

Neal & Wright LLC
Confidential Special Needs Trust Questionnaire

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION
BEFORE COMPLETING THIS FORM:

This questionnaire is designed to obtain information that will allow us to determine what legal services you require, to set a reasonable fee for those services, and to provide you with the best service possible. The more complete the information you provide, the more accurate and efficient we can be. At this point, Neal & Wright LLC has not agreed to represent you or to undertake any professional responsibility for your case. Our attorneys can agree to represent you only after we have gotten all the facts and made a written fee arrangement with you.

Additionally, the attorneys of Neal & Wright LLC ethically cannot agree to represent you until we have checked our system to confirm that there are no conflicts of interest. If we determine that we do have a conflict, this form will be returned to you, and, upon request, we will provide you with the names of other attorneys who may assist you.

There will be no fee for any initial consultation. We do not charge any fee until you have engaged our firm and until we have agreed in writing to represent you.

Date: _____

Signed: _____

When completed, please return this form to Neal & Wright LLC:

Via U.S. mail: P. O. Box 5207
 Atlanta, GA 31107

Via email: nealandwright@yahoo.com

Via facsimile: (678) 302-9628

Information on Trust Beneficiary (Individual with Disability)

Full name of individual with disability (*no initials, please*): _____

Your relationship to individual with disability: _____
If not self, your name: _____

Any other name(s) by which the individual with a disability has been known: _____

Residence Address: _____

Mailing Address (if different): _____

County: _____

Date of Birth: _____

Place of Birth (City, State): _____

Social Security Number: _____

U.S. Citizen? Yes No

If no, what is the immigration status of the individual with a disability?

Veteran? Yes No

Date disability began: _____

Present marital status of individual with disability: Single
 Married
 Divorced
 Widowed

If married, please provide the following information:

Spouse name: _____

Address: _____

County: _____

Telephone: _____

Fax: _____

Cellphone: _____

Email: _____

Date of Birth: _____

Place of Birth (City, State): _____

U.S. Citizen? Yes No

If no, what is his/her immigration status? _____

Veteran? Yes No

*If you are the individual with the disability, please provide the following information.
If you are the parent or guardian, please skip this section:*

Telephone: _____

Fax: _____

Cellphone: _____

Email: _____

Preferred method of communication: Home phone
 Cellphone
 Work phone
 Email
 U.S. mail

Preferred time of day for calls: _____

Family Information

I. Parent or guardian of individual with disability

Name: _____

Address: _____

Telephone: _____

Fax: _____

Cellphone: _____

Email: _____

Social Security Number: _____

U.S. Citizen? Yes No

If no, what is his/her immigration status? _____

Veteran? Yes No

Marital status: Single
 Married
 Divorced
 Widowed

If married, please provide the following information:

Spouse name: _____

Address: _____

County: _____

Telephone: _____

Fax: _____

Cellphone: _____

Email: _____

Date of Birth: _____

Place of Birth (City, State): _____

U.S. Citizen? Yes No

If no, what is his/her immigration status? _____

Veteran? Yes No

II. Siblings of individual with disability

Name	Age	Live with parents?

Please attach additional sheets as necessary.

Income and Assets Information

What is the source of the money that will be used to fund the trust?

- Funds that already belong to individual with disability
- Funds from court case
- Funds from another person

If another person, what is their name and relationship to the individual with a disability? _____

Is the individual with a disability currently eligible for Social Security Disability Income (SSDI)?

- Yes No

If yes, date eligibility began: _____

Is the individual with a disability currently eligible for Supplemental Security Income (SSI)?

- Yes No

If yes, date eligibility began: _____

Is the individual with a disability currently eligible for Medicaid?

- Yes No

If yes, date eligibility began: _____

Is the individual with a disability currently the beneficiary of a trust?

- Yes No

If yes, please provide a copy of the trust document.

Does the individual with a disability own any other real estate? Yes No

If yes, please provide the following information (*use additional sheets if necessary*):

Property Address: _____
Approximate Value: \$_____

Is this property owned jointly with anyone? Yes No

If yes, please indicate that person's name and address.

Name: _____
Address: _____

Is there a mortgage? Yes No

Balance of Mortgage (including second mortgages): \$_____

Does the individual with a disability own life insurance? Yes No

If yes, please provide the following information:

Company	Policy Number	Amount of Benefit	Beneficiary

Does the individual with a disability have a checking account? Yes No

Approximate Balance: \$_____

Individual or Joint? _____

If Joint, with whom? _____

Payable on death or joint with right of survivorship? _____

Does the individual with a disability have a savings account? Yes No

Approximate Balance: \$ _____

Individual or Joint? _____

If Joint, with whom? _____

Payable on death or joint with right of survivorship? _____

Does the individual with a disability have a brokerage account? Yes No

Approximate Balance/Portfolio value: \$ _____

Individual or Joint? _____

If Joint, with whom? _____

Payable on death or joint with right of survivorship? _____

Does the individual with a disability have any IRA, 401k, or other retirement account?

Yes No

If yes, then please provide the following information:

Manager/Trustee	Approximate Value	Beneficiary

Does the individual with a disability own a car? Yes No

Make, model, & year: _____

Market value: _____

Name(s) on title: _____

Have any gifts of cash or other assets been made in the past 36 months?

Yes No

Please attach additional sheets as necessary.