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Divorce Related Retirement Benefit Practice Tips • http://www.lawdatainc.com

QUALIFIED DOMESTIC RELATIONS ORDER INTAKE FORM

Attorney's Name & Address: _____

_____

Tel:_____ E-Mail: _____

Name and Address of Participant Spouse:_____

_____

Participant's SS Number: _____ Date of Birth: _____ Sex: _____

Name and Address of Non-Participant Spouse: _____

Non-participant's SS Number: _____Date of Birth: _____ Sex: _____

Date of Marriage: _____ Cut-Off Date of Marital Property Accruals: _____

Official Retirement Plan Name and Address: _____

_____

First Day of Employment: _____Is Participant retired? ___ No longer working? ___

Last day worked prior to termination or retirement: _____

BE SURE TO ENCLOSE A COPY OF ANY CORRESPONDENCE YOU HAVE FROM THE PLAN PROVIDER. ALSO SEND US THE *CASE CAPTION* AND *PROPERTY SETTLEMENT AGREEMENT* OR *FINAL DECREE,* OR ANY OTHER BINDING WRITTEN AGREEMENT BETWEEN THE PARTIES DETAILING THE DISTRIBUTION TERMS OF THE RETIREMENT BENEFITS.

PLEASE INCLUDE A CHECK FOR **$500.00** FOR THE FIRST ORDER (if Plan provider will accept a consolidated QDRO there is no additional charge for language addressing more than one plan in which the individual participates) AND **$350.00** FOR ANY ADDITIONAL ORDERS ON THE SAME PLAN PARTICIPANT (i.e. prior terminated employment, dual Plan participation requiring separate Orders, etc.)

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