

SPECIAL NEEDS TRUST CLIENT INFORMATION SUMMARY

CONFIDENTIAL

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Estate Planning, Asset Protection & Elder Law
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Clinton, Mississippi 39056
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Step 1

SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you life, and how best to communicate with you.

CLIEN	T'S INFORMATION:		
	FULL LEGAL NAME:		
	Also Known As:		
	HOME ADDRESS:	CITY:	-
	STATE: ZIP:		
	Home Telephone:	COUNTY OF RESIDENCE:	
	BUSINESS TELEPHONE:	CELL PHONE:	
	EMAIL ADDRESS:		
	☐ IT IS OKAY TO COMMUNICATE WITH ME VI	A EMAIL	
	RELATIONSHIP TO SPECIAL NEEDS INDIVID	UAL:	
Speci	al Needs Individual's Information:		
	FULL LEGAL NAME:		
	Also Known As:		
	M/F:	_	

HOME ADDRESS:			CITY:		
State: Zip:					
COUNTY OF RESIDENCE	COUNTY OF RESIDENCE:				
Where is the Specia	l Needs Indi	ividual Currently	RESIDING?		
Guardian:					
PARENT'S INFORMATION: (II	FLIVING)				
FATHER'S NAME:			_		
Mother's Name:					
PARENT'S ADDRESS:					
CITY:	_STATE:	Zip:			
Home Telephone: _					
GRANDPARENT'S INFORMA	γιον: (if livin	NG, MATERNAL/PATE	RNAL)		
Grandfather's Nai	ME:				
Grandmother's Na	ME:				
Grandparent's Adi	ORESS:				
CITY:	_STATE:	Zip:			
Home Telephone:					

Step 2

DETAILED INFORMATION ABOUT SPECIAL NEEDS PLANNING

The information you provide in this section provides us with important information about the Special Needs Individual to better assist us in planning.

Conditio	on of Special Needs Individual:
	
Source c	of Funds to be Transferred into the Special Needs
	F FUNDS TO BE TRANSFERRED INTO THE SPECIAL NEEDS
Trust:	PLEASE PROVIDE DOCUMENTATION OF THE FUNDS TO BE TRANSFERRED
Trust:	
Trust:	PLEASE PROVIDE DOCUMENTATION OF THE FUNDS TO BE TRANSFERRED THE TRUST
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BELOW PLEASE PROVIDE A PROSPECTIVE TRUSTEE(S) FOR THE SPECIAL NEEDS TRUST:

Name	Address/Phone Number	COUNTY OF RESIDENCE	RELATIONSHIP TO SPECIAL NEEDS INDIVIDUAL
1.			
2.			