

# 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 \_\_\_\_\_

### **A. PERSONAL DATA OF SETTLOR 1 (PERSON SETTING UP TRUST):**

1. Name: \_\_\_\_\_
2. Home address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. Social Security #: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
8. Relationship to Beneficiary: \_\_\_\_\_

### **B. PERSONAL DATA OF SETTLOR 2 (if any):**

1. Name: \_\_\_\_\_
2. Home address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. Social Security #: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
8. Relationship to Beneficiary: \_\_\_\_\_

**C. PERSONAL DATA OF THE BENEFICIARY OF THE SPECIAL NEEDS TRUST:**

1. Name: \_\_\_\_\_
2. Home address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. Social Security #: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
8. Name of Beneficiary's Spouse, if applicable: \_\_\_\_\_

**D. DIAGNOSIS INFORMATION – BENEFICIARY:**

1. What is the Beneficiary's disability, diagnosis, or reason for the Special Needs Trust? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is the Beneficiary currently receiving public benefits? If so, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the Beneficiary been determined to be disabled by the Social Security Administration? \_\_\_\_\_

**E. ADVANCED 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: \_\_\_\_\_

Living Will: \_\_\_\_\_

Declaration of Pre-need Guardian: \_\_\_\_\_

Guardian Appointed? \_\_\_\_\_

Please name the agents under the Advance Directives or Guardian:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**F. PROPOSED TRUSTEE AND OTHER FIDUCIARIES**

Who would be the INITIAL TRUSTEE(S) (*person in charge*) of the Special Needs Trust?

1. \_\_\_\_\_
2. \_\_\_\_\_

Who would be the SUCCESSOR TRUSTEE(S) (*back-up to trustee*) of the Special Needs Trust?

1. \_\_\_\_\_
2. \_\_\_\_\_

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 the document, if needed.*)

1. \_\_\_\_\_
2. \_\_\_\_\_

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. \_\_\_\_\_

**G. OTHERS INTERESTED IN THE BENEFICIARY'S WELFARE:** *Please print all names as they would appear on legal documents.*

1. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_

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.

**H. 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:

ASSET 1

1. Description of Asset: \_\_\_\_\_
2. Source: \_\_\_\_\_
3. Type of Asset: \_\_\_\_\_
4. Asset Value \$: \_\_\_\_\_

ASSET 2 (if needed)

1. Description of Asset: \_\_\_\_\_
2. Source: \_\_\_\_\_
3. Type of Asset: \_\_\_\_\_
4. Asset Value \$: \_\_\_\_\_

ASSET 3 (if needed)

1. Description of Asset: \_\_\_\_\_
2. Source: \_\_\_\_\_
3. Type of Asset: \_\_\_\_\_
4. Asset Value \$: \_\_\_\_\_

ASSET 4 (if needed)

1. Description of Asset: \_\_\_\_\_
2. Source: \_\_\_\_\_
3. Type of Asset: \_\_\_\_\_
4. Asset Value \$: \_\_\_\_\_

ASSET 5 (if needed)

1. Description of Asset: \_\_\_\_\_
2. Source: \_\_\_\_\_
3. Type of Asset: \_\_\_\_\_
4. Asset Value \$: \_\_\_\_\_

**I. PLAN OF DISTRIBUTION** *(or names of those persons who would inherit the remaining assets of the trust at the passing/death of the beneficiary):*

	NAME	SHARE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

**J. DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE** *(copies are sufficient)*

1. Beneficiary's Current Will
2. Codicils to Will
3. Beneficiary's Trust Agreement
4. Trust Amendments
5. Beneficiary's Durable Power of Attorney
6. Beneficiary's Health Care Surrogate
7. Beneficiary's Living Will
8. Any other estate planning documents that the Beneficiary may have
9. Driver's License or other identification for Beneficiary
10. Copies of any documents that name the Beneficiary as a person receiving an asset OR having an interest in an asset at a future time, such as a beneficiary designation, pay on death account, etc.

**K. ADDITIONAL INFORMATION:** (*List any other important information or write any questions you have, here*)

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