

Referred By: _____

FERS/CSRS (COAP) QUESTIONNAIRE

1. Your Full Name: Mr. Ms. _____
2. Your Ex Spouse's Name: Mr. Ms. _____
3. Who is the Plaintiff? _____
4. Who owns the Pension? _____
5. Your Date of Birth: _____
6. Your Social Security Number: _____
7. Your Ex Spouse's Date of Birth: _____
8. Your Ex Spouse's Social Security Number: _____
9. Your Full Mailing Address:

10. Your Ex Spouse's Full Mailing Address:

11. Date of Marriage: _____
12. Date of Divorce: _____
13. In what state were/are you divorced/divorcing? _____
14. Date of Separation (or the date the benefit is to be computed): _____
15. **PLEASE ATTACH** a copy of the underlying Order or Decree permitting the division of the account by Court Order Acceptable for Processing (COAP).
16. Type of Service CSRS FERS
17. Date member entered the plan: _____
18. Provide all dates of service and/or credits for service: _____
19. Member's current or retired rank and service (i.e. GS4 Step 4, Forest Service, Fireman, FBI Agent, FAA Air Traffic Controller, etc..)

20. Date member retired: _____
21. Date member is first eligible to retire: _____

22. Is there a survivor annuity? YES NO
If YES, will Spouse/Ex-Spouse received the survivor annuity? YES NO
23. If spouse dies before member, does the spouse want the annuity to go to his/her estate?
YES NO
- If YES, who was designated? _____
24. Does the member have a government Thrift Savings Plan (TSP)? YES NO
- a. If YES, how is it to be divided? _____
- b. What is the valuation/assignment date? _____
- c. Are there any pre-marital contributions? YES NO
- d. What was the value on the date of marriage? _____
- e. What was the average rate of return from date of marriage to date of divorce/separation? _____
25. Does the member have active military service which has been converted, reserve time, or is a current member of the reserves? YES NO
- If YES, **please include a copy** of the Chronological History of Service obtained from DFAS or the Service Personnel Office.

Your Contact Information:

E-mail address: _____

Cell Phone: _____ Home Phone: _____

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

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