

Referred By: \_\_\_\_\_

## FERS/CSRS (COAP) QUESTIONNAIRE

1. Your Full Name: Mr.    Ms.    \_\_\_\_\_
2. Your Spouse/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 Spouse/Ex Spouse's Date of Birth: \_\_\_\_\_
8. Your Spouse/Ex Spouse's Social Security Number: \_\_\_\_\_
9. Your Full Mailing Address:  
\_\_\_\_\_
10. Your Spouse/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 receive the survivor annuity? YES NO
23. If Spouse/Ex spouse dies before member, does the Spouse/Ex spouse want the annuity to go to his/her estate? YES NO
24. Was there any military time converted to FERS/CSRS? YES NO

**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](mailto:kristina@willicklawgroup.com), Fax to: (702) 438-5311, or Mail to:

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