

QDRO Professionals, LLC

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**QDRO PROFESSIONALS, LLC GENERAL INTAKE FORM**

**PLEASE PRINT LEGIBLY**

**A. PARTIES’ INFORMATION:** (all required)

1. Plaintiff:

Name on Pleadings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New name if changed by Order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Physical Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*No P.O. Box

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Defendant:

Name on Pleadings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New name if changed by Order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Physical Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*No P.O. Box

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Marriage and Divorce Information:

Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Filing (Summons & Complaint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Final Order of Agreement (if not at same time as divorce): \_\_\_\_\_\_\_\_\_\_\_\_

Date of Divorce: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Valuation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date the assets are to be valued)

* If this date is not in the Order or Agreement, the parties must agree on a Date of Valuation

**B. ATTORNEY INFORMATION**: *(Please provide the name(s) of any attorneys that represent either party and indicate whether this attorney should be copied on correspondence related to the QDRO).*

1. Plaintiff’s Attorney Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Include this attorney on QDRO correspondence

 \_\_\_\_\_ Do NOT include this attorney on QDRO correspondence

2. Defendant’s Attorney Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Include this attorney on QDRO correspondence

 \_\_\_\_\_ Do NOT include this attorney on QDRO correspondence

**C. QUESTIONS FOR ALTERNATE PAYEE** (person who will receive benefit from QDRO)

Please rank the following alternatives from 1 to 5, with *1 being the best* alternative (the one you would prefer the most) and *5 being the worst* alternative (the one you would least like to have):

\_\_\_\_\_ Immediate Lump-sum payment from plan, even though I understand I will have to pay taxes on it

\_\_\_\_\_ Rollover into my IRA (no tax payable until I make withdrawals from the IRA)

\_\_\_\_\_ Monthly annuity, starting when my spouse retires and ending on his/her death

\_\_\_\_\_ Monthly annuity, starting when my spouse retires and ending on my death even if my spouse dies first

\_\_\_\_\_ Monthly annuity starting when I choose and continuing until my death even if my spouse dies first

**D. REQUIRED DOCUMENTS**

\_\_\_\_\_ Final Order/Divorce Decree\* (with all pages)

\_\_\_\_\_ Final Order/Separation Agreement\* (with all pages)

\_\_\_\_\_ Summary Plan Description

\_\_\_\_\_ Current Account Statement for each Plan to be divided (with balances) or Annual Benefits Statement (most recent)

\_\_\_\_\_ Plan’s Written QDRO Procedures and Model Language for QDRO

**\*PLEASE UNDERSTAND THAT YOUR DIVORCE DECREE AND OR FINAL ORDER OF SEPARATION ALONG WITH ANY ATTACHED AGREEMENT WILL BE SENT TO THE PLAN ADMINISTRATOR AND POTENTIALLY YOUR EMPLOYER.**

Please try to complete as much of this questionnaire as you can. If you need help completing this questionnaire, please email us at: info@qdroprofessionalsllc.com.

**[PLAN SPECIFIC INFORMATION ON FOLLOWING PAGES]**