



BURROWS HAVILAND LAW

**Domestic Relations Order Questionnaire**

The Firm requests that you provide as much of the requested information as possible to ensure the accuracy and completeness of the Order(s). All information and documents listed in BOLD need to be provided in order to submit the Order to the Plan for distribution.

1. Please provide the following essential pieces of information for each of the Parties
  - a. Name
  - b. Current Primary Address
  - c. Address of record with Administer of Pension/Plan
  - d. Social Security Number**
  - e. Date of Birth**
2. Please provide the complete and accurate name of all of the plans that are to be divided. For Example: Thrift Savings Plan.
3. Please provide the precise formula that the parties agreed to be used in the division. For example: Parties agree to divide 35% to Employee 65% Former Spouse.
  - a. If available, please provide account/benefit statements
4. Please indicate which party is the participant/employee of each plan that is being divided. The participant is the party who has ownership over the plan that is being divided.
5. Please indicate which party is the alternate payee. The alternate payee is the party who is getting a share of the plan benefit.
6. Please provide a copy of the following documents:
  - a. Gold Seal Judgment of Divorce**
  - b. Settlement Agreement
  - c. Any and all other documents which establish the precise division of the plan.
7. Please provide the names, email addresses and addresses of all parties that will be copied on correspondence.

**PRIVACY DISCLOSURE: MARYLAND HB 56, CHAPTER 521 (2005) may prohibit the faxing or emailing of social security numbers**

**PRIVACY DISCLOSURE: MARYLAND HB 56, CHAPTER 521 (2005) may prohibit the faxing or emailing of social security numbers**

**Court Order Fact Sheet**  
**(To be filled out by Client or his/her Representative)**

1. Plan Participant

Full Name:

Address:

**Date of Birth:**

**Social Security Number:**

Telephone Number:

Email address:

Date of Retirement:

Date of Hire:

Attorney Name and phone number:

2. Alternate Payee:

Full Name:

Address:

**Date of Birth:**

**Social Security Number:**

Telephone Number:

Email address:

Attorney Name and phone number:

3. Date of Marriage:

4. Date of Divorce:

5. Case Caption (Court Case #)

Plaintiff:

Defendant:

6. Circuit Court:

7. Plan(s) to be divided:

Name(s) of Plan(s):

Plan documents:

Plan account statements:

Plan contact person:

8. Settlement agreement; Consent order

- a. Please provide copies of pleadings establishing how the plan benefits will be split.

9. **True Test or Gold Seal Domestic Relations Order, Copy of the Gold Seal Judgment of Divorce**

- a. **It is your responsibility to provide us with finalized gold seal copies of the QDRO(s) from the court. We will not receive copies of the QDROs from the court as we are not parties to the case. It is your responsibility to provide us with the gold seal court-certified copy of the QDRO(s) or we will not process them with the plan. Please mail the QDRO to our office at 168 West Street, Annapolis, MD 21401. Please also provide us with a gold seal copy of your Judgment of Absolute Divorce. You can request this from the Circuit Court.**

10. Baltimore City requires a \$31.00 re-opening fee that is the responsibility of the client outside of the \$695.00 flat fee.