

Template for Special Needs Trust Certification (for Attorneys)

I certify that I, _____ (attorney's full name) prepared a Special Needs Trust ("Trust") on behalf of _____ (dependent child's full name), who currently resides at _____ (physical address), **and that the Trust complies with all applicable state and federal laws.**
_____(dependent child's full name) is the dependent child of
_____(name of military member or retiree).

I understand that if the child named above has previously applied for, or in the future applies for, Supplemental Security Income (SSI) or other benefits, the Social Security Administration may need to review the SNT and ensure that it is compliant with all applicable state and federal laws.

Name of practicing attorney _____

State licensed to practice _____

State bar number _____

Signature of attorney _____

State of (STATE) ss.

County of (COUNTY)

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me on _____ (DATE), by

Notary Public
