BOOTH HARRINGTON & JOHNS OF NC PLLC ATTORNEYS AT LAW

SNT QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help us represent you.

A. CONTACT PERSON

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone No. _____ Fax No. _____

E-Mail Address _____

B. PERSONAL INFORMATION ABOUT DISABLED PERSON

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Social Security No. _____

Birth Date _____ Gender ☐ Male ☐ Female

Has a guardian been appointed for the disabled person? ☐ Yes ☐ No

Guardian's name _____

When Guardian was appointed _____

C. TRUST INFORMATION

1. Whose assets will be used to fund the trust? _____

2. Who will serve as trustee?_____

3. Who will serve as successor trustee? _____

4. Does the disabled person receive SSI, Medicaid, Special Assistance, CAP, or other government benefits? If so, please list. _____

_____

D. MISCELLNAEOUS INFORMATION

1. Does the disabled person receive SSI, Medicaid, Special Assistance, CAP, or other government benefits? If so, please list. _____

_____

2. Does the disabled person presently have any estate planning documents (wills, trusts, powers of attorney)? If so, please list. _____

_____

3. Has the disabled person been involved in a personal injury lawsuit? ☐ Yes ☐ No

   If so, name of personal injury attorney_____

4. Is the disabled person living at home or in an institution? ☐ Home ☐ Institution

Name of Institution _____

Address _____

City_____ State _____ Zip_____

Phone No. _____

Name of Contact Person _____