

Referred By: _____

QDRO 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 Qualified Domestic Relations Order.
16. Name of Employer: _____
17. Employer identification number for plan: _____
18. Full name of plan, if other than above stated? _____
19. Type of plan (defined benefit, defined contribution, etc?) _____
*If this is a 401(k), 403(b), or annuity, you contribute money into an account
20. Date of first contribution: _____
21. Based on the years of service, the earliest date the employee could receive full retirement benefits: _____

22. Employee's total years of service as plan participant: _____ ;
and the exact dates of that participation: _____
23. Were there any pre-marital contributions? YES NO
If YES, what was the balance on the date of marriage? _____
What was the average annual return on the account from the date of marriage to the date of valuation (divorce/separation)? _____
24. Has participant taken any loans or made any withdrawals, excluding withdrawals on termination of employment that the participant has completely repaid under Internal Revenue Code Section 411(a)(7)(C)? YES NO
If YES, who is responsible for the loan?: _____
25. Are gains and losses to be applied to Ex Spouse's share? YES NO
26. If the Retirement Plan charges a fee to review the QDRO, who is responsible for the fee? Or are the parties going to split the review fee? _____
27. Normal Retirement Age: _____
28. Early Retirement Age: _____

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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