



SHALLOWAY & SHALLOWAY, P.A.

ELDER AND SPECIAL NEEDS ATTORNEYS

Dedicated to preserving personal dignity and financial security.

Personal Injury Settlement Consulting

Have I Taken All Of The Necessary Steps To Protect My Client And My Practice?

1. Does my client have a Last Will & Testament, Living Trust, Living Will and Power of Attorney? If my client is a minor or incapacitated person, do my client's parents have a Third Party Special Needs Trust?

Yes No

2. Does my client need a Special Needs Trust?

Note: See separate questionnaire "Does My Client Need a Special Needs Trust"

Yes No

3. Does my client have adequate medical insurance? (Example: if my client has Medicare, does he/she have a Medicare supplement?)

Yes No

4. Has my client obtained advice concerning Federal and State estate taxes and income taxes?

Yes No

5. Have I obtained a competent investment advisor or professional trustee for my client?

Yes No

6. Is my client entitled to any public benefits he/she is not currently receiving such as SSI, Medicaid, Medicaid Waiver Program, Section 8 Housing, Group Home, Food Stamps, or Psychiatric Institutionalization?

Yes No

7. Would my client benefit from a structured settlement?

Yes No

8. Would my client benefit from a Settlement Preservation Trust?

Note: These trusts are particularly useful if the client is a minor or incapacitated person who is not receiving or likely to receive means-tested public benefits such as SSI and Medicaid or if my client needs assistance with money management.

Yes No

9. Is a Medicare Set-Aside Arrangement required?

Note: See separate questionnaire, "Is A Medicare Set-Aside Arrangement (MSA) Required?"

Yes No

10. Have all liens been satisfied or reduced including:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| · Medicaid | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Medicare Advantage Plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Medicare Part D | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · ERISA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · State Worker's Compensation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Federal Worker's Compensation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Hospital Lien | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Veteran's Administration Claims | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Federal Employee Health
Benefits Act | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Welfare Liens | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| · Mental Health Liens | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |