



ALL PRO QDRO, LLC
P.O. Box 1600
Livingston, N.J. 07039
Phone 973-716-9777 * Fax 973-716-9877
Web: www.allproqdro.com

QDRO CHECK LIST FOR FEDERAL GOVERNMENT PLANS

The following data is required for the preparation of an Order against a Federal Government 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 Court Order?

Husband _____ **Wife** _____

This individual will hereinafter be designated as the Employee.

4. Provide the following regarding the Employee Spouse:

Name of Employee. _____

Date of birth. _____

Last known mailing address. _____

Social Security Number. _____

5. Provide the following regarding the Former Spouse:

Name of Former Spouse. _____

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 name of retirement system.

9. Advise the date the Employee joined the plan. _____

10. Advise the date of hire for the Employee. _____

11. Is the Employee Spouse still actively employed with the Federal Government? _____

If the Employee Spouse is not actively employed, indicate if the participant is retired and collecting a pension. _____
Provide the date of retirement _____

12. Should the Former Spouse receive a pro-rata share of any:

Cost of Living Adjustment _____

Refunds of Employee Contributions _____

13. Is the Former Spouse to receive a Former Spouse Survivorship Annuity?

No _____

Yes _____

If Yes, from whose share of the benefits will the cost of the annuity be deducted:

Employee _____

Former Spouse _____

Shared Equally _____

If No, should the Former Spouse's share be a percentage of the gross benefit unreduced for survivor benefits?

Yes _____

No _____

NOTE: Unless there is a Former Spouse Survivorship Annuity, benefits will only be paid by the Plan to the Former Spouse for the lifetime of the Employee.

14. Is the Former Spouse to receive continued Federal Employee Health Benefits?

No _____

Yes _____

If Yes, do you want the cost of the FEHB to be deducted from the benefits provided through this Order. If yes, from whose share of the benefits will the cost of the FEHB be deducted:

Employee _____

Former Spouse _____

Shared Equally _____

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. Obtain an estimate from the Retirement System which provides the Employee's date of hire, date of participation, credited service and accrued benefit as of the applicable cut off date, which would be payable at normal retirement age.

NOTE: If the Employee is retired and presently collecting on the pension, also produce a copy of the benefit calculation provided to the participant at the time of retirement including the elected retirement option and named beneficiary.

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.