[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Guardian Ad Litem Name]
[Address]
[City, State, Zip Code]

RE: [Case Name/Matter of Information]
Case Number: [Case Number]
Subject: Instructions for Evaluation of Proposed Special Needs Trust

Dear [GAL Name],

You have been appointed by the Court as Guardian Ad Litem to represent the interests of [Name of Beneficiary] regarding the proposed establishment of a Special Needs Trust (SNT).

The purpose of this letter is to provide formal instruction regarding your evaluation. We request that your report to the Court address the following specific areas:

1. Best Interest of the Ward: Please evaluate whether the creation and funding of this Trust is in the best legal and financial interest of [Name of Beneficiary].

2. Preservation of Government Benefits: Please confirm that the Trust terms comply with federal and state regulations (specifically [Relevant Code, e.g., 42 U.S.C. $ 1396p(d)(4)(A)]) to ensure the Beneficiary maintains eligibility for Medicaid, SSI, and other means-tested benefits.

3. Suitability of Trustee: Please review the qualifications of the proposed Trustee, [Name of Proposed Trustee], and determine if they have the capacity to manage the fiduciary duties and reporting requirements required for an SNT.

4. Funding and Payback Provisions: Please verify that the Trust includes the mandatory "State Payback" provision (if a first-party trust) and that the initial funding amount is appropriate given the Beneficiary's long-term needs.

5. Disbursement Provisions: Please review the language regarding "Sole Benefit" and "Supplemental Needs" to ensure the Trustee has sufficient guidance on how to make distributions without triggering a loss of benefits.

Enclosed are the following documents for your review:
- Draft of the [Name of Trust]
- Petition to Establish/Fund the Trust

- Current Benefit Award Letters
- [Any other relevant medical or financial records]

We request that you complete your investigation and file your report by [Date]. Please contact our office if you require any additional documentation or wish to schedule an interview with the parties involved.

Sincerely,

[Your Signature]

[Your Printed Name]