



MORTON
LAW FIRM, PLLC

**SPECIAL NEEDS TRUST
CLIENT INFORMATION SUMMARY**

CONFIDENTIAL

*Morton Law Firm, PLLC
Estate Planning, Asset Protection & Elder Law
132 Fairmont Street
Clinton, Mississippi 39056
(601)925-9797 (phone) ♦ (601)925-9774 (fax)
rmorton@mortonlaw.com*

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 live, and how best to communicate with you.

CLIENT'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 VIA EMAIL

RELATIONSHIP TO SPECIAL NEEDS INDIVIDUAL:

SPECIAL NEEDS INDIVIDUAL'S INFORMATION:

FULL LEGAL NAME:

ALSO KNOWN AS: _____

M/F: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

COUNTY OF RESIDENCE: _____

WHERE IS THE SPECIAL NEEDS INDIVIDUAL CURRENTLY RESIDING?

GUARDIAN: _____

PARENT'S INFORMATION: (IF LIVING)

FATHER'S NAME: _____

MOTHER'S NAME: _____

PARENT'S ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

GRANDPARENT'S INFORMATION: (IF LIVING, MATERNAL/PATERNAL)

GRANDFATHER'S NAME: _____

GRANDMOTHER'S NAME: _____

GRANDPARENT'S ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

NAME	ADDRESS/PHONE NUMBER	COUNTY OF RESIDENCE	RELATIONSHIP TO SPECIAL NEEDS INDIVIDUAL
1.			
2.			