

TRUST REVIEW FORM



Licensee Information

Licensee Name:	Submitted Date: Requested Date:
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Applicant Information

Client's Full Name:
Individual with Disability Name:
Who are the other individuals noted in the trust? List names and relationship to individual with disability.
Is the Special Needs Trust funded? If so, list how funded.
Is this Special Needs Trust 1 st or 3 rd party?

Advocate Review of Special Needs Trust

During your review of the Special Needs Trust, what areas have you identified in the trust that may be problematic or that you are concerned about? List the items of concern below, including page numbers, etc. Use the back of this form for more information.

Before you send the trust to Protected Tomorrows, make a copy of the trust, mark the pages/items in question (underline/circle, highlighted, etc.), and forward the copied trust to Protected Tomorrows along with this completed form.

Please note that Protected Tomorrows requires one week for review.

Protected Tomorrows, Inc.
Attn: Trust Review
103 Schelter Road
Lincolnshire, IL 60069

Protected Tomorrows Advocates are not attorneys. This form is for Protected Tomorrows Advocate use only and not for use with the public.