

## ***QUALIFIED DOMESTIC RELATIONS ORDER INTAKE FORM***

(Please copy this form on your copier. – Send completed copy with order.)

Today's Date: \_\_\_\_\_ Attorney's Name: \_\_\_\_\_

Firm \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name and Address of Participant Spouse: \_\_\_\_\_  
\_\_\_\_\_

Participant's SS Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name and Address of Non-Participant Spouse: \_\_\_\_\_  
\_\_\_\_\_

Non-Participant's SS Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Cut-Off Date of Marital Property Accruals: \_\_\_\_\_

Official Retirement Plan Name and Address: \_\_\_\_\_  
\_\_\_\_\_

First Day of Employment: \_\_\_\_\_ Is Participant retired? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Has Participant terminated employment with the plan provider? Yes?: \_\_\_\_\_ No? \_\_\_\_\_

Last day worked prior to termination or retirement: \_\_\_\_\_

### **BE SURE TO ENCLOSE:**

1. COPY OF ANY CORRESPONDENCE YOU HAVE FROM THE PLAN PROVIDER

2. CASE CAPTION AND PROPERTY SETTLEMENT AGREEMENT, FINAL DECREE, OR ANY OTHER BINDING WRITTEN AGREEMENT BETWEEN THE PARTIES DETAILING THE DISTRIBUTION TERMS OF THE RETIREMENT BENEFITS.

3. CHECK FOR \$500 FOR THE FIRST ORDER AND \$350 FOR ANY ADDITIONAL ORDERS IN THE INTEREST OF SAME PARTIES

**•AS REQUESTING ATTORNEY, I UNDERSTAND THAT THE DOCUMENT PROVIDED IN RESPONSE TO THIS REQUEST WILL BE A PROPOSED DRAFT ORDER REQUIRING MY REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE COURT AND/OR PLAN.** \_\_\_\_\_

INITIALS