

How did you hear of our services? \_\_\_\_\_

**NEVADA PERS 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 Social Security Number (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. State of divorce litigation: \_\_\_\_\_
12. Date of separation (if this is the date of valuation): \_\_\_\_\_
13. Date member entered the plan: \_\_\_\_\_
14. Provide all dates of service and/or credits for service: \_\_\_\_\_
15. Member's current or retired employment and service (i.e. fireman, police officer, etc.): \_\_\_\_\_
16. Date member retired: \_\_\_\_\_
17. Date member is first eligible to retire: \_\_\_\_\_
18. Is there a survivor benefit? \_\_\_\_\_

19. Was a survivor beneficiary designation ordered by the court, either in the Decree or QDRO?  
If so, who was so designated? \_\_\_\_\_
20. Has a specific retirement option been selected or ordered (i.e. Options 2-7 pursuant to NRS  
286.590)? \_\_\_\_\_
21. Do you have a copy of your PERS *Estimate Calculation for Service Retirement*? \_\_\_\_\_  
If so, please attach a copy to this form.

**Contact information:**

Email: \_\_\_\_\_

Phone: Land: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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