

GRISSOM LAW, LLC

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**SPECIAL NEEDS TRUST QUESTIONNAIRE**

Information about Trust:

Name of Trust: The \_\_\_\_\_ Special Needs Trust

Funding:  Self-Settled  Third Party

Beneficiary's Information

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

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

Phone: \_\_\_\_\_

Description of disability: \_\_\_\_\_

Current Benefits:

Does Beneficiary currently receive any government benefits?  Yes  No

If so, which Government Agencies and monthly benefit amount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does Beneficiary have a caseworker assigned for any of the benefits described?  Yes  No

If so, please provide name and contact information: \_\_\_\_\_

\_\_\_\_\_

Trustee(s):

Name, Relationship and Address of Trustee and Successor Trustees:

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

Residue (for a Self-Settled Special / Supplemental Needs Trust, government benefits must be reimbursed prior to distribution to any other beneficiary)

At beneficiary's death, after reimbursement of any government agencies, to whom will the remainder go?

Beneficiary's Children / Descendants and if no Children / Descendants, then

To \_\_\_\_\_

Beneficiary's Heirs at Law

Other \_\_\_\_\_

Questions for Attorney:

GRISSOM LAW, LLC

Your Family, Your Wealth, Your Life, Your Goals.....Our Focus