

How did you hear of our services? _____

MILITARY DIVORCE MRB/SBP ORDER QUESTIONNAIRE

1. Your full name: _____
2. Your Spouse's/Ex-Spouse's full name: _____
3. Your date of birth: _____
4. Your Spouse's/Ex-Spouse's date of birth: _____
5. Your Social Security Number (SSN): _____
6. Your Spouse's/Ex-Spouse's SSN: _____
7. Your full mailing address: _____
8. Your Spouse's/Ex-Spouse's full mailing address: _____
9. Date of marriage: _____
10. Date of divorce: _____
11. Divorce is proceeding or completed in what State: _____
12. Date of separation (If this is to be used as the valuation date) _____
13. Date Service member entered the service: _____
14. Service member's current or retired rank and service: _____
15. Date Service member retired: _____
16. Date Service member is first eligible to retire: _____
17. Has Service member been rated with a disability
by the Veteran's Administration
(VA): _____
18. Was Service member rated for a VA disability prior to divorce: _____

19. Has the Service member been reevaluated by the VA since the divorce: _____
20. At what percentage was the disability rating: _____
21. Was divorce obtained by Default: _____
22. How was Jurisdiction determined by the Court: _____
23. Are there any current child or spousal support arrearages: _____
24. Is the Survivor Benefit Plan (SBP) an option: _____
25. Has either party re-married (who, and when): _____
26. Will either party re-marry in the near future (specify): _____
27. Does the service member have a government Thrift Savings Plan (if so, how will it be divided): _____
28. What was the first date of contribution to the Thrift Savings Plan: _____
29. Is the member in the reserves or National Guard? If so, provide a copy of the points summary statement: _____
30. Does the service member have reserve time or is a current member of the reserves: _____
31. If any reserve time, please include a chronological history of service. This must be obtained from the Defense Finance and Accounting Service or from the Service Personnel Command.

Contact information:

Email: _____

Phone: Land: _____

Cell: _____

Fax: _____

Please scan and email this form along with any other pertinent information to faith@willicklawgroup.com, fax (702) 438-5311, or mail to:

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