

Special Needs Trust Certification

I certify that I, ATTORNEY NAME HERE, prepared a Special Needs Trust (“Trust”) on behalf of (dependent child’s full name), who currently resides at 123 Military Street, Arlington, VA, ***and that the Trust complies with all applicable state and federal laws.*** Dependent Child Smith is the dependent child of ROBERT SMITH.

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 ATTORNEY NAME HERE

State licensed to practice TEXAS

State bar number

Signature of attorney _____

Commonwealth of Virginia ss.

County of Arlington

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me on January 26, 2016 by ATTORNEY NAME HERE.

Notary Public