



**ALL PRO QDRO, LLC**  
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**QDRO CHECK LIST FOR ERISA (PRIVATE)**  
**DEFINED CONTRIBUTION PLANS**

The following data is required for the preparation of an Order against an ERISA (private) Plan. Upon completion, please sign the bottom of the form as requested and enclose the appropriate fee. In the event you do not have all of the data presently available, you may send us the information you have, together with the payment of our fee, and we will advise you if additional documents are necessary.

1. Provide basic factual information regarding the case:

Plaintiff / Petitioner: \_\_\_\_\_

Is this individual the husband or wife? \_\_\_\_\_

Defendant / Respondent: \_\_\_\_\_

Is this individual the husband or wife? \_\_\_\_\_

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

Docket # / Case #: \_\_\_\_\_

Are the parties using an attorney to review and file this QDRO?

Yes - utilizing an attorney \_\_\_\_\_

No - proceeding pro se \_\_\_\_\_

If an attorney is being utilized, provide the following information for the attorney. If proceeding Pro se, provide the following information for yourself.

Attorney for the Plaintiff/Petitioner or Pro se Plaintiff/Petitioner:

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

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

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

E-mail address (required if Pro se): \_\_\_\_\_

**Attorney for the Defendant/Respondent or Pro se Defendant/Respondent:**

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

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

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail address (required if Pro se):** \_\_\_\_\_

**NOTE: Most communications with Pro se parties will be via e-mail.**

**2. Which party will be filing the Order with the Court:** \_\_\_\_\_

**3. Which party's benefits are to be divided by a Domestic Relations Order?**

**Husband** \_\_\_\_\_ **Wife** \_\_\_\_\_

**This individual will hereinafter be designated as the Participant.**

**4. Provide the following regarding the Participant (Employee Spouse):**

**Name of Participant.** \_\_\_\_\_

**Date of birth.** \_\_\_\_\_

**Current mailing address.** \_\_\_\_\_

\_\_\_\_\_

**Social Security Number.** \_\_\_\_\_

**5. Provide the following regarding the Alternate Payee (Spouse or Former Spouse):**

**Name of Alternate Payee.** \_\_\_\_\_

**Date of birth.** \_\_\_\_\_

**Last known mailing address.** \_\_\_\_\_

\_\_\_\_\_

**Social Security Number.** \_\_\_\_\_

**6. Marriage date.** \_\_\_\_\_

**7. End of marriage date (cutoff date to be used for acquisition of marital assets), i.e. separation date, date complaint filed, or divorce date.** \_\_\_\_\_

**8. Provide the exact legal name of specific Plan(s).**

\_\_\_\_\_

\_\_\_\_\_

9. Provide the name and telephone number of the Plan Administrator or Benefits Manager of the Plan Sponsor (Company).

\_\_\_\_\_  
\_\_\_\_\_

10. Advise the date the Participant joined the plan. \_\_\_\_\_

11. Is the Participant still actively employed with the Plan Sponsor? \_\_\_\_\_.  
If no, provide employment end date: \_\_\_\_\_

12. Is the distribution a percentage or dollar amount?

If percentage list the percent: \_\_\_\_\_

If dollar amount list the amount: \_\_\_\_\_

13. Are the parties requesting an offset of other contribution accounts (i.e. IRAs or other 401(k)s)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, we will be required to perform a coverture fraction pension analysis on each Plan account at an additional fee of \$200 per account.

Provide the name of each Plan, the start date for each Plan and an account statement for each Plan as of the cut-off date (ie the date of the filing of the Complaint). Please note that we cannot offset accounts through the date of distribution but only through the cut-off date.

14. Should the Alternate Payee receive gains/losses on his/her share of the benefits from the date of division to the date of distribution?

Yes \_\_\_\_\_

No \_\_\_\_\_

15. Are there outstanding loan balances against the Participant's account?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, when determining the total account balance, the outstanding loan balance:

Should be included (repayment responsibility NOT shared by the Alternate Payee) \_\_\_\_\_

Should not be included (repayment responsibility IS shared by the Alternate Payee) \_\_\_\_\_

**ADDITIONAL DOCUMENTS REQUIRED:**

1. Provide a copy of the relevant section of the Property Settlement Agreement specifying the section related to the Domestic Relations Order or pension, a copy of the first page of the original Complaint and a copy of the Judgment of Divorce.
2. Provide a copy of a benefit statement from the account which is being divided. The statement must include the name of the Plan, the account number and address of the Plan.
3. Provide a copy of the Plan Summary Description and Domestic Relations Order guidelines established by the Company or Union for this Plan. If this information is unavailable, please be sure to include a contact name and telephone number or the Plan.

**SIGNATURE:**

My signature below confirms that the information provided above is accurate and complete to the best of my knowledge. I have not intentionally provided any false or misleading information nor have I purposefully omitted any information. My signature below also confirms my request that All Pro QDRO prepare a Qualified Domestic Relations Order in this matter and that I accept the fees as indicated on the following page. I understand there is a \$100 NON-REFUNDABLE file set up fee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**METHOD OF PAYMENT**

\_\_\_ Preparation of each QDRO at \$500.00.

\_\_\_ Offset fee/ \$200 per account.

Total amount: \$ \_\_\_\_\_

\_\_\_ Enclosed is my check made payable to All Pro QDRO, LLC.

\_\_\_ My credit card information is provided below

Credit Card Type:                      Master Card or Visa only

Credit Card Number:                      \_\_\_\_\_

C V V Number:                              \_\_\_\_\_  
(This is the last three numbers located on the back of your card by or on the signature line)

Expiration Date:                            \_\_\_\_\_

Name on Card:                                \_\_\_\_\_

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

Amount to be Charged:                    \$ \_\_\_\_\_

**Note: If paying by credit card, a photocopy or imprint of your credit card is required for security/fraud purposes. Please enclose this copy when returning the checklist.**