

GOLDEN STATE POOLED TRUST

Instructions for Compromise Petition and Order

Following are instructions for incorporating a request for establishment of a Golden State Pooled Trust account on behalf of a disabled adult. These instructions assume that there has not been a conservator of the estate previously appointed for the disabled adult.

Petition – MC-350:

- Item 19(b) needs to be checked.
- Item 19(b)(4) needs to be checked – Insert amount of money going immediately into the Trust, i.e. \$500,000.
- The Golden State Pooled Trust Master Trust Agreement and Court-Directed Joinder Agreement Packet should be attached to the petition as Attachment 19b(4).
- Item 20 – Insert the following: **[If there is/was a Medi-Cal lien on settlement, insert:** All statutory liens will be satisfied prior to funding of the special needs trust. See Item 13b(4) above with regard to satisfaction of the plaintiff's Medi-Cal lien.] **[If there is no Medi-Cal lien on settlement, insert:** There are no known liens from the Department of Health Care Services (Medi-Cal)]. In addition, Plaintiff has never been a resident of a long-term care facility operated by either the Department of Mental Health or the Department of Developmental Services. Therefore, there are no liens payable to either of those agencies.
- Item 21 – Insert the following: That the Court directs **[Name of Guardian ad Litem]** to execute the Golden State Pooled Trust Court-Directed Joinder Agreement for **[Name of Plaintiff/Beneficiary]**; that the Court exercise its continuing jurisdiction for oversight of trust administration and order that the first account and report of trustee be filed after the first year of administration of the trust; that trustee's bond be set in the amount of \$ _____ **[trust funding amount plus 15%]**; that the Court authorize the Golden State Pooled Trust to receive a \$1,500.00 set up fee, and ongoing fees paid on account at the rate of one and one-half percent (1.5%) per annum with a \$1,500.00 annual minimum, with said fees to be reported and confirmed by the Court at the time of the periodic court accountings.

Order – MC-351:

- Item 7c(2)(b) – Should be checked and insert the following: The amount of \$ _____ shall be deposited into a pooled special needs trust account for **[Name of Plaintiff/Beneficiary]** with the Golden State Pooled Special Needs Trust.
- Item 7c(2)(c) – Should be checked and insert: **[If there is/was a Medi-Cal lien on settlement, insert:** Payment of the lien to the Department of Health Care Services will be paid in the amount of \$ _____.] **[If there is no Medi-Cal lien on settlement, insert:** There are no liens to be satisfied.]
- Item 9c – Should be checked and insert: to execute the Golden State Pooled Trust Court-Directed Joinder Agreement a copy of which is attached to the Petition for Approval of Compromise as Attachment 19b(4).
- Item 10 – Check box and insert the amount of bond [trust funding amount plus 15%].
- Item 12 – Should be checked and insert: the Court orders that the first account and report of trustee be filed with the Probate Division of the Court after the first year of administration of the trust; the Court authorizes the Golden State Pooled Trust to receive a \$1,500.00 set up fee, and ongoing fees

paid on account at the rate of one and one-half percent (1.5%) per annum with a \$1,500.00 annual minimum.

Finally, a copy of the compromise petition should be served on the following agencies:

Dept. of Health Care Services
MS 4720, P.O. Box 997425
Sacramento, CA 95899-7425

Dept. of Mental Health
1600 9th Street
Sacramento, CA 95814

Dept. of Developmental Services
1600 9th Street
Sacramento, CA 95814

If you have questions about any of the above, let us know.