

Stetson 2025 National Conference on Special Needs Planning and Special Needs Trusts
October 23, 2025- Main Conference Breakout Session (Thursday)
4:25pm-5:15pm

**“First Party Special Needs Trusts-Settlement Consultation,
what a Trust Practitioner should know, consider and review”**

Ethan J. Ordog, Esquire (Begley Law Group, P.C., Moorestown, New Jersey)

Outline of Topics:

- A. Introduction and Settlement Consultation in Your Practice
- B. Communications with Personal Injury Counsel/Staff
- C. Intake/Confirmation of Benefits/Budget Needs
- D. Who is the Client and Issues related to Capacity
- E. Court Proceedings and Involvement of Counsel
- F. Trust Options and Selection of the Trustee

A. Introduction and Settlement Consultation in Your Practice

Approximately 25 years ago, in a more formal sense, the firm began receiving more and more inquiries related to assistance with the establishment and funding of 1st Party Special Needs Trust, particularly resulting from civil claims of individuals who were receiving and/or could be receiving public benefits. The involvement of our office has continued to develop and take shape with the ever-changing landscape of these matters, as well as the interactions with members of the civil bar who reach out to engage our services either directly and/or through their clients.

To that end, the importance of the development of the relationships with civil Counsel is paramount in being successful in this area of practice, but also to ensure that they are well informed and secure the involvement of Trust Counsel as early in the process as possible to ensure there are no missteps in the process, but perhaps, more importantly, errors in representations made to a client regarding a settlement, the protection of and/or need to preserve eligibility for public benefits and the scope of the process that needs to be undertaken to ensure that all background/biographical information is secured and accurate.

In many instances, there is confusion or and/or lack of formal confirmation of the programs/public benefits that are being received and/or which could be received. Additionally, there is often a need to confirm or review the legal scope of the engagement that has occurred between civil Counsel and a “client” based upon the scope of the retaining party, i.e. agent under power of attorney v. individual and/or some other formal fiduciary appointment which is believed or thought to have existed. Moreover, even in those instances where there is a clearly defined scope of the retention by an agent or otherwise, there is a clear need to ensure further and/or more significant communications between civil Counsel and the injured party, to the extent same is possible or allowable.

It is further recognized that often, a call from civil Counsel may occur after a settlement is reached, at mediation of the matter or even just prior to the expiration of a statute of limitations expiration date. That logistical element is referenced herein because often calls are received in a somewhat panicked state, recognizing the potential claim must be considered in the context of other circumstances related to the client, their public benefits eligibility, ability of an individual to formally retain civil Counsel, etc. Having a system or process for intake and the

coordination of a meeting or call in these instances is extremely important so as to allow the involvement of Trust Counsel to be effectuated in a timely and comprehensive manner.

B. Communications with Personal Injury Counsel/Staff

In developing the relationships with civil Counsel in these matters, it is important to set expectations and the scope of how to begin the communication process so as to be able to timely address both emergent matters and ones that may not be settling or have an anticipated resolution date for some time. Typically, an initial meeting with the civil Counsel occurs upon them contacting the office, often with a preliminary discussion being effectuated in advance of a formal meeting with the attorney and their client or the client's representative. It is important to understand the objectives of civil Counsel and the status of the claims being pursued, as well as initiate a review of important logistics, etc.

It is without fail that many civil practitioners, being focused on the merits of their matter and the pursuit of recovery, etc., may not have been focused on some aspects of the client's benefits, logistics of the scope of any protective arrangement in place, options for planning following recovery and/or the implementation of action items in the event a settlement or recovery is achieved. With that in mind, also recognizing that this matter might be the sole case that civil Counsel is focused on at this time, it is crucial to establish timing for meetings and communications, as well as deadline for the receipt of information and documentation, while establishing attainable goals for the work of Trust Counsel in these matters. While there may be and often are detours that occur in these matters, the focus is on ensuring that all issues and aspects of the matter are considered and communicated, while working to allow resolution based upon the schedule anticipated by civil Counsel.

In advance of a formal meeting, intake information is desirable, which is often secured from civil Counsel, their staff and/or the client/client's representative directly. While the scope of information will be fact sensitive, it is imperative to ensure that appropriate and relevant information is received in order to ensure that Trust Counsel can effectively and adequately provide advice, direction and legal services that are consistent with and in furtherance of the needs of the client. Additionally, it is important to know what other professionals have been involved with and/or engaged in the process/representation to ensure that all of the individuals involved are working in concert with one another. The delineation of the roles of the professionals to be mindful include, but are not limited to the following:

Care Manager/Life Care Planner

Nursing Care Manager

Benefits/Lien Reduction Professional

Financial Advisor

Structure Broker

Corporate/Professional Trustee

Of course, each case is unique and, in certain instances, the civil Counsel will look to Trust Counsel to assist with and/or provide guidance on recommendations on the referral of and/or need for includability of the other professionals who may be needed or necessary to ensure that all aspects of a matter are covered. Civil Counsel will often defer to Trust Counsel on these matters in an effort to ensure that comprehensive services, especially in more complicated matters, have fully been addressed. Moreover, there is often a recognizable need for the education of civil Counsel on these topics and matters because they are outside of the scope

of their area of practice and they simply do not want any mistakes being made which would negatively impact their client and/or potential eligibility for benefits.

Notwithstanding the numerous logistical issues discussed with Counsel in these matters that are preliminary in nature when Trust Counsel is first learning about the scope of the civil claims or the issues involving the client that require attention, there is also a general misconception that EVERY matter requires a special needs trust. Of course, access to other assets, potential less restrictive Trust options and the age of the client will impact the process and recommendations which will be made in a particular matter/set of circumstances. Moreover, communication with the other professionals involved, as well as the client and/or the client's representative are often vital to the formal action plan/ultimate services rendered by Trust Counsel.

C. Intake and Confirmation of Benefits

As indicated above, the scope of this area of practice is typically conditioned upon the belief that, in order to maintain public benefits, that a special needs trust is required because the civil client cannot have *ANY* assets or otherwise risk the loss of public benefits being received. As is explained to civil Counsel, other professionals involved and/or the client/client's representative, the importance of gathering information cannot be understated. Further, it is imperative to understand the scope of what information/direction has been provided to the individual or "client", so as to be able to set expectations and reasonable outcomes for the options that might exist or be recommended. There is typically an initial hurdle to overcome as to what has been said, read online and/or is simply believed to be the manner in which the

recovery of a claim HAS to be dealt with, often without a formal review of the logistics/facts of the matter.

While an individual client believes that income is received from Social Security and/or that their medical insurance is being received from some “governmental” program, including Medicare or Medicaid, until the insurance cards can be reviewed and/or correspondence from Social Security can be secured, it is often speculative at best as to what programs or benefits the individual may receive, had received, or could be receiving. Compounding such issue is the direct request for information on other benefits which may be received, including housing assistance, other sources of income, food/utility assistance, etc.

Although the securing of a full understanding of income, insurance and other public benefits is paramount from the Trust Counsel standpoint, perhaps, as is the case with many of these preliminary communications/request for assistance, the most challenging aspect is the formal willingness of the individual who needs to be protected, in some manner, regardless of the benefits being received, to fully participate in the process or understand the need for such action to be taken at that time. The client may have been advised of the settlement negotiations or recovery amount, without thinking of the associated fees of civil Counsel, recovery which may exist in the form of liens or the countervailing issue of the simple costs associated with aspects of life that will quickly reduce or decrease the amount of a recovery/settlement.

The client often has a plan for the recovery/settlement, regardless of the settlement amount in or the actual funds that will be received, for the purchase assets of a house, car, personal items, entertainment, etc., which far exceeds the value of amount to be received, while also not considering the costs of other associated care costs or life expenses, particularly of the

recovery or anticipated plan of the client now precludes or impacts public benefits being received. Of course, Trust Counsel, given the scope of the involvement, often is presented with the role of engaging in poignant communications to set straight the formal logistics and circumstances surrounding these matters. These communications are of course, not intended to be negative, but must accurately reflect the options and the manner in which a resolution is being coordinated. Also, often these conversations/communications, will assist in the relationship building with the client, particularly as the Trust Counsel may have been brought in at a much later part of the process and the client may not fully understand the scope of the involvement or need for another attorney to be engaged in the process.

Intake and information may and will often come from a number of sources. As Trust Counsel in these matters, it is recognized, in many instances, that important information about the client's income, benefits, assets, debts/obligations, medical condition, etc., is unknown or perhaps not able to be explained or confirmed as requested. In order to provide assistance in the gathering process, it is important to have intake forms which clearly identify information requested.

Intake/Intake Forms (See Attached)

Consistent with the involvement of Trust Counsel, particularly in the assessment of the type or scope of a potential Trust for the client, as well as corresponding issues that may arise regarding protective arrangements, public benefits and the needs of the client, the intake forms seek to understand the general background of the client, establish an understanding of the family dynamic, level of capacity, corresponding medical conditions and public benefits being received. Moreover, the intake forms seeks to ensure that an understanding of assets, debts (particularly

liens) and income attributable to the client is provided so that same can be considered. Further, the intake forms seeks to develop an understanding of the scope of professionals involved, as well as potential recommendations which have been made, i.e. related to the financials (structure, investment, etc.), in addition to potential Trustee(s) who might serve.

Additionally, the intake forms seek to understand what family has been involved, the scope of estate planning and other legal documents which might exist or which may need to be created, while also attempting, at a preliminary level, to understand immediate needs for items/distributions that must or should be considered in the development of recommendations/action items. If there is any present legal relationships that should be known, Guardian, Power of Attorney, Conservator, Personal Representative of an Estate, etc., the intake should seek to secure such information, so any further communications can be had and/or correspondence directed, as may be necessary.

Trust Counsel should also, to the extent same exists or will be created/drafted during the involvement in the matter, secure a copy of any filed Complaint, Life Care Plan, both of the civil Counsel and their adversary, if any, any releases, correspondence related to liens/lien reduction, in addition to any Court Orders or related documents involving the Court which may be important to the client's case. It is imperative that requests be effectuated, in writing, seeking to secure these items, along with an explanation of the need for such documentation in furtherance of the role being played by Trust Counsel.

Budget and Sustainability of the Trust/ Allowable Distributions

From a conceptual understanding of the needs of a client, which may assist with the scope of options/recommendations from Trust Counsel and in furtherance of the intake secured, it is also important to understand the present financial needs/expenses of the client. Trust

Counsel will often engage, quite often with civil Counsel, the client and other professionals involved, in a formal budget meeting, wherein immediate needs of the client are identified, as well as ongoing/continued expenses or what may become expenses, so as to be able to address the scope of any concerns or questions regarding allowable use of settlement proceeds and/or assets which might be directed to a Trust.

While the numbers nearly always change, the underlying premise for such an exercise is to establish a baseline of the expenses of a client, as well as what may or may not become an expense depending on the type of Trust and potential preservation of benefits. This exercise often assists in the assessment of what monthly income needs would be required, particularly if a structure is going to be used/secured, in addition to the need to possibly hold a certain amount of corpus, in the event of a large expenditure, like a home for example. An example of a budget intake form/assignment form is attached with the materials.

Discussions on Distributions from a Special Needs Trust

In furtherance of the process, including the budget meeting and intake, as well as communications with civil Counsel and/or the client, it is often requested that a discussion of the potential uses of a Special Needs Trust arise, particularly in consideration of the nature of the conversations related to public benefits eligibility and the direction of funds to a Special Needs Trust to allow same to be used while protecting the client's receipt of Social Security, Medicaid and other programs which provide support to the client.

To that end, for purposes of conversation and/or references, civil Counsel may want to develop a breakdown of items that can be used from the Special Needs Trust, along with

explanation of the interplay between the Trust distributions and income which may be received by the client.

Allowable but In-Kind Support/Maintenance (ISM) Impact for SSI

Mortgage Payment	Rent
Property Insurance (Lender required)	Gas
Property Taxes	Electricity
Water	Sewer
Heating Fuel	Garbage Collection

**** Food as of 9/30/24 no longer considered for ISM calculation purposes****

Other Allowable Distributions from a Special Needs Trust

Purchase of Home	Clothing
Phone/Cable/Internet	Vehicle (Insurance, Gas, Maintenance)
Pre-paid Funeral (With some limits/requirements)	
Tuition/Books/Tutor	Furniture/Tools/Household Supplies
Entertainment	Property Insurance (not lender required)
Television/Computer/Electronics (be mindful of scope and amount)	
Medical Equipment	
Travel (beneficiary and caregiver- be careful)	
Care management/Support (be mindful of state specific limitations and scope of parental support obligation)	
Medical Insurance Premiums/Co-Pays and Deductibles/Non-Covered Medicals	
Commuting/Transport Expenses	

Prescription Drugs (be careful of coverage by other sources)

Personal Needs- hair, cigarettes, alcohol, toiletries, non-prescription drugs

Reading Materials

Legal Fees (depending on scope, may want to get approval)

Distributions Not Allowed

Cash (too hard to track)

Family Travel

Gifts for others

Excessive amounts for allowable distributions

D. Who is the Client and Issues related to Capacity

It is important for the Trust Counsel to understand and identify, as early on in the process as possible who the Client is and if there are any capacity issues which need to be addressed. At a preliminary level, this exercise is easier if you have been referred to a client by civil Counsel who may have concluded a matter and simply wants to make sure that the client takes steps to ensure that eligibility for benefits is secured and your retention and all communications go directly to and from that individual. Slightly more complicated is the similar set of facts described above but those communications come from an individual's relative or some appointed fiduciary, i.e. agent under power of attorney/guardian. Of course, depending on the scope of the client's capacity, it must be determined if your representation, as well as the corresponding scope of allowable involvement centers upon the involvement with the representative, as opposed to the client, in addition to the extent that the individual sought to be protected should still be involved in decisions/discussions to the extent possible or necessary.

That said, often, the initial communications come from civil Counsel and it is important to understand and identify if Trust Counsel is being retained by civil Counsel to become involved in the case and/or if the engagement for services to be rendered is directly connected to the client, who, in turn, would be able to sign a formal engagement agreement. This can also lead to a discussion related to the scope of a matter and how that case came to the civil Counsel, as there may not be a formal connection between the “client” and the party who retained civil Counsel and it is necessary to ensure that the client has capacity and can acknowledge the scope of the civil Counsel involvement and/or it creates the need for a power of attorney or perhaps a Court directed protective arrangement to be pursued to ensure that there is authority to proceed with the litigation and/or ultimately settle a case or received the proceeds of a recovery.

E. Court Proceedings and Involvement of Counsel

- a. Preparation of Trust- Special Needs, Settlement Protection, Medicare Set Aside
- b. Testimony- Court approval required for settlement and Trust Counsel involved to explain process or suitability of a plan of action for a client
- c. Review of Court Order and language approving Trust or terms and conditions related to the appointment of Trustee, etc., as well as the scope of the financials involving the funding of the Trust, i.e. structures, corpus, etc.
- d. Preparation of pleadings for approval of settlement or Trust- Civil Court
- e. Preparation of pleadings for approval of settlement or Trust- Probate Court (Guardian, Conservator, etc.)

- f. Post Approval Court Proceedings- Petitions for allowance or distribution,
accounting action for approval, termination of Trust, Trust modification,
Transition of Trustee, Action for final distribution, if necessary,

F. Trust Options and Selection of Trustee

1. Special Needs Trust
2. Settlement Protection Trust
3. Settlement Protection Trust with Special Needs Provisions/MSA Provisions
4. Special Needs Trust with MSA Provisions
5. Other Hybrid Version of the foregoing

For Trust Counsel, particularly in these types of matters, there are many factors to be considered when developing a workable and comprehensive plan that is acceptable to those involved but which will also have sustainability and success moving forward. As all of the attorneys and professionals involved in the process work to “complete” (is it ever really done?) their involvement in a matter of this kind, the selection of a Trustee, designated in the Trust document to serve, becomes an extremely important aspect on behalf of the client. First and foremost, it is recognized, depending on the assets being used to fund the Trust and/or the facts of the matter, that there may be limitations on the selection of a Trustee based upon the size of the Trust funding and the location thereof. Moreover, the interplay between the intention of the client/others to have a relative, friend, local banker, etc., serve as Trustee, versus the recognized need, depending on the circumstances to have a more experienced Trustee, i.e. corporate entity, can be a hurdle that needs to be addressed and resolved accordingly.

With further explanation and discussion, most clients/representatives understand the need to engage the services of a corporate Trustee. However, with recent news of issues with certain corporate Trustees, as well as many entities who have “exited” the Special Needs Trust administration market, it is perhaps more prudent than ever to have information and documentation explaining the scope of the involvement of a Trustee and reasons for potential selection. Many corporate Trustees, who often market themselves to civil/Trust Counsel, will have considerable information and documentation on their entity, as well as the stated need to employ the services of a corporate entity.

A Trustee, serving generally in such a role, but specifically in furtherance of the administration of a Special Needs Trust, must be mindful of the following:

1. Mistakes in Administration

- a. Improper distribution
- b. Action/Inaction which results in payment of taxes/failure to properly invest the assets
- c. Action/Inaction which result in a loss of public benefits
- d. Failure to comply with intentions of the Grantor and/or administrative terms that are included in the Trust document

2. Knowledge of Legal Matters

- a. Tax filings- 1041/1040 Income Returns
- b. Protective Arrangements that may be required
- c. Accounting
- d. Tracking of expenditures

- e. Communications with Client
 - f. Process for requests for distribution
 - g. Fee approval for Trustee
3. Knowledge of Public Benefits
- a. Programs
 - b. Eligibility
 - c. Changes to the programs or requirements
4. Other Factors to Consider
- a. Access to Investment Advice and Direction
 - b. Competent Counsel
 - c. Issues arising with beneficiary (work, addiction, etc.)
 - d. Family relationships/Influence
 - e. Termination of or closing of Administration of the Trust upon passing of Beneficiary
 - f. Retention of Care Consultant

Roadmap for Success in Establishing and Funding a Special Needs Trust

A general roadmap, although the estate/trust practitioner will want to cater it to their own practice/process, might look like the following:

1. Intake and Fact Gathering- what is the client's disability, what are the financial circumstances- i.e. inheritance, civil settlement, assets attributable thereto. What is the family dynamic? Does the client have capacity?
2. Estate Planning Documents- Will, Powers of Attorney, Healthcare Directive/Living Will
3. Trust Document- type of Trust- Special Needs Trust, Settlement Trust

4. Public benefits Confirmation (What is the client receiving? Other benefits which could be received?)
5. Liens/Debts
6. Is an MSA required?
7. Who will serve as Trustee?
 - a. Process for Requests for Distribution
 - b. Access to funds- Card?
8. Budget and allowable distribution confirmation- Life Care Plan?
9. Court Order for Funding and Establishment of Trust
10. What Agencies are required to be noticed of the establishment and funding of the Trust
11. Do they have professionals in place to assist moving forward...
 - a. Trust Attorney
 - b. Disability Attorney
 - c. Financial Advisor
 - d. Trustee
 - e. Therapist
 - f. Physicians
 - g. Care Consultant
 - h. Lien Resolution Expert
 - i. MSA Professional
 - j. Others

PERSONAL INJURY & ESTATE PLANNING QUESTIONNAIRE

Date _____ File Number _____

This form is extremely important. The accuracy and completeness in responding will help our firm provide the best representation.

A. INJURED PERSON

Full Name: _____

Nickname: _____

Gender: ☐ Male ☐ Female

Street Address _____

City _____

State _____

Zip _____

Home Phone No. _____

Fax No. _____

E-mail address _____

Cell No. _____

Birth Date _____

Social Security No. _____

Medicaid No. _____

Injured Person is: ☐ Married ☐ Single

Injured Person: ☐ Has Capacity
☐ Is Incapacitated

☐ Is A Minor Expected to Have Capacity
☐ Is A Minor Expected to be Incapacitated

Injured Person is: ☐ A U.S. Citizen

☐ A Qualified Alien ☐ Don't Know

Is Injured Person a Veteran? ☐ Yes ☐ No

If there is a disability, did the disability begin prior to age 22? ☐ Yes ☐ No

If there is a disability, did the disability begin prior to age 26? ☐ Yes ☐ No

Has the Social Security Administration made a Determination of Disability? ☐ Yes ☐ No

Injured Person Suffers from:

- ☐ Anoxic Brain Injury
- ☐ Asperger Syndrome
- ☐ Attention Deficit Disorder (ADD)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Autism
- ☐ Bi-Polar Disorder
- ☐ Blindness
- ☐ Borderline Personality Disorder
- ☐ Brain Injury
- ☐ Cerebral Palsy
- ☐ Childhood Disintegrative Disorder
- ☐ Deafness
- ☐ Depression
- ☐ Developmentally Delayed
- ☐ Dissociative Disorder

- ☐ Down Syndrome
- ☐ Epilepsy
- ☐ Fragile X Syndrome
- ☐ Mental Illness
- ☐ Mental Retardation
- ☐ Obsessive Compulsive Disorder
- ☐ Paraplegia
- ☐ Quadriplegia
- ☐ Rett Syndrome
- ☐ Schizoaffective Disorder
- ☐ Schizophrenia
- ☐ Spina BiFida
- ☐ Tourettes Syndrome
- ☐ Traumatic Brain Injury
- ☐ Other: _____

B. SETTLEMENT AMOUNT

\$ _____ Gross
\$ _____ Costs
\$ _____ Fees
\$ _____ Liens
\$ _____ Net
\$ _____ Allocation to Injured Person
\$ _____ Anticipated Structure
\$ _____ Anticipated Lump Sum
\$ _____ Allocation to Injured Person's Spouse
\$ _____ Allocation to Others

C. INJURY/PROGNOSIS

Date of Accident/Injury _____

Brief Description of Injury _____

How did Injury Occur? _____

D. PUBLIC BENEFITS/PRIVATE INSURANCE

1. **Public Benefits.** Is Injured Person receiving or will Injured Person apply for any of the following benefits?

Supplemental Security Income (SSI)

☐ Receives ☐ Applied For ☐ N/A

Amount of SSI: \$ _____

If receiving, please provide a copy of the
Determination of Disability Letter.

Social Security Disability Income (SSDI)

☐ Receives ☐ Applied For ☐ N/A

Amount of SSDI: \$ _____

If receiving, please provide a copy of the
Determination of Disability Letter.

Childhood Disability Benefits (CDB or DAC)

☐ Receives ☐ Applied For ☐ N/A

If receiving, please provide a copy of the
Determination of Disability Letter.

Medicaid

☐ Receives ☐ Applied For ☐ N/A

If receiving, please provide copy of
Medicaid card.

New Jersey Family Care

If receiving, please provide copy of
NJ Family Care card.

☐ Receives ☐ Applied For ☐ N/A

Medicaid Waiver

Waiver Name: _____

If receiving, please provide copy of
Medicaid card.

☐ Receives ☐ Applied For ☐ N/A

Katie Beckett Waiver

☐ Receives ☐ Applied For ☐ N/A

Children's Health Insurance Program (CHIP)

☐ Receives ☐ Applied For ☐ N/A

Medicare

If receiving, please provide copy of
Medicare card.

☐ Receives ☐ Applied For ☐ N/A

Medicare Buy In

Does the State pay Medicare Part B
Premiums/Deductible? ☐ Yes ☐ No

☐ Receives ☐ Applied For ☐ N/A

Federally-Assisted Housing

Section 8

☐ Receives ☐ Applied For ☐ N/A

Section 202

☐ Receives ☐ Applied For ☐ N/A

Multi-Family

☐ Receives ☐ Applied For ☐ N/A

Monthly Rent: \$ _____

SNAP (Food Stamps)

Monthly Amount: \$ _____

☐ Receives ☐ Applied For ☐ N/A

Prescription Drug Assistance

☐ Receives ☐ Applied For ☐ N/A

**Low Income Heating & Energy Assistance
(LIHEAP)**

☐ Receives ☐ Applied For ☐ N/A

Monthly Amount: \$ _____

Temporary Assistance for Needy Families (TANF)

☐ Receives ☐ Applied For ☐ N/A

Division of Developmental Disabilities (DDD)

☐ Receives ☐ Applied For ☐ N/A

Group Home

☐ Receives ☐ Applied For ☐ N/A

Psychiatric Institutionalization

☐ Receives ☐ Applied For ☐ N/A

Veterans Disability Benefits

Pension

Housebound

Aid & Attendance

☐ Receives ☐ Applied For ☐ N/A

☐ Receives ☐ Applied For ☐ N/A

☐ Receives ☐ Applied For ☐ N/A

Other Public Benefits

Name: _____

☐ Receives ☐ Applied For ☐ N/A

2. **Private Insurance.** If injured person is covered by private medical insurance:

Name of Insurance Company: _____

Insurance Obtained Through: ☐ Injured Person ☐ Father ☐ Mother ☐ Other - _____

E. PERSONAL INJURY ATTORNEY

1. **Name of Attorney** _____

Name of Law Firm _____

Street Address of Law Firm _____

City _____

State _____

Zip _____

Telephone No. _____

Fax No. _____

E-Mail Address _____

Cell No. _____

2. **Name of Paralegal** _____

Telephone No. _____

Fax No. _____

E-Mail Address _____

Cell No. _____

F. TRUST INFORMATION

Who will establish the Trust?

☐ **Injured Person/Beneficiary**

☐ **Father - Name:** _____

SSN _____

Street Address _____

(if different from injured person)

City _____

State _____

Zip _____

Telephone No. _____

Fax No. _____

E-mail Address _____

Cell No. _____

U.S. Citizen?

☐ Yes

☐ No

☐ **Mother - Name:** _____ **SSN** _____
Street Address _____
(if different from injured person)
City _____ **State** _____ **Zip** _____
Telephone No. _____ **Fax No.** _____
E-mail Address _____ **Cell No.** _____

U.S. Citizen? ☐ Yes ☐ No

Parents are: ☐ Married ☐ Divorced ☐ Separated

If parents are not living together, Injured Person lives with: ☐ Mother ☐ Father

☐ **Court:** **State:** ☐ New Jersey: ☐ Law Division
☐ Chancery Division: ☐ Probate ☐ Equity
☐ Pennsylvania: ☐ Court of Common Pleas ☐ Orphans' Court

County: _____

If trust is going to be established by the court, please attach a copy of the Complaint.

☐ **Grandparent - Name:** _____ **SSN** _____
Street Address _____
(if different from injured person)
City _____ **State** _____ **Zip** _____
Telephone No. _____ **Fax No.** _____
E-mail Address _____ **Cell No.** _____

☐ **Guardian - Name:** _____ **SSN** _____
Street Address _____
(if different from injured person)
City _____ **State** _____ **Zip** _____
Telephone No. _____ **Fax No.** _____
E-mail Address _____ **Cell No.** _____

Co-Guardian (if applicable) - Name: _____

Street Address _____ **SSN** _____
(if different from injured person)
City _____ **State** _____ **Zip** _____
Telephone No. _____ **Fax No.** _____
E-mail Address _____ **Cell No.** _____

G. LIENS

Does this case involve any of the following liens that need to be address?

Medicaid	☐ Yes	☐ No
Medicare	☐ Yes	☐ No
Medicare Advantage	☐ Yes	☐ No
Medicare Part D	☐ Yes	☐ No
ERISA	☐ Yes	☐ No
Federal Employees Health Benefits Act (FEHBA)	☐ Yes	☐ No
Federal Medical Care Recovery Act (FMCRA)	☐ Yes	☐ No
Veterans Administration Claims	☐ Yes	☐ No
TRICARE Claims	☐ Yes	☐ No
Welfare Liens	☐ Yes	☐ No
Violent Crimes Compensation	☐ Yes	☐ No
State Worker's Compensation	☐ Yes	☐ No
Federal Employee Compensation Act (FECA)	☐ Yes	☐ No
Hospital Liens	☐ Yes	☐ No
Child Support	☐ Yes	☐ No
State Division of Mental Health	☐ Yes	☐ No
NJ Division of Developmental Disabilities (DDD)	☐ Yes	☐ No
Other _____		

H. BANKRUPTCY

Has Injured Person ever filed for bankruptcy? ☐ Yes ☐ No

If yes: What was the filing date? _____

What was the discharge date? _____

The undersigned hereby represent to Begley Law Group and each of its attorneys that the information contained in this Questionnaire is accurate and complete, and that the undersigned understand that the law firm and its individual lawyers will rely on this information. The undersigned understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature

PERSONAL INJURY SUPPLEMENTAL QUESTIONNAIRE

Date _____ File Number _____

Name of Injured Person _____

Name(s) of Client _____

This form is extremely important. The accuracy and completeness in responding will help our firm provide the best representation.

A. INJURED PERSON

Injured Person is (*select one*): ☐ Under age 18 ☐ Under age 65

B. REFERRAL SOURCE (IF OTHER THAN PERSONAL INJURY ATTORNEY)

Name of Individual or Company _____

Contact Person (*if applicable*) _____

Street Address _____

City _____ State _____ Zip _____

Preferred Telephone No. _____ E-mail Address _____

C. STRUCTURED SETTLEMENT BROKER

1. Name of Company _____

Street Address _____

City _____ State _____ Zip _____

2. Name of Contact _____

Telephone No. _____ Fax No. _____

E-Mail Address _____ Cell No. _____

3. Name of Assistant _____

Telephone No. _____ E-Mail Address _____

D. FINANCIAL ADVISOR

1. Name of Company _____

Street Address _____

City _____ State _____ Zip _____

2. Name of Contact _____

Telephone No. _____ Fax No. _____

E-Mail Address _____ Cell No. _____

3. Name of Assistant _____

Telephone No. _____ E-Mail Address _____

E. **TRUST INFORMATION**

1. **Trustee**. Who will serve as Trustee?

Name of Initial Trustee _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Contact Person (if corporate trustee) _____

If the trustee is an individual, is he/she bondable? ☐ Yes ☐ No ☐ N/A

F. **INCOME**

Is the Injured Person employed? ☐ Yes ☐ No

If yes: Name of Employer: _____

Amount of Monthly Income: \$ _____

Does Injured Person receive unearned income? ☐ Yes ☐ No

G. **ESTATE PLANNING DOCUMENTS**

1. **Client**

Document	Has	Needs	Completed
Will			
Living Trust			
Living Will			
Power of Attorney			
Tax Planning			
Other: _____			

2. **Parent(s)**

Document	Has	Needs	Completed
Will			
Living Trust			
Living Will			
Power of Attorney			
Third Party Special Needs Trust			
Tax Planning			
Other: _____			

H. SPECIAL NEEDS TRUST (SNT)

Is an SNT required? ☐ Yes ☐ No

If yes, Trust established by Court Order? ☐ Yes ☐ No

If yes, BLG to file for Court Order? ☐ Yes ☐ No

Identified appropriate Trustee? ☐ Yes ☐ No

If yes, Name of Trustee: _____

I. SETTLEMENT PROTECTION TRUST (SPT)

Is an SPT required? ☐ Yes ☐ No

If yes, Trust established by Court Order? ☐ Yes ☐ No

If yes, BLG to file for Court Order? ☐ Yes ☐ No

Identified appropriate Trustee? ☐ Yes ☐ No

If yes, Name of Trustee: _____

J. MEDICARE SET-ASIDE ARRANGEMENT (MSA)

Is an MSA required? ☐ Yes ☐ No

If yes, type of MSA: ☐ Self-Administered ☐ Custodial ☐ SNT ☐ Pooled Trust

Arrange for MSA calculation? ☐ Yes ☐ No

Arrange for submission of MSA calculation to CMS? ☐ Yes ☐ No

K. GUARDIANSHIP

Has a Guardianship been obtained? ☐ Yes ☐ No

If yes, obtain copy of Court Order.

If no, is BLG to file for Guardianship? ☐ Yes ☐ No

L. PROBATE

Is BLG to represent the Personal Representative in the administration of the estate? ☐ Yes ☐ No

If yes, is there a Will? ☐ Yes ☐ No

If yes, obtain a copy of the Will.

If no, who is the Administrator? _____

Has allocation between WD & SC been determined? ☐ Yes ☐ No

Has Department of Revenue letter been obtained? ☐ Yes ☐ No

Is the proposed Executor/Administrator bondable? ☐ Yes ☐ No

Has Court Order been obtained appointing Executor/Administrator? ☐ Yes ☐ No

Have Letters of Administration/Testamentary been obtained? ☐ Yes ☐ No

If yes, please provide a copy.

- Has EIN been obtained? ☐ Yes ☐ No
 If yes, EIN # _____
- Has previous counsel been involved in the probate? ☐ Yes ☐ No
 If yes, Name of Counsel: _____
- Has inventory been filed? ☐ Yes ☐ No
- Have probate fees been paid? ☐ Yes ☐ No
 If yes, amount: \$ _____
- Have Short Certificates been obtained? ☐ Yes ☐ No
 If yes, please attach a copy.
- Are Death Certificates correct? ☐ Yes ☐ No
 If yes, please attach original.
- Has an estate account been opened? ☐ Yes ☐ No
 If yes, please name bank and give account number:
 Bank: _____
 Account Number: _____
- Have publications been placed in appropriate newspapers? ☐ Yes ☐ No
 If yes, please provide name of newspaper _____
- Have death taxes been paid? ☐ Yes ☐ No

M. LITIGATION SUPPORT

- Check all that apply:
- | | |
|--|--|
| ☐ Testify at Friendly Hearing | ☐ Qualified Settlement Fund (QSF) |
| ☐ Mediation | ☐ Medicaid Lien Reduction |
| ☐ Arbitration | ☐ Medicaid Lien Resolution |

N. CLIENT

Who is the Client? *(select all that apply)*:

- | | |
|---|--|
| ☐ Injured Person | ☐ Grandmother of Injured Person |
| ☐ Spouse of Injured Person | ☐ Grandfather of Injured Person |
| ☐ Father of Injured Person | ☐ Guardian(s) of Injured Person |
| ☐ Mother of Injured Person | ☐ PI or Family Law Attorney |
| | ☐ Trustee |

O. EXCEPTIONS FROM CONFIDENTIALITY

- Select all that apply:
- | | |
|---|--|
| ☐ Attorney | ☐ Other Family Members: |
| ☐ Trustee/Co-Trustees | _____ |
| ☐ Structured Settlement Broker | _____ |
| ☐ Financial Advisor | |

P. ADDITIONAL INFORMATION

Please attach copies of the following, if available:

1. Complaint
2. Pre-Trial Memo
3. Settlement Agreement/Release
4. Life Care Plan
5. Guardianship Order
6. Letter from Social Security Administration Determining Disability
7. Copies of Medical Insurance Cards, including:
 - Private
 - Medicaid
 - Medicare
 - Other _____
8. List of Disabled Person's Assets _____

Q. PETITION INFORMATION

1. Please attach copies of the following, if available:

- Order Approving Settlement
- Valuation of Proposed Home
- Valuation of Proposed Vehicle
- Proposed Budget Form

2. Narrative to Justify Trust Distribution

- *Residence.* A residence is needed because: _____

- *Vehicle.* A vehicle is needed because: _____

- *Vacation.* A vacation is needed because: _____

Trust Beneficiary is unable to go unaccompanied because:

4. Narrative for Caregiver

A caregiver from an agency is needed because: _____

A caregiver parent is needed because: _____

The undersigned hereby represent to Begley Law Group and each of its attorneys that the information contained in this Questionnaire is accurate and complete, and that the undersigned understand that the law firm and its individual lawyers will rely on this information. The undersigned understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature

Signature

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

PUBLIC BENEFITS INTAKE

Name _____

SSN _____

DOB _____

1. **SOCIAL SECURITY** - Does the client receive SSI or SSDI?

☐ Yes ☐ No

If so, please provide monthly amount:

Dollar Amount: \$ _____

If so, please provide our office with the Social Security Determination Letter.

2. **MEDICAID/MEDICARE** - Does the client receive Medicaid or Medicare?

☐ Yes ☐ No

If so, please provide our office with a copy of their card(s).

3. **MEDICARE SUPPLEMENT** - Does the client receive any Medicare Supplement Insurance?

☐ Yes ☐ No

If so, are they paying a premium?

Dollar Amount: \$ _____

Please provide our office with a copy of their card.

4. **MEDICARE ADVANTAGE** - Does the client receive Medicare Advantage?

☐ Yes ☐ No

If so, are they paying a premium?

Dollar Amount: \$ _____

Please provide our office with a copy of their card.

5. **SNAP/FOOD STAMPS** - Does the client receive SNAP?

☐ Yes ☐ No

If so, please provide our office with a copy of their Snap card.

6. **FEDERAL ASSISTED HOUSING** - Does the client receive Section 8?

☐ Yes ☐ No

If so, please provide our office with the Housing Authority Letter.

7. **PRIVATE MEDICAL INSURANCE** - Does the client have any private insurance?

☐ Yes ☐ No

If so, please provide our office with a copy of their card.

8. **AFFORDABLE CARE INFORMATION** - Does the client receive insurance under the Affordable Care Act?

☐ Yes ☐ No

If so, please provide our office with a copy of their card

9. **DISABILITY** - Is the client disabled?

☐ Yes ☐ No

If yes, what is the disability? _____

10. **FUTURE MEDICAL TREATMENT** - Will ongoing medical treatment be required?

☐ Yes ☐ No

If yes, please attach a copy of the Life Care plan.

If there is no Life Care plan available, please describe in detail future treatment:

Budget

For: _____

File No. _____

1. **Shelter** - Number of people living in household: _____

<u>Item</u>	<u>Monthly</u> <u>(pro-rata share)</u>	<u>Paid By*</u>
ISM – Should be paid for by SSI to ensure no ISM reduction in SSI.		
Rent		
Mortgage		
Other Mortgage (specify)		
Real Estate Taxes (unless included in mortgage payment)		
Heat		
Electric and Gas		
Water and Sewer		
Homeowner's Insurance Required by Lender		
NON-ISM – Pro-rata share can be paid for by Trust.		
Telephone (landline)		
Cable TV		
Internet		
Cell phone		
Streaming Services (Netflix, Hulu)		
Repairs and Maintenance		
Renter's Insurance		
Homeowner's Insurance Not Required by Lender		
Trash and/or Garbage Removal		
Condominium or Co-op Fees		
Other: _____		
Other: _____		
Other: _____		
Shelter Total		

* T = Trustee, B = Beneficiary, CC = Credit Card, M = Medicaid, P = Private Insurance, O = Other

2. **Transportation**

<u>Item</u>	<u>Monthly</u> <u>(pro-rata share)</u>	<u>Paid By*</u>
Auto Insurance		
License and Registration		
Gas		
Oil and Maintenance		
Other: _____		
Other: _____		
Other: _____		
Transportation Total		

* T = Trustee, B = Beneficiary, CC = Credit Card, M = Medicaid, P = Private Insurance, O = Other

3. Personal

<u>Item</u>	<u>Monthly</u> <u>(pro-rata share)</u>	<u>Paid By*</u>
ISM – Should be paid for by SSI to ensure no ISM reduction in SSI.		
NON-ISM – Pro-rata share can be paid for by Trust.		
Household Supplies		
Clothing and Shoes		
Hair Care		
Vacations		
Entertainment – Specify: _____		
Non-prescription Drugs, Cosmetics, Toiletries and Sundries		
Prescription Drugs not covered by Medicaid		
Unreimbursed Medical		
Unreimbursed Psychiatric/Psychological/Counseling		
Unreimbursed Dental		
Unreimbursed Orthodontic		
Unreimbursed Medical Insurance		
Unreimbursed Caregiver		
Estimated Trustee's Fees		
Other: _____		
Personal Total		

* T = Trustee, B = Beneficiary, CC = Credit Card, M = Medicaid, P = Private Insurance, O = Other

4. **Summary of Monthly Expenses & Income** (computed at 4.3 weeks)

Shelter Total	
Transportation Total	
Personal Total	
Grand Total – Expenses	
Subtract Social Security	
Subtract Other Income	
Grand Total/Net	