

SPECIAL NEEDS TRUSTS

6 CLE HOURS INCLUDING | 1 ETHICS HOUR

AGENDA

PRESIDING:

Ruthann P. Lacey, CELA, Program Chair; Law Office of Ruthann P. Lacey, P.C., Tucker

- | | | | |
|-------|---|------|---|
| 7:45 | REGISTRATION AND CONTINENTAL BREAKFAST
(All attendees must check in upon arrival. A removable jacket or sweater is recommended.) | 1:00 | WORKING WITH CLIENTS WITH LIMITED CAPACITY
(Legal Ethics)
Paula J. Frederick , Office of the General Counsel, State Bar of Georgia, Atlanta |
| 8:15 | WELCOME AND PROGRAM OVERVIEW
Ruthann P. Lacey | 2:00 | BREAK |
| 8:20 | BASICS OF SPECIAL NEEDS TRUSTS
Richard A. Courtney , CELA, Frascogna Courtney, PLLC, Jackson, MS | 2:10 | HMS TRUST SERVICES SPECIAL NEEDS TRUST UPDATE
William H. Overman , J.D., Director, Trust Services, Health Management Systems, Inc., Atlanta
Lawson Peters , CPA, Trust Accounting Review, Trust Services, Health Management Systems, Inc., Atlanta |
| 9:20 | THE ARC OF GEORGIA POOLED TRUST
A. Gail Davis , Trust Administrator, CTFA, Southeastern Trust Company, Atlanta | 3:05 | ADJOURN |
| 9:50 | BREAK | | |
| 10:00 | USING GEORGIA'S NEW DIRECTED TRUST STATUTE TO CREATE MORE EFFECTIVE TRUSTS
Rebecca Godbey Cummings , Legacy Studio Estate Law, Atlanta | | |
| 11:00 | CASE MANAGEMENT: THE MAGIC BULLET TO NAVIGATE THE HEALTHCARE SYSTEM AND IMPROVE MEDICAL OUTCOMES FOR THE BENEFICIARY
Tina Booker , RN, BSN, CCM, Acworth | | |
| 11:45 | LUNCHEON (Included in registration fee.) | | |
| 12:05 | SPECIAL NEEDS PROGRAMS AND PROBLEMS
Richard A. Courtney | | |



ICLE will provide only digital class materials.

SPACE IS LIMITED.

ICLE cannot guarantee admission to onsite registrants.
Early registration closes 48 hours before the seminar.



State Bar
of Georgia

INSTITUTE OF CONTINUING LEGAL EDUCATION

LOCATION AND HOTEL OPTIONS

STATE BAR OF GEORGIA BAR CENTER

104 Marietta Street NW • Atlanta, Georgia

For Directions Please Visit <http://www.gabar.org/>

To make hotel room reservations, call:

Embassy Suites phone: 1-800-Hiltons | The Glenn phone: 404-521-2250

Hilton Garden Inn phone: 404-577-2001 | The Omni phone: 404-818-4334

Home2Suites Hilton phone: 404-965-7992

Ask for the State Bar of Georgia's negotiated corporate rate.

CANCELLATION POLICY

Cancellations reaching ICLE by 5pm the day before the seminar date will receive a registration fee refund less a \$25.00 administrative fee. Otherwise, the registrant will be considered a "no show" and will not receive a registration fee refund. ICLE will email a digital link to class materials to every "no show." As a courtesy to speakers and other attendees in this educational setting, we do not allow children at seminars.

SEMINAR REGISTRATION AND COURSE MATERIAL POLICY

ICLE must receive early registrations 48 hours before the seminar in order to create and transport registration materials. ICLE will accept onsite registrants as space allows. All attendees must check in upon arrival and are requested to wear name tags.

ICLE will provide only digital class materials.

EARLY REGISTRATION PAYMENT OPTIONS

MAIL: ICLE • PO Box 117210 • Atlanta, GA 30368-7210 (make check payable to ICLE)

ONLINE: gabar.org/ICLEcourses (credit card payment only) You must log in the secure ICLE registration area.

Duplicate registrations may result in multiple charges to your account. A \$25 administrative fee will apply to refunds required because of duplicate registrations.

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Early Registration closes 48 hours before the seminar. **Questions, Call ICLE: 678-529-6688**

SPECIAL NEEDS TRUSTS | FEBRUARY 19, 2020 | 0848-021920

EARLY REGISTRATION: \$250

ONSITE REGISTRATION: \$350

Onsite Registration Payment Options:

- **ICLE cannot accept cash.**
- **ICLE accepts checks** (make check payable to ICLE).
- **Debit Cards, Visa, Mastercard, and American Express are accepted.**
- **Onsite registrants must pay at the time of the onsite registration.**

**EARLY REGISTRATION
CLOSES 48 HOURS BEFORE
THE SEMINAR.**

NAME _____ GEORGIA BAR # _____

FIRM/COMPANY _____ OFFICE PHONE _____

EMAIL _____

(To receive seminar notification and registration confirmation by email only.)

MAILING ADDRESS _____ ZIP + 4 _____

STREET ADDRESS _____ ZIP + 4 _____

CITY _____ STATE _____

- ☐ I am sight impaired under the ADA and I will contact ICLE immediately to make arrangements.
- ☐ I have enclosed a check [payable to ICLE] in the amount of \$_____ (See fees at left)
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