

*The Law Office of  
Catherine E. Davey, P.A.*

*Estate Planning · Probate  
Guardianship · Special Needs Trusts*

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**SPECIAL NEEDS TRUST QUESTIONNAIRE**

**1. NAME OF DISABLED PERSON:** \_\_\_\_\_

PERMANENT RESIDENCE \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

IS DISABLED PERSON ON MEDICAID? (Please circle one)      YES      NO

IS DISABLED PERSON ON MEDICARE? (Please circle one)      YES      NO

**2. GUARDIAN / PARENT:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO DISABLED PERSON: \_\_\_\_\_

**3. ASSETS OF DISABLED PERSON:**

**SAFE DEPOSIT BOX:**                      YES: \_\_\_\_\_                      NO: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**REAL ESTATE:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**STOCKS AND BONDS:**

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**BANK ACCOUNTS:**

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:**

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

HOW TITLED: \_\_\_\_\_

LOCATION OF BONDS: \_\_\_\_\_

TO BE CASHED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF TRANSFEREE: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**MORTGAGES AND NOTES (RECEIVABLE):**

MORTGAGOR 1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

MORTGAGOR 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**INSURANCE ON DISABLED PERSON'S LIFE:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**ANNUITIES:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**VEHICLES:**

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**6. DEBTS**

Please list all debts owed by the **DISABLED PERSON**, including the amount owed. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_

CREDITOR'S ADDRESS: \_\_\_\_\_

TYPE OF DEBT: \_\_\_\_\_ AMOUNT OWED: \$ \_\_\_\_\_

7. **OTHER QUESTIONS:**

ARE ANY OF DISABLED PERSON'S CHILDREN DISABLED? YES or NO

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: \_\_\_\_\_

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8. **DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ COPIES OF ANY REAL ESTATE DEEDS

\_\_\_\_\_ COPIES OF ANY VEHICLE TITLES

\_\_\_\_\_ COPIES OF ANY BILLS

**NEEDS OF DISABLED PERSON TO BE ADDRESSED WITH SPECIAL NEEDS TRUST:**

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Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

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