

QDRO PROCEDURES CHECK LIST

**WHILE THE FOLLOWING MAY BE COMPLETED BY ANY OF THE PARTIES,
WE MUST BE RETAINED BY AN ATTORNEY**

To initiate the applicable draft QDRO(s) with LawDATA, please forward the following **via hard copy along with payment** of \$500.00 for the first benefit slated for division and \$350.00 for any additional benefits to be addressed in the interest of the same parties:

- ❖ Applicable payment – *we prefer payment be paid via your firm check.* Payment made by personal checks will result in the completed draft order(s) being held up to 3 weeks to ensure funds have cleared.
 - ❖ A copy of the parties' settlement terms as pertains to the division of retirement assets.
 - ❖ A copy of the case style/heading/caption along with the signature page utilized in your jurisdiction.
- ❖ Any official plan statement or document that properly references the Plan name to be addressed in the body of the QDRO.
 - ❖ **A letter on the hiring attorney's letterhead indicating that said attorney is our client, confirming representation of one of the parties to the Order.**
- ❖ A completed QDRO Intake Form for each benefit to be divided, *initialed by the hiring attorney.*



We hope the foregoing is helpful. Please feel free to contact our office with any additional questions or concerns.

Thank you kindly for your business.

QUALIFIED DOMESTIC RELATIONS ORDER INTAKE FORM

(Please copy this form on your copier. – Send completed copy with order.)

Today's Date: _____ Attorney's Name: _____

Firm _____ E-Mail: _____

Address: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Name and Address of Participant Spouse: _____

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

Name and Address of Non-Participant Spouse: _____

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

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

Official Retirement Plan Name and Address: _____

Plan Participation Date: _____ Retirement Date (When Applicable): _____

Termination Date (When Applicable): _____ Breaks in Service (When Applicable): _____

PLEASE CIRCLE: Determined by: **AGREEMENT / ORDER** Representing: **HUSBAND / WIFE**

BE SURE TO ENCLOSE:

1. COPY OF ANY CORRESPONDENCE YOU HAVE FROM THE PLAN PROVIDER

2. CASE CAPTION AND PROPERTY SETTLEMENT AGREEMENT, FINAL DECREE, OR ANY OTHER BINDING WRITTEN AGREEMENT BETWEEN THE PARTIES DETAILING THE DISTRIBUTION TERMS OF THE RETIREMENT BENEFITS.

3. CHECK FOR **\$500 FOR THE FIRST ORDER AND \$350 FOR ANY ADDITIONAL ORDERS** IN THE INTEREST OF SAME PARTIES

•AS REQUESTING ATTORNEY, I UNDERSTAND THAT THE DOCUMENT PROVIDED IN RESPONSE TO THIS REQUEST WILL BE A PROPOSED DRAFT ORDER REQUIRING MY REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE COURT AND/OR PLAN. _____

INITIALS