

E-mail address _____

Name of Contact Person at Institution _____

2. Citizenship

Disabled person is: ___ U.S. Citizen
 ___ Qualified Alien
 ___ Don't Know

3. Competency

Disabled Person is: ___ Competent Adult
 ___ Incompetent Adult
 ___ Minor expected to be competent at
 majority
 ___ Minor expected to be incompetent at
 majority

4. Social Security

Address of Social Security office with which disabled person has contact:

Street _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Name of Claims Representative _____

5. Disabled Person's Parents

What is the marital status of the disabled person's parents (if the disabled person is living with either of them)? ___ Married

 ___ Single

 ___ Widowed

 ___ Divorced

Name of Father _____

Street (if different from disabled person)

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

U.S. Citizen? ___ Yes ___ No

If no, explain under what legal right the father is in this country.

If father will sign trust as grantor, it will be signed in:

State _____ County _____

Name of Mother _____

Street (if different from disabled person) _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

U.S. Citizen? ___ Yes ___ No

If no, explain under what legal right the mother is in this country.

If mother will sign trust as grantor, it will be signed in:

State _____ County _____

6. Guardianship

Is the disabled person the subject of a guardianship? ___ Yes ___
No

If yes, please provide the following:

Name of Guardian _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Name of Co-Guardian (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Please attach court orders, guardianship letters and related pleadings.

If the disabled person is incompetent and is not subject to a
guardianship, is a guardianship required? ___ Yes ___
No

NOTE: If yes, complete guardianship intake forms.

7. Disabled Person's Family

Disabled person is: ___ Married ___ Single

If married, Name of Disabled Person's Spouse_____

Name of Child_____ Age of Child_____

Is this child a stepchild? ___ Yes ___ No

Name of Child_____ Age of Child_____

Is this child a stepchild? ___ Yes ___ No

Name of Child_____ Age of Child_____

Is this child a stepchild? ___ Yes ___ No

C. PERSONAL INJURY ATTORNEY

Name of Attorney_____

Street Address _____

City_____ State_____ Zip_____

Telephone No._____ Fax No._____

E-Mail Address_____ Cell No._____

D. STRUCTURED SETTLEMENT BROKER

Name of Company_____

Street Address _____

City_____ State_____ Zip_____

Name of Contact_____

Telephone No._____ Fax No._____

E-Mail Address_____ Cell No._____

E. TRUST INFORMATION

1. Establishment of Trust

Who will establish the Trust?

___ Name of Judge:_____

Order of New Jersey Superior Court,

Name of County:_____

Docket No.:_____

Party Role:

___ Defendant

___ Executor of Estate – Name of
Decedent_____

Division: ___ Law Division

___ Chancery Division:

Probate
 Equity

Guardian(s) (name(s) provided above)
 Name of Father: _____
(address provided above)
 Name of Mother: _____
(address provided above)
 Name of Grandparent: _____
Street Address _____
City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
E-mail Address _____ Cell No. _____

2. 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) _____
Trustee will sign the acceptance of the Trust document in:
State _____ County _____
If the trustee is an individual, is he/she bondable? Yes No
Name of Successor Trustee _____
Street Address _____
City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
E-mail Address _____ Cell No. _____
Contact Person (if corporate trustee) _____

3. Trust Funding
How will Trust be funded?
With funds Paid by:
 Order of the Court
 Order of the Superior Court
 Grantor
Trust funded with:
 the sum of \$ _____

___ a structured settlement consisting of an annuity (obtain copy of annuity)

Name of Insurance Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Annuity Contract No. _____

4. Distribution on Death of Disabled Person

After the required Medicaid payback, any remaining trust assets are to be distributed to:

___ Spouse

___ Children equally

___ Children unequally

How will distribution be made? _____

Other: _____

5. Age Requirement

If any contingent beneficiary of the trust is relatively young, what will the age requirement be for distribution?

Trustee Retains Distribution until age: ___ 30 ___ 35 ___

Other _____

Withdrawal Rights:

___ 1/3 at Age _____, 1/3 at Age _____, 1/3 at Age _____

___ 1/2 at Age _____, 1/2 at Age _____

___ All at Age _____

If no remaining descendants:

___ In accordance with Intestate Laws

___ To _____

6. Real Estate

Will the Trust own any real estate? ___ Yes ___ No

If yes, provide the following:

Street _____

City _____ State _____ Zip _____

___ Single Family Dwelling

___ Townhouse

___ Condominium ___ Apartment

F. ESTATE PLANNING DOCUMENTS

1. Disabled Person

If the disabled person is competent, he/she has a:

- ___ Will
- ___ Health Care POA/Living Will
- ___ Power of Attorney
- ___ Banking Power of Attorney

Would you like intake forms sent to you so that these documents can be prepared? ___ Yes ___ No

2. Disabled Person's Family

Family members have:

- ___ Wills
- ___ Health Care POAs/Living Wills
- ___ Powers of Attorney
- ___ Banking Powers of Attorney
- ___ Third-Party Special Needs Trust

Would you like intake forms sent to you so that these documents can be prepared? ___ Yes ___ No

G. REFERRAL

By Whom Were You Referred To This Office?

Name _____

Street _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

Referral is: ___ PI Attorney
 ___ Structured Settlement Broker
 ___ Trust Company
 ___ Other _____

H. LEGAL SERVICES TO BE PERFORMED BY LAW OFFICES OF GARY BEN CORNICK, LLC

1. Basic Services

___ Determine whether a Self-Settled Special Needs Trust is appropriate

- ___ Draft Special Needs Trust
- ___ File for Social Security Administration approval of the Special Needs Trust
- ___ File for State Medicaid Agency approval of the Special Needs Trust
- ___ File Trust with Housing Authority and discuss with Director
- ___ Assist in identifying an appropriate trustee
- ___ Conference with trustee(s) to explain trust administration
- ___ Counsel disabled person, family members, and trustee(s) on establishment of Special Needs Trust, funding, administration, and distributions
- ___ Counsel disabled person, family members, and trustee(s), as appropriate, with respect to public benefit programs that the Disabled Person is receiving or may be entitled to receive
- ___ Obtain taxpayer identification number
- ___ Advise appropriate parties with respect to trust funding
- ___ Assist grantor and trustee in funding the trust
- ___ Letter to trustee(s) of the special needs trust outlining the trustee's duties with respect to establishing the trust, paying taxes and compensation, general duties of trustee, review of the SSI/Medicaid program (if appropriate), distributions from the trust, and reporting guidelines to public agencies administering public-benefit programs
- ___ Other _____

2. Advice Respecting Settlement

- ___ Advise the law firm representing the Disabled Person concerning aspects of the settlement
- ___ Advise the law firm representing the Disabled Person with respect to public-benefits requirements pertaining to award or settlement
- ___ Advise as to allocation between spouses or between parent and child
- ___ Advise as to whether a special needs trust is required
- ___ Advise as to whether and how much to structure
- ___ Advise as to what items should be paid for directly from settlement and what should be paid from the trust

3. Litigation Services

- ___ Draft Complaint to create a special needs trust
- ___ Draft Order to Show Cause to create a special needs trust

- Draft Brief regarding court's authority to create a special needs trust
- Notice to interested party referencing creation of a special needs trust
- Attend court hearing to obtain approval of special needs trust
- Preparation and filing of Order authorizing establishment of special needs trust
- 4. Third-Party Claims and Liens
 - Advise state Medicaid agency of settlement
 - Negotiate and compromise state Medicaid agency lien as appropriate
 - Prepare written release from state Medicaid agency
 - Letter to state Medicaid agency enclosing payoff check and obtain written release
 - Advise Medicare of settlement and request a payoff of Medicare claim
 - Negotiate and compromise Medicare claim as appropriate
 - Letter to Medicare enclosing payoff check
 - Advise third-party insurance companies of settlement and request a payoff
 - Negotiate and compromise third-party claims as appropriate
 - Letter to third-party claimants enclosing payoff check

I. EXCEPTIONS FROM CONFIDENTIALITY

Select all that apply:

- Attorney
- Trustee
- Other Family Members: _____

J. CLIENT

- Who is the Client? Disabled Person
- Father of Disabled Person
- Mother of Disabled Person
- Grandparent of Disabled Person
- Guardian of Disabled Person
- PI or Family Law Attorney

___ Trustee

K. PLEADINGS

If a Complaint has been filed, please attach a copy of the Complaint. If a settlement has been reached, please attach a copy of the Settlement Agreement.

L. IMMEDIATE DISTRIBUTIONS

1. Home

Is a home purchase being considered? ___ Yes ___ No

If yes, estimated amount of purchase: \$ _____

NOTE: It is better to have this purchased via a lump sum rather than a structure. We need to discuss whether the home should be purchased by the family, the trust, or the disabled person individually.

2. Vehicle

Will a vehicle be purchased to meet the transportation needs of the disabled person? ___ Yes ___ No

If yes, estimated amount of purchase: \$ _____

NOTE: This should be purchased from a lump sum rather than a structure. We should discuss the best way to purchase this before the settlement is finalized, if possible.

I have reviewed the information contained in this questionnaire and verify that it is complete, accurate, and correct to the best of my knowledge.

CERTIFICATION

The undersigned hereby represents to the Law Offices of Gary Cornick, LLC, and each of its attorneys that the information contained in this intake form is accurate and complete and that the undersigned understands that the law firm and its individual lawyers will rely on this information, but will **not** independently verify its accuracy. The undersigned understands that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Executor/Administrator: _____