

# SPECIAL NEEDS TRUST WORKSHEET

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**Name of Client:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow(er)

If married, \_\_\_\_\_  
Spouse's Name:

**Telephone Number(s):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Disabled child/adult (primary beneficiary):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

What is their mental capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the nature of the disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do they have 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:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Telephone Number(s):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Appointed Alternate Trustee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Telephone Number(s):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Alternate (secondary) beneficiary (ies):**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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:** \_\_\_\_\_