



# QDRO REQUEST FORM

I would like pre-approval (if allowed by the Plan).

Note: A review of the draft QDRO typically takes 30-60 days.

## PART A: CASE INFORMATION

### PLAINTIFF / PARTY A:

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

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

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

### DEFENDANT / PARTY B:

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

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

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

**The Social Security Number is necessary for the Participant**

Plaintiff / Party A is the:  PLAN PARTICIPANT  ALTERNATE PAYEE

Are either parties intending to move to a different address within the next 60 days?  Yes  No

If yes, which party?  Plaintiff / Party A  Defendant / Party B

Name of the person completing this form: \_\_\_\_\_

QDROCO generally requires that *at least one party* be represented by an attorney. Provide the name(s) of the applicable attorney(s) below.

Plaintiff  does  does not have an attorney

Defendant  does  does not have an attorney

**PLAINTIFF/PARTY A ATTORNEY:**

**DEFENDANT/PARTY B ATTORNEY:**

Attorney Name: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

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

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

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

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

**COURT INFORMATION:**

**DURATION OF MARRIAGE:**

Case No.: \_\_\_\_\_

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

Judge: \_\_\_\_\_

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

County: \_\_\_\_\_

Date of Division: \_\_\_\_\_

**PART B: PAYMENT INFORMATION**

(Q)DRO Drafting: \$500

Order Dividing Military Retirement Pay: Call for Quote

Equalization Calculation: \$100

How are the fees to be paid?

Who is your preferred consultant?

**DOCUMENTS REQUIRED:**

- Divorce Decree
- Account/benefit statement for each plan being divided (dated within the last 90 days)

Please forward these to: [intake@qdroco.com](mailto:intake@qdroco.com)





**Additional Comments and Further Directives:**

Use the space below for any information we should know that was not previously indicated.

THE RETENTION AGREEMENT & PAYMENT  
INFORMATION WILL BE EMAILED TO THE PARTIES  
If the parties do not use email, we will forward  
this information to you to share with your client.