

## Special Needs Trust Certification

I, (Attorney Name) \_\_\_\_\_, certify that a Special Needs Trust (“Trust”) established on behalf of (Dependent Child’s Full Name) \_\_\_\_\_, who currently resides at (Address) \_\_\_\_\_, ***and complies with all applicable state and federal laws.*** (Child Name) \_\_\_\_\_ is the dependent child of (Parent(s) Name(s)) \_\_\_\_\_.

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 \_\_\_\_\_

Commonwealth of Virginia                      ss.

County of \_\_\_\_\_

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me on  
(Today’s Date) \_\_\_\_\_ by \_\_\_\_\_

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Notary Public