

## SPECIAL NEEDS TRUST QUESTIONNAIRE

*Instructions.* Please complete this form as thoroughly as you can, attaching additional pages whenever necessary. It is important that you complete this form accurately and completely as my advice to you will be based on the information you provide. Any material misstatements or omissions may result in improper advice for your situation. The information that you supply on this form will be retained in my file. No information will be released to any person without your prior permission.

### A. PERSONAL INFORMATION

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
3. Full (Previous) Name(s): \_\_\_\_\_
4. Principal Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Birthdate: \_\_ / \_\_ / \_\_\_\_\_ Age: \_\_\_\_ Birthplace: \_\_\_\_\_
6. Citizenship: \_\_\_\_\_ U.S. immigration status: \_\_\_\_\_
7. Employer's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_
8. Preferred method(s) of communication: home phone / work phone / cell phone / email
9. Are you married or registered? (If so, complete Parts B.) \_\_\_\_\_  
If not, do you plan to marry or register in the near future? (Complete Part B.) \_\_\_\_\_

### B. SPOUSE'S OR PARTNER'S INFORMATION

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
3. Full (Previous) Name(s): \_\_\_\_\_
4. Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Birthdate: \_\_ / \_\_ / \_\_\_\_\_ Age: \_\_\_\_ Birthplace: \_\_\_\_\_
6. Citizenship: \_\_\_\_\_ U.S. immigration status: \_\_\_\_\_
7. Employer's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Position or Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_

**C. SPECIAL NEEDS CHILD OR ADULT**

List the name of the child or adult for whom you are creating the Special Needs Trust. Provide an explanation of the person’s special needs and your reasons for creating the trust. Include your relationship to the special needs person, and the names of the child’s biological and/or adoptive parents, if you are not the parent. If the special needs person is married or has a registered domestic partner, list the spouse’s or partner’s name. If the special needs person has children, list the names of those children, including deceased children.

1. Full Legal Name of Special Needs Child or Adult: \_\_\_\_\_
2. Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_
3. Full (Previous) Name(s): \_\_\_\_\_
4. Principal Residence Address (if different from your address): \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_
5. Birthdate: \_\_/\_\_/\_\_\_\_\_ Age: \_\_\_ Birthplace: \_\_\_\_\_
6. Citizenship: \_\_\_\_\_ U.S. immigration status: \_\_\_\_\_
7. Special Needs (including relevant behavioral, medical, and psychological diagnoses):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Your reasons for creating Special Needs Trust:
  - a. Beneficiary is receiving SSI/Medicaid/other government benefits \_\_\_\_\_
  - b. Beneficiary will apply for, and is expected to be entitled to, benefits \_\_\_\_\_
  - c. Protect inheritance that I am leaving to beneficiary \_\_\_\_\_
  - d. Protect inheritance that others will leave to beneficiary \_\_\_\_\_
  - e. Other \_\_\_\_\_
9. Your relationship to the special needs person: \_\_\_\_\_
10. The special needs person’s parents (if you are not the parent): \_\_\_\_\_
11. The special needs person’s spouse or partner (if applicable): \_\_\_\_\_
12. The special needs person’s children (if applicable): \_\_\_\_\_

**D. TRUST PROVISIONS**

1. **Initial Trustee(s):** \_\_\_\_\_

2. **Successor Trustees** (in order of preference):

	<u>Name</u>	<u>Relationship</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____

**Tip:** The trustee administers a trust. (You may be trustee first, but keep in mind that the trust property will be considered part of your taxable estate upon your death.) If you are listing co-trustees, consider how disagreements would be resolved (e.g., one trustee has veto power, a third party casts the deciding vote).

3. **Prohibited Trustees** (persons who may not serve as trustee): \_\_\_\_\_  
 \_\_\_\_\_

4. **Alternate Beneficiaries** (if the trust is disqualified or the special needs person dies)  
 [Note: Alternate beneficiaries should be different than the persons named as trustees]:

<u>Primary/Secondary</u>	<u>% of Trust</u>	<u>Beneficiary</u>	<u>Relationship to You</u>
Example: primary	100%	Special needs person's issue	My grandchildren
secondary	100%	Special needs person's siblings	My children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **Special Trust Provisions:**

You may prefer that beneficiaries receive their inheritance outright (i.e., immediately). However, to preserve assets and protect beneficiaries from creditors or spouses, you may wish to set up a continued trust, to be managed by your trustee or by a third party trustee. If you wish to set up a continued trust for one or alternate beneficiary(ies), please specify the terms of the trust and trustee, if other than the trustee of your trust.

<u>Beneficiary/ies</u>	<u>Trust Terms</u>	<u>Trust Ends</u>	<u>Alternate Disposition</u>
Example: Jeff	discretionary use of principal 1/3 of principal paid at age 21	at age 25	issue; siblings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Tip:** You cannot leave more than \$2,000 to a child under age 18. You have 2 options. First, you may appoint a custodian for the child or permit your trustee to select a custodian. If you are leaving less than \$50,000 to a beneficiary, this is the more cost-effective alternative. A custodian may serve until the child's 18<sup>th</sup> to 25<sup>th</sup> birthday (25 years is the oldest age permitted for a custodianship in California). Second, you may create a trust for the child. You can choose the trustee and dictate the standard the trustee will use in making trust payments. You may grant the trustee discretion to determine the beneficiary's needs (health, education, maintenance and support) and pay trust income and/or trust principal to or on behalf of the beneficiary. You may broaden the trustee's discretion to include payments for a beneficiary's wants. You may require mandatory income payments after the beneficiary reaches a certain age, to reduce the income tax on any gains realized by assets inside the trust. You may request that the trustee make distributions upon certain life events (e.g., first car, graduation, wedding, purchasing a first home, starting a business) or pay a certain percent of the trust funds each month, year, or other period of time. The trust may continue indefinitely or end upon a certain event or the beneficiary reaching a certain age.

**6. If not listed above, provide the address and phone number of all persons listed above.**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_-\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**E. HOW DID YOU LEARN OF THE LAW OFFICE OF NICOLE A. DAVIDSON?**

1. Referred by \_\_\_\_\_
2. Attended seminar at \_\_\_\_\_
3. Other \_\_\_\_\_