

Special Needs Trust Planning
Intake Form: Litigation Information

William King Self, Jr., Attorney
Apperson Crump PLC
6070 Poplar Avenue, Sixth Floor
Memphis, Tennessee 38119
(901) 756-6300

Date: _____

File Number: _____

Name of disabled beneficiary/claimant: _____

Intake form prepared by: _____

Attorney

Trustee

Family Member

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

A. INJURY

1. Date of the injury: _____

2. State in which injury occurred: _____

3. Brief description of how the injury occurred: _____

4. Description of injuries: _____

5. Description of treatment received by claimant: _____

6. Please attach a copy of the life care plan or other information outlining the nature of the ongoing care needs for the claimant's lifetime. If documentation is not available, please briefly describe the types of care and the present and likely future living arrangements and care needs of the claimant: _____

7. Claimant's age. _____ What is the claimant's life expectancy? _____

8. Please describe any other disabling impairments unrelated to the accident that affect the claimant's daily functioning: _____

B. CLAIMANT'S ATTORNEY

Name of Attorney: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

C. STRUCTURED SETTLEMENT BROKER (if applicable)

Name of Company: _____

Street Address: _____

City _____ State _____ Zip _____

Name of Contact: _____

Telephone No.: _____ Fax No.: _____

E-Mail Address: _____

D. DEFENDANTS.

Name: _____

Atty/Contact Person: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No.: _____ Fax No.: _____

Name: _____

Atty/Contact Person: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No.: _____ Fax No.: _____

E. SETTLEMENT

Attach copy of the Court Order or Settlement Agreement.

- 1. Amount of settlement: \$ _____
- 2. Amount allocated to income replacement: \$ _____
- 3. Amount allocated to past medicals: \$ _____
- 4. Amount allocated to future medicals: \$ _____
- 5. The settlement is: Lump sum
 Structured settlement
 Combination

If combination of lump sum and structured settlement, how much is

Lump sum: \$ _____

Structured: \$ _____

Briefly describe structure, if any: _____

- 6. Are there unpaid settlement costs? Yes No

If yes, amount: \$__

- 7. Is there a contingency fee? Yes No

If yes, is the amount payable to claimant stated above net of the contingency fee?

- Yes No

If not, amount of contingency fee: \$ _____

- 8. If a home purchase is being considered, it will be made by:

- the trust the family both

If both, in what proportions? Trust _____%

Family _____%

Estimated amount of purchase: \$ _____

- 9. Will a vehicle be purchased to meet the transportation needs of the beneficiary?

- Yes No

If yes, estimated amount of purchase: \$ _____

F. LIENS AND CLAIMS

- 1. Were any **Medicare** benefits received as a result of the injury? Yes No

Has Medicare been notified of settlement? Yes No

If yes, please attach a copy of the notice.

- Has Medicare submitted its claim? Yes No
If yes, please attach a copy of the claim amount.
- Has Medicare Claim been paid and released? Yes No
If yes, please attach copy of the Release
2. Were any **Medicaid** benefits received as a result of the injury? Yes No
- Has Medicaid been notified of settlement? Yes No
If yes, please attach a copy of the notice.
- Is there a Medicaid lien? Yes No
If yes, please attach a copy of the lien.
- Has Medicaid lien been paid and released? Yes No
If yes, please attach copy of the Release.
3. Are there any **insurance company** subrogation claims? Yes No
If yes, please provide appropriate information regarding handling of the claims.