

## CASE WORKSHEET

ADDITIONAL INFORMATION MAY BE REQUESTED

This document is intended to be a fillable PDF that can be saved. If printing this document to complete, it is recommended to print one-sided.

### DOCUMENTS REQUIRED TO DRAFT A QDRO (“NECESSARY DOCUMENTS”)

- Engagement Agreement
- Case Worksheet
  - A copy of the Verified Statement or Judgment Information Sheet can be used (as long as the Parties’ names, addresses, dates of birth and Social Security numbers are included)
- OR**
- Complete PART A
- Judgment of Divorce
- Settlement Agreement (if plan division not addressed in the Judgment)
- An account or benefit statement dated within the last 90 days
- A copy of the Plan’s Summary Plan Description and Plan’s QDRO Guidelines OR a Limited Authorization signed and notarized by the Plan Participant. If there is a delay in obtaining this information, it could delay the QDRO drafting process.

**Payment in full must be received prior to the drafting of the requested QDRO.**

## PART A: PARTY & CASE INFORMATION



**This Part A does not need to be completed if ALL of the information is available on a Verified Statement or Judgment Information Form.**

### **Plaintiff / Party A:**

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

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

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

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

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

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

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: \_\_\_\_\_

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

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

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

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

If yes, which party? \_\_\_\_\_

New address (if known): \_\_\_\_\_

## PART B: SERVICES REQUESTED

### QDRO DRAFTING SERVICES

DEFINED CONTRIBUTION PLANS	\$499	@ _____	Order(s)	=	\$ _____	Sub-Total
DEFINED BENEFIT PLANS	\$499	@ _____	Order(s)	=	\$ _____	Sub-Total
STATE & MUNICIPAL PENSION PLANS (EDRO)	\$499	@ _____	Order(s)	=	\$ _____	Sub-Total
FEDERAL PENSION (FERS / CSRS)	\$499	@ _____	Order(s)	=	\$ _____	Sub-Total
MILITARY ( <i>Contact us for a quote</i> )						
QDRO Review	\$399	@ _____	Order(s)	=	\$ _____	Sub-Total

(Review a draft prepared by opposing counsel or other third party)

*Multiple orders may be eligible for a discount. Call us.* \$ \_\_\_\_\_ **TOTAL DUE**

### CONSULTING SERVICES

Plan Consultation*	\$175/HR	Time itemized and invoiced
<small>(Review Plan specific division options and provide summary and education to parties/attorneys)</small>		
Equalization Calculation	\$175/HR	Time itemized and invoiced

\*For Consulting Services, a retainer may be required up front depending on scope of request.

## PART C: PAYMENT INFORMATION

Check  e-Check  Visa/Mastercard **(check one)**

Check  e-Check  Visa/Mastercard **(check one)**

Name (as it appears on card) \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 CVV \_\_\_\_\_  
 Zip code associated with the card \_\_\_\_\_  
 Charge Amount \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 CVV \_\_\_\_\_  
 Zip code associated with the card \_\_\_\_\_  
 Charge Amount \_\_\_\_\_

**If paying by e-Check or by credit card through our secure Client Portal, an Invoice and link for payment will be emailed to the email listed on the Verified Statement unless directed otherwise.**

## PART D: ATTORNEY INFORMATION

The QDRO Company, LLC requires that *at least one party* be represented by an attorney. Provide the name(s) of the applicable attorney(s) below. If you do not have an attorney, we can provide referrals to attorneys who will provide a limited scope review of your QDRO.

### Participant's Attorney:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Alternate Payee's Attorney:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**PART E: PLAN INFORMATION**

Additional information may be requested.

**QDRO #1 – INFORMATION FOR RETIREMENT PLAN BEING DIVIDED**

Employee (Participant) Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Plan Type:  Defined Benefit     Defined Contribution  
 FERS/CSRS     TSP     State of Michigan

Employment Status:  Hourly     Salaried  
 Employed     Terminated     Retired    \_\_\_\_\_  
(Date of Retirement)

**QDRO #2 – INFORMATION FOR RETIREMENT PLAN BEING DIVIDED**

Employee (Participant) Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Plan Type:  Defined Benefit     Defined Contribution  
 FERS/CSRS     TSP     State of Michigan

Employment Status:  Hourly     Salaried  
 Employed     Terminated     Retired    \_\_\_\_\_  
(Date of Retirement)

**QDRO #3 – INFORMATION FOR RETIREMENT PLAN BEING DIVIDED**

Employee (Participant) Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Plan Type:  Defined Benefit     Defined Contribution  
 FERS/CSRS     TSP     State of Michigan

Employment Status:  Hourly     Salaried  
 Employed     Terminated     Retired    \_\_\_\_\_  
(Date of Retirement)