

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 or 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 **\$1,000.00** per Plan¹. **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 **\$1,000.00** 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.

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.

¹ The fee is \$1,035 per QDRO if paying by credit card.

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INFORMATION RELEASE AUTHORIZATION

NAME OF PARTICIPANT: _____
PARTICIPANT'S SOCIAL SECURITY NO.: _____
NAME OF PLAN: _____
PLAN ADMINISTRATOR: _____

I, _____, am the Participant in the Plan above named. I hereby authorize Michael P. O'Connell or Donna R. Dodds of QDRO SOLUTIONS, LLC to speak to representatives of the Plan regarding the status of the review and pre-approval process of the Qualified Domestic Relations Order submitted on my behalf.

PARTICIPANT

SWORN to before me this _____
Day of _____, 2025.

NOTARY PUBLIC
My Commission Expires:

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