



PI-YI MAYO
CERTIFIED ELDER LAW ATTORNEY

52
Baytown,
Telephone (
Fax (
)

SUPPLEMENTAL NEEDS TRUST INFORMATION
First Party Trust

NAME OF BENEFICIARY: _____

Date of birth: _____

Social Security # _____

Medicaid #: _____

PARENT OR GUARDIAN: _____

Address: _____

Phone No. _____

Email: _____

AD LITEM: _____

Address: _____

Phone No.: _____ Fax: _____

Email: _____

TRUSTEE: _____

Address: _____

Phone No. _____ Fax: _____

Email: _____

CORPORATE FIDUCIARY TRUSTEE: _____

Address: _____

Phone No. _____ Fax: _____

Email: _____

**PERSONAL
INJURY ATTORNEY:** _____

Address: _____

Phone No.: _____ Fax: _____

Email: _____

**FINANCIAL
PLANNER
STRUCTURED
SETTLEMENT BROKER:** _____

Address: _____

Phone No. _____ FAX: _____

Email: _____

CAPTION OF LAWSUIT : _____

1. Factual Background

1. What was the date of the injury and how did the injury occur?
2. How bad were the injuries? Please describe.
3. How is the plaintiff doing today?

4. Where does the plaintiff live and with whom?
5. What types of services is the plaintiff receiving?
6. What is the prognosis for the future?
7. What is the plaintiff's life expectancy?
8. Who are the plaintiff's present caregivers? Please describe them. Is the plaintiff receiving home health care from an agency or from family members?
9. Is the plaintiff mentally competent?

II. Players

1. Is there more than one plaintiff? If so, who are they? What is the nature of their claims? What are their damages?
2. If the plaintiff is a parent, does he or she have reimbursable costs? If so, for what?
3. Who is the tortfeasor? Is there a qualified assignment?

III. The Settlement

1. How much is the overall settlement? How is it being paid?
2. What are the costs?

3. What is the contingency fee?
4. Are fees owed to more than one lawyer?
5. Will there be any attorney liens filed in the case?
6. Will there be a purchase of an annuity for the beneficiary in this matter?

If the purchase of annuity is contemplated, you must contact our office immediately.

IV. Liens and/or Subrogation Claims

1. Was the plaintiff receiving Medicaid at any time since the accident?
2. Was the plaintiff receiving Medicare at any time since the accident?
3. Has Medicaid or Medicare been notified of the settlement, arbitration award or jury verdict?
4. Who is the Medicaid caseworker and what is their phone number and address? What is the plaintiff's Medicaid number?
5. Is there a Medicaid lien or Medicare claim? If so, how much is it?
6. Has this lien or claim already been negotiated? Have any releases been signed?
7. Are there any insurance subrogation claims in the case?

V. Probate Court Proceedings

1. Has a conservator, guardian or guardian ad litem been appointed? If so, please describe when and where the appointment occurred. If so, was applicant appointed guardian of the estate or guardian of the person or both? (Please attach a copy of the guardianship application and order)
2. Do you believe court approval of the settlement is necessary? If not, why not?
3. Assuming court approval is necessary, who are the interested parties? What are their names and addresses?
4. Who signed the engagement agreement with plaintiff's counsel?

VI. Public Benefits

1. Is anyone in plaintiff's household or immediate family receiving public benefits? Who?
2. What public benefits are family or household members receiving?
3. What public benefits is the plaintiff receiving? Please list all public benefits: Medicaid, special waiver programs, SSI, SSDE, CIDC, worker's comp., Medicare, etc.
4. If applicable, who is the SS caseworker and what is their phone number and address?
5. Is it likely plaintiff will require public benefits assistance in the future? If so, why?
6. Does the plaintiff have any income? From what source?

7. Has someone made an application for public benefits that is still pending?

VII. Expectations of the Plaintiff

1. What does the plaintiff hope to achieve with this settlement?

2. What kinds of services does the plaintiff now need that the plaintiff is not receiving?

3. What kinds of equipment or personal property does the plaintiff hope to purchase with this settlement?

4. Where would the plaintiff like to be in two years?

5. If the plaintiff is living with parents or a spouse, what kinds of equipment, personal property, real property or renovations would the parents or spouse like to see come out of the settlement?

VIII. Estate Planning

1. Does the plaintiff presently have any estate planning documents (wills, trusts, powers of attorney)? If so, please describe fully.

2. Do the parents or spouse have any estate planning documents? Please describe fully.

3. Does Plaintiff desire to have remaining assets of Trust to pass to any specified person or entity?

IX. Identity of the Client

1. Who will be my client? Counsel? The plaintiff?
2. Will my fees be carried as a cost?
3. Who is the guarantor of my fees?