED TRUSTEES AND OTHER FIDUCIARIES

1. Who would be the **INITIAL TRUSTEE(S)** (person in charge) of the **SPECIAL NEEDS TRUST**?

1) _____

2) _____

2. Who would be the **SUCCESSOR TRUSTEE(S)** (backup to trustee) of the **SPECIAL NEEDS TRUST**?

1) _____

2) _____

3. Who would be the **Trust Protector**, if any? (Person to oversee the Trustee, or name a future Trustee if necessary, or be able to make changes to document if needed)

1) _____

2) _____

4. Who might serve on a **Trust Advisory Committee**? (Committee of interested individuals to assist the Trustee in making decisions about utilization of trust assets) May not need.

1) _____

2) _____

3) _____

PLAN OF DISTRIBUTION OR NAMES OF THOSE PERSONS WOULD INHERIT THE REMAINING ASSETS OF THE TRUST AT THE PASSING/DEATH OF THE BENEFICIARY: SHARE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE

COPY OF THE BENEFICIARY'S CURRENT WILL, TRUST, TRUST AMENDMENTS, DURABLE POWER OF ATTORNEY, HEALTH CARE SURROGATE, LIVING WILL, AND ANY OTHER ESTATE PLANNING DOCUMENTS.

COPIES OF ANY DOCUMENTS THAT NAME THE BENEFICIARY AS A PERSON RECEIVING THE ASSET OR HAVING AN INTEREST IN THE ASSET AT A FUTURE TIME, SUCH AS BENEFICIARY DESIGNATION, PAY ON DEATH DESIGNATION ETC.

ADDITIONAL INFORMATION

LIST ANY OTHER IMPORTANT INFORMATION OR WRITE ANY QUESTIONS YOU HAVE HERE.
