

Referred By: _____

Military Divorce MRB/SBP Order
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 Complaint for Divorce was filed: _____
13. Date of Divorce: _____
14. In what state were/are you divorced/divorcing? _____
15. Date of Separation (or the date the benefit is to be computed): _____
16. **PLEASE ATTACH** a copy of the underlying Order or Decree permitting the division of the account.
17. What branch of service is the member in/did the member serve in? _____
18. Service member's time in Service at Divorce: _____
19. Service member's Rank at the date of Divorce: _____
20. What date was Service member promoted to this Rank? _____
21. Date of previous promotions: _____

22. Date Service member entered the service: _____
23. Is there any broken service? YES ___ NO ___
If YES, give all inclusive dates of service: _____
24. Service member's current or retired rank & service: _____
25. Date Service member retired: _____
26. Date Service member is first eligible to retire: _____
27. Has the member selected, or is the member covered by the Military Blended Retirement System pension (BRS)? YES ___ NO ___
28. Has the Service member been rated with a disability by the V.A.? YES ___ NO ___
a.) If YES, at what percentage was the disability rating? _____
b.) If at 100%, is the Service member receiving his/her benefits under CRDP or CRSC?
CRDP ___ CRSC ___
29. Was the Divorce obtained by Default? YES ___ NO ___
30. How was Jurisdiction determined by the Court?: _____
31. Are there any current child or spousal support arrearages? YES ___ NO ___
32. Is the Survivor Benefit Plan (SBP) an option?: YES ___ NO ___
If YES, who is responsible for paying the SBP Premium? _____
33. Has the amount of SBP been determined?: YES ___ NO ___
If YES, what is that amount? _____
34. Has either party re-married? YES ___ NO ___
If YES, who and when?: _____
35. Will either party re-marry in the near future? YES ___ NO ___
If YES, please specify: _____
36. Does the Service member have a government Thrift Savings Plan? YES ___ NO ___
If YES,
a.) 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 the date of separation/divorce? _____
37. Does the Service member have any reserve time, or currently a member of the reserves?
YES ___ NO ___
If YES, please include a chronological history of service. This must be obtained from the Defense Finance and Accounting Service (DFAS) or from the Service Personnel Command (last Reserve Unit to which attached).

Your Contact Information:

E-mail address: _____

Cell Phone: _____ Home Phone: _____

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

QDRO Masters c/o Willick Law Group
3591 E.Bonanza Road, Suite 200
Las Vegas, NV 89110-2101