



**MARGOLIS  
& BLOOM, LLP**  
*Planning for Life*

## **PERSONAL INJURY SETTLEMENT CONSULTING IN SETTLING THE CASE, HAVE I TAKEN ALL OF MY NECESSARY STEPS TO PROTECT MY CLIENT AND MY PRACTICE?**

1. Does my client have adequate medical insurance; i.e. if my client has Medicare, does he have a Medicare supplement policy?  
 YES       NO
2. Is my client entitled to any public benefits he is not currently receiving such as SSI, MassHealth, MassHealth Waiver program, Section 8 housing, group home, food stamps, or psychiatric Institutionalization?  
 YES       NO
3. Has my client obtained advice concerning Federal and State estate and income taxes?  
 YES       NO
4. Does my client have a will, revocable living trust, health care proxy, and durable power of attorney? If my client is a minor or incapacitated person, do my client's parents have a Special Needs Trust?  
 YES       NO
5. Have I obtained a competent investment advisor or professional trustee for my client?  
 YES       NO
6. Does my client need a Special Needs Trust? Note: See separate questionnaire, "Does My Client Need a Special Needs Trust?"  
 YES       NO
7. 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 MassHealth, or if the client needs assistance with money management.  
 YES       NO
8. Is a Medicare Set-Aside Arrangement required? (Note: See separate "Quick Screen" questionnaire.)  
 YES       NO



**MARGOLIS  
& BLOOM, LLP**  
*Planning for Life*

9. Would my client benefit from a structured settlement?

YES       NO

10. Have all liens been satisfied or reduced; including:

<input type="checkbox"/> MassHealth	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Medicare Advantage Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> State Worker's Compensation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Federal Worker's Compensation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Hospital	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Veteran's Administration Claims	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Federal Employee Health Benefits Act	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Welfare	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Mental Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO