

## QDRO INFORMATION FORM

**Instructions:** Please fully complete this form. The information and documents are necessary. We cannot prepare your Orders without all of this information, requested documents and full payment, as set forth on pages 5 and 6.

### THE PARTIES

**Participant (employee):**

Full Name: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Date of birth: \_\_\_\_\_, 19\_\_  
Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

**Alternate Payee (non-employee):**

Full Name: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Date of birth: \_\_\_\_\_, 19\_\_  
Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Please identify which party has sent in this form: Participant \_\_\_? Alternate Payee \_\_\_?

### THE MARRIAGE AND DIVORCE

Date of marriage: \_\_\_\_\_ . \_\_\_\_  
Date of separation: \_\_\_\_\_ . \_\_\_\_  
Date of Final Court Order: \_\_\_\_\_ . \_\_\_\_

Are you divorced? \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

QDRO Solutions, LLC  
Post Office Box 828  
Mt. Pleasant, SC 29465  
(843) 224-5720  
(843) 577-9890  
Fax (843) 577-9826

E-mail: [info@qdrosolutions.net](mailto:info@qdrosolutions.net) or [ddodds@qdrosolutions.net](mailto:ddodds@qdrosolutions.net)

**THE ATTORNEYS**

**Participant's attorney** Name: \_\_\_\_\_ \*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**Alternate Payee's attorney** Name: \_\_\_\_\_ \*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

\*If no attorneys are involved now, please provide information about any prior attorneys and check here if none are representing the parties now. \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_ Internet  
\_\_\_\_\_ Attorney  
\_\_\_\_\_ Referral  
\_\_\_\_\_ Other

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**THE PLAN(S) TO BE DIVIDED**

Note: If more than one Plan is being divided, please photocopy this page and fill in the information below for each Plan. Please be precise. **For Military and Civil Service Plans, use next page.**

Full and Complete Name of Plan: \_\_\_\_\_

Name and Address of Plan Administrator: \_\_\_\_\_

\_\_\_\_\_

Name of employer: \_\_\_\_\_

Contact person at employer (not Plan): Name: \_\_\_\_\_

Address of employer: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone number: ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_

e-mail address: \_\_\_\_\_

Date Participant began working for the employer: \_\_\_\_\_, \_\_\_\_

Date Participant stopped working for employer (if applicable): \_\_\_\_\_

Is Participant retired? \_\_\_ Yes \_\_\_ No

Is Participant currently receiving payments from the Plan? \_\_\_ Yes \_\_\_ No

At the time of Participant's retirement, did the Participant elect survivor benefits for the Alternate Payee? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure.

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**MILITARY AND CIVIL SERVICE PLANS**

If Plan being divided is a **Military Plan** check here  and fill in:

Branch of service:  Army  Navy  Air Force  Marines  Coast Guard

Date of entry into military service: \_\_\_\_\_

Current rank: \_\_\_\_\_

Rank at retirement (if retired): \_\_\_\_\_

Date of retirement (if retired): \_\_\_\_\_

If service member is already retired, was Survivor Benefit Plan (SBP) coverage obtained at retirement?  Yes  No  Don't know

Does service member participate in Thrift Savings Plan?  Yes  No  Don't know

\*\*If pension being divided is a military reserve service pension, points record MUST be attached.\*\*

\*\*\*\*\*

If Plan being divided is a **Federal or State Civil Service Plan** check here:  and fill in:

Name of Federal or State agency where employed: \_\_\_\_\_

Date of retirement (if retired): \_\_\_\_\_

If employee has already retired, was Former Spouse Survivor Annuity (FSSA) coverage elected at retirement?  Yes  No  Don't know

Does employee participate in Thrift Savings Plan?  Yes  No  Don't know

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**DOCUMENTS YOU MUST SEND WITH THIS FORM**

\_\_\_ **Divorce decree** (if parties are already divorced). (If parties are not yet divorced or legally separated, provide a copy of the first page of any court pleading)

\_\_\_ **Separation Agreement or Court Order** showing the share of benefits awarded to the Alternate Payee. Please enclose a copy of the full Agreement or Court Order.

\_\_\_ Copy of all documents or correspondence relating to the Plan, including:

- Summary Plan Descriptions or booklets describing the Plan\*
- Most recent account statements for the participant (employee)
- The Plan's Written QDRO Procedures\*
- All correspondence from the Plan or employer

\* Not required for military retired pay or Federal civil service divisions

**Questions, instructions or comments.** If there is any additional information you feel we should know about this case or the QDRO you are requesting us to draft, or any additional comments or instructions, please note them in the space below. You may continue your comments and instructions on the back of this sheet or a separate piece of paper if necessary. Please email us with additional questions or comments.

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**FEES AND SERVICES**

Our fee is \$800.00 per Plan. **PAYMENT IN FULL MUST BE SENT, ALONG WITH THIS COMPLETED FORM, BEFORE WE CAN BEGIN PROCESSING YOUR REQUEST.** Please make your check payable to “QDRO Solutions, LLC” and mail it to us at the address shown below. If there are multiple Plans, please send \$800.00 for each Plan you wish us to draft. Our fees cover drafting the QDRO, corresponding with the Plan about the terms of the QDRO and revising the QDRO, as necessary, until it is accepted by the Plan. Please note that if you have not yet negotiated an Agreement, it would be helpful to hire us as soon as possible regarding information to include in the Agreement; but, once the Agreement is completed, we do not and cannot re-negotiate the Agreement. QDRO’s are usually drafted within 1 week after we receive the payment, Information Form and all of the documents we need. Getting the QDRO pre-approved by the Plan and then being signed by the Court will inevitably take much more time. We will proceed expeditiously and, if there is going to be a delay, we will let you know. We will also keep you posted and are available to answer any questions via email. We do not represent individual clients in Court and the use of our QDRO-drafting service does not create an attorney-client relationship.

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**Attorney representing client who is requesting the  
QDRO or party submitting form**

**NOTE:**

**UNLESS WE ARE HIRED TO BE THE JOINT CONSULTANT BY THE PARTIES, WITH THEM SPLITTING THE FEE TO HIRE US, THE ATTORNEY OR PARTY WHO SUBMITS THE FORM AND INFORMATION AND WHO PAYS OUR FEE TO PREPARE THE APPROPRIATE ORDER, SHALL BE THE PERSON ON WHOM WE RELY AS WE PREPARE THE APPROPRIATE ORDER(S). OFTEN, THAT PERSON IS ADVISED BY US OR ASKS US TO COMMUNICATE OPENLY WITH THE OTHER PARTY AND/OR HIS OR HER ATTORNEY. IF NEITHER OF THESE OCCUR, WE WILL COMMUNICATE AND SHARE DOCUMENTS ONLY WITH THE PARTY WHO HAS HIRED US.**

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