

SPECIAL NEEDS TRUST WORKSHEET

Name of Client:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Date of Birth: _____ Social Security No: _____

Marital Status: Single Married Divorced Widow(er)

If married, _____
Spouse's Name: _____

Email Address: _____

Disabled child/adult (primary beneficiary):

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Social Security No: _____

What is their mental capacity? _____

What is the nature of the disability? _____

Do they receive SSI disability income or Medicaid? Yes No

If so, please state how much per month: \$ _____

Are they covered by private insurance? Yes No

If yes, please state name of insurance: _____

What is the estimated value of property to be placed in trust? \$ _____

What property is to be placed in trust? _____

Appointed Trustee:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Date of Birth: _____ Social Security No: _____

Marital Status: Single Married Divorced Widow(er)

Email Address: _____

Appointed Alternate Trustee:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Date of Birth: _____ Social Security No: _____

Marital Status: Single Married Divorced Widow(er)

Email Address: _____

Alternate (secondary) beneficiary (ies):

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell Phone No: _____

Date of Birth: _____ Social Security No: _____

Marital Status: Single Married Divorced Widow(er)

When will the trust terminate as to the secondary beneficiary (ies)? _____

Would you like copies of your draft emailed to you, mailed to you, or both?

Emailed Mailed Both

Email address: _____