



Law Offices of  
**Nay & Friedenberg**

Planning for Your  
Family Tree

## Special Needs Settlement Planning Services

*This information is not required for your first consultation:*

### Tort Case

<b>Tort Case Background Information</b>	<b>Nature of Injury:</b> Brief history of case, e.g. date of accident, injuries sustained and long term prognosis. <b>Names of Parties:</b> Names of all Plaintiffs and Defendants. <b>Amount of Settlement:</b> Gross settlement, provided either prior to settlement or after settlement is negotiated. <b>Source of Funds:</b> Names of defendants and their insurers, worker's compensation claim. <b>Structure:</b> Name of structured settlement brokers and information concerning structure discussions to date. <b>Expenses:</b> List of expenses, as follows: <ol style="list-style-type: none"><li>1. Legal fees and costs</li><li>2. Medical liens</li><li>3. Medicaid liens</li><li>4. Medicare liens</li><li>5. Costs advanced by family, if any</li><li>6. Other creditors (child or spousal support, etc.)</li></ol>
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### Injured Party

<b>Injured Party Personal Information</b>	<b>Living Situation:</b> Description of current living situation <b>Names of Primary Care Giver:</b> Names of family members or service providers caring for injured person. <b>Family History:</b> Brief narrative of family members active in injured party's life. Spousal or child support obligation.
<b>Government Benefits and Income</b>	<b>Benefits and Income:</b> Is the injured party receiving any of the following benefits: <ol style="list-style-type: none"><li>1. Medicaid</li><li>2. Medicare</li><li>3. Social Security Disability Insurance / Amount \$ _____</li><li>4. Social Security Income / Amount \$ _____</li><li>5. Oregon Health Plan</li><li>6. Food Stamps</li><li>7. TANF</li></ol>
<b>Other Benefits and Income</b>	<b>Other Benefits and Income:</b> Is the injured party receiving any non-government benefits or income, if so, in what amounts? <ol style="list-style-type: none"><li>1. Retirement benefits (pension, 401(k), stock options)</li><li>2. Short or Long Term Care Insurance</li><li>3. Health Care Insurance, including Cobra information</li><li>4. Child Support or Spousal Support</li><li>5. Investment income</li><li>6. Other income source</li></ol>
<b>Assets</b>	<b>Assets:</b> Brief description of injured party's assets to help determine how to best preserve their wealth and plan for a catastrophic injury.
<b>Other Helpful Documents</b>	<b>Documents:</b> Copies of the following documents are helpful: <ol style="list-style-type: none"><li>1. Complaint</li><li>2. Guardianship/Conservatorship or GAL pleadings</li><li>3. Medical information (e.g. latest neuropsych assessment)</li><li>4. Life Care Plan</li><li>5. Estate Planning Documents (e.g. Power of Attorney, Advance Health Care Directive, Will)</li></ol>