



LITIGATION SPECIAL NEEDS TRUST QUESTIONNAIRE

Please provide the following information and copies to our office as soon as possible.

1. Case Information: Please provide us with a copy of the case caption showing plaintiff attorney's name, bar number, firm name, address, phone number, court of jurisdiction, case name and number, plaintiff(s), defendant(s).

Projected net settlement:

2. Beneficiary Information:

Name: _____ Date of Birth: _____ SSN: _____

Residence Address _____

Telephone # _____

Specify: Home _____ Group Home _____ Residential Care Facility _____ Other _____

Other family member names, addresses & phone numbers:

Is Beneficiary Competent? _____ Yes _____ No

How should the Beneficiary's Name Appear in the Special Needs Trust:

3. Benefits Qualifications: (check all that apply)

Public Benefits:

_____ SSI _____ VA benefits
_____ SSDI _____ Subsidized housing - type: _____
_____ Medi-Cal _____ Food stamps
_____ Medicare _____ DDSN services
_____ Other (specify): _____

Private Insurance:

_____ Medicare supplement _____ Long term care insurance
_____ Long term disability _____ Private health insurance
_____ Other (specify): _____

4. Guardian ad Litem's or Conservator's Information: (if applicable) - Name, relationship to Beneficiary, address, phone numbers, e-mail:

5. Person Establishing Trust: (name, address, phone numbers, e-mail): _____

6. Trustee's Information: (name, address, phone number, e-mail) - only applies if not a professional fiduciary:

7. Trust Advisory Committee Members, Trust Protector: (if applicable) - Names, addresses, phone numbers, e-mail; must have at least two people listed, but no more than five):

8. Disability: Description(s) of the event that caused injury, the disability, future needs for therapy, equipment, etc.:

(this information can be e-mailed to us, or provided from the Complaint).

9. Life Care Plan: A copy of the life care plan, if any.

10. Annuity: Information re annuity provider including the AM Best rating (if applicable):
