

Minor's Trust Intake Form: Personal Information

Date _____ File Number _____

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

A. MINOR PERSON

Full Name: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Fax No. _____

E-mail address _____ Cell No. _____

Birth Date _____ Social Security No. _____

Gender: Male Female

Spouse's Name _____

Minor Person Receives: SSI Medicaid SSD Medicare
 Section 8 Housing Other _____
 No Public Benefits

Has Minor Person filed for Social Security Child's Benefits? Yes No

 If yes, date of filing: _____

Is Minor Person likely to be disabled when becoming an adult and therefore eligible for Medicare or Medicaid (MassHealth or CommonHealth)?

Yes No

Has Minor Person filed for any other public benefits? Yes No

 If yes, please describe: _____

B. FAMILY

1. Minor Person's Siblings (if applicable):

 Name of Sibling _____ Age of Child _____

Is this child a half sibling? Yes No

Name of Sibling _____ Age of Child _____

Is this child a half sibling? Yes No

Name of Sibling _____ Age of Child _____

Is this child a half sibling? Yes No

Additional names below or on back

Are any of the siblings disabled, blind, or receiving SSI or another form of government entitlement? Yes No

If yes, please explain below or on back.

2. Minor Person's parents:

Father _____

Street Address _____
(if different from Minor person)

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

U.S. Citizen? Yes No

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

Mother _____

Street Address _____
(if different from Minor person)

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail Address _____ Cell No. _____

U.S. Citizen? Yes No

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

C. MISCELLANEOUS DATA

1. Is the Minor person living at home or in an institution including a boarding school?
 Home Institution

If in an institution or boarding school, please list:

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

E-mail address _____

Name of Contact Person at Institution _____

2. Is the Minor person a U.S. citizen? Yes No

3. If the Minor person is not a U.S. citizen, is he/she a qualified alien?

Yes No Don't Know

4. Is the Minor person:

Expected to be competent at majority
 Expected to be incompetent at majority

5. Address of Social Security office with which Minor person has contact:

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

6. Is the Minor 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.

7. Is it expected that a guardianship required when the minor person reaches adulthood?

Yes No

8. If the Minor person should die with assets in trust, what is the parent's preference to whom trust assets should be left?

1st.: _____

2nd.: _____

3rd.: _____

4th.: _____

Other: _____

