

**LAW OFFICE OF STEPHANIE L. SCHNEIDER, P.A.**

**QUESTIONNAIRE FOR OBTAINING A COURT ORDER DIRECTING CHILD SUPPORT OR ALIMONY INTO A SPECIAL NEEDS TRUST FOR A PERSON WITH DISABILITIES**

***THE GOAL OF A SPECIAL NEEDS TRUST IS TO PROVIDE A MANAGEMENT SYSTEM FOR CHILD SUPPORT, ALIMONY, AN INHERITANCE OR, SETTLEMENT PROCEEDS THAT A PERSON WITH DISABILITIES WILL RECEIVE, SO AS TO ENABLE THAT PERSON TO BE ENTITLED TO GOVERNMENT BENEFITS AND HAVE IMPROVED QUALITY OF LIFE.***

**I. ASSETS TO FUND THE SPECIAL NEEDS TRUST**

1. Do you have an existing special needs trust? Yes \_\_\_\_ No \_\_\_\_ Date created: \_\_\_\_\_  
\_\_\_\_\_ (Please provide a signed copy)
2. If you have an existing special needs trust was it funded with assets (i.e. bank account, real estate, structured settlement)? Describe the assets in the special needs trust and their value (attach copies of the assets): \_\_\_\_\_  
\_\_\_\_\_
3. What type of income do you want to go into the special needs trust? (I.e. child support; alimony; wages) \_\_\_\_\_
4. Identify the person responsible for paying the child support or alimony: \_\_\_\_\_  
\_\_\_\_\_
5. What other assets will fund the special needs trust (i.e. life insurance; annuity; retirement plan, etc.)? \_\_\_\_\_  
\_\_\_\_\_
6. Name of the person with a disability: \_\_\_\_\_
7. Address of the person with a disability: \_\_\_\_\_
8. Date of birth of the person with a disability: \_\_\_\_\_
9. Is the person with a disability a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_ Resident alien? \_\_\_\_\_
10. Identify the medical diagnosis/disability: \_\_\_\_\_  
\_\_\_\_\_
11. Is the person with a disability mentally aware? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
12. Identify all government assistance programs that provide benefits to the person with disabilities (i.e. Medicaid; Medicaid Waiver; SSI; Food Stamps; HUD housing): \_\_\_\_\_  
\_\_\_\_\_

FAMILY LAW SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

13. Identify all assets of the person with disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. TRUSTEE**

14. Who should serve as the trustee (this person will oversee the investment and administration of the trust assets as well as make distribution and purchases)?  
Name: \_\_\_\_\_.  
Address: \_\_\_\_\_

15. Who should be the successor trustee if the primary trustee becomes ill or dies?  
Name: \_\_\_\_\_.  
Address: \_\_\_\_\_

16. Do you wish to name a second successor trustee?  
Name: \_\_\_\_\_.  
Address: \_\_\_\_\_

**III. TRUST ADMINISTRATION**

17. Do you want the trustee to be able to live in your house to help care for your disabled child?  
Yes \_\_\_ No \_\_\_  
If yes, must the trustee pay rent? Yes \_\_\_ If so how much? \_\_\_\_\_ No \_\_\_  
Do you want the trustee to contribute toward household expenses (i.e. food, utilities, tv, new appliances, taxes, repairs)? Yes \_\_\_ No \_\_\_ In what amount or percentage? \_\_\_\_\_  
\_\_\_\_\_

18. Do you want to compensate the trustee for his/her time? Yes \_\_\_ No \_\_\_  
If yes, how would you like to compensate the trustee? \_\_\_\_\_  
\_\_\_\_\_  
Do you want to provide for a yearly cost of living adjustment? Yes \_\_\_ No \_\_\_

19. Do you want to compensate the trustee for caregiver type of services? Yes \_\_\_ No \_\_\_  
If yes, how would you like to compensate the caregiver? \_\_\_\_\_  
\_\_\_\_\_  
Do you want to provide for a yearly cost of living adjustment? Yes \_\_\_ No \_\_\_

20. If the disabled person moves into the home of the trustee, can the trust assets be used to contribute toward food, utilities, rent, repairs, new appliances? Yes \_\_\_ No \_\_\_  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

21. Do you want to name a 'trust protector' to watch over the trustee? The trust protector can be given authority to review distribution requests, to remove the trustee, and to review the

FAMILY LAW SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

annual accountings. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do you want to create a trust committee to advise the trustee and to vote on requests for distribution? Yes \_\_\_ No \_\_\_ Who should be on the committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. If the person with a disability is living with a relative or guardian who is not the trustee and the caregiver gets a divorce, should any conditions of the trust change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. When the person with a disability dies or if he/she must live in a facility what is to happen to the contents of the home (i.e. furniture, furnishings, art work) ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. ALTERNATE BENEFICIARIES**

25. In the event the special needs trust beneficiary dies before all trust assets are distributed, who would you like to receive the remainder:

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood Percentage	_____	_____

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood Percentage	_____	_____

26. Are any of the remainder trust beneficiaries receiving (or have applied for) public assistance from the government?  
Yes \_\_\_\_\_ No \_\_\_\_\_

FAMILY LAW SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

If yes, identify the beneficiary, the government program (i.e. Medicaid; Supplemental Security Income (SSI); Social Security Disability Income (SSDI); food stamps; HUD housing), and type of benefits received:

Name of Beneficiary	_____	_____
Govt. Program	_____	_____
Date Benefits Began	_____	_____
Application pending?	_____	_____
Name of Beneficiary	_____	_____
Govt. Program	_____	_____
Date Benefits Began	_____	_____
Application pending?	_____	_____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_