



ALL PRO QDRO, LLC
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MILITARY QUALIFYING COURT ORDER CHECKLIST
MILITARY RETIREMENT SYSTEM
(Army, Air Force, Navy, Marines, Coast Guard, etc.)

The following data is required for the preparation of an Order against a Military 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. Who will be filing the Order with the Court: _____

If an attorney is filing provide name and NJ attorney identification number as required by NJ Court Rule 1:4-1(b):

Attorney name: _____

Attorney ID#: _____

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. _____

Last known 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. **Exact Plan Name: Military Retirement System**

Branch of Service:

_____ **Air Force** _____ **Marine Corps**

_____ **Air Force Reserve** _____ **Marine Corps Reserve**

_____ **Air National Guard** _____ **Navy**

_____ **Army** _____ **Naval Reserve**

_____ **Army Reserve** _____ **Public Health Reserve**

_____ **Army National Guard** _____ **National Oceanic & Atmospheric Administration**

_____ **Coast Guard** _____ **Coast Guard Reserve**

Date Participant Joined the Plan: _____

9. **If Participant is in the Reserves, Participant must provide the number of Reservist Points earned during the marriage.**

Reservist Points earned during marriage. _____

10. **The Member:**

_____ **is still active and participating in the Plan.**

_____ **has terminated employment and is entitled to a pension, but has not reached retirement age (Reserve or National Guard).**

_____ **is retired and receiving pension benefits.**

Retirement Date _____

Were the Plaintiff and Defendant married for at least 10 years during the Participant's service in the Military? _____ **Yes** _____ **No**

If the answer is no, the Former Spouse cannot receive direct payment from the Military Retirement System as Marital Property. However, there is no length of marriage requirement for getting a share paid as support. If the parties were not married for 10 years, should we instruct the Order to make direct payments for support? ___ **Yes** ___ **No**

11. **Should the Former Spouse receive a pro rata share of any Cost of Living Adjustments?**

_____ **Option #1 - Yes** (Only option if a Percentage is stated in Question #8)

_____ **Option #2 - No**

12. Should the Former Spouse be entitled to a Survivorship Benefit Plan (SBP) Annuity?

(Means a recurring benefit that is payable, after the Military Member retires and dies, to a Former Spouse who has not remarried before becoming 55 years of age.)

_____ **No**

_____ **Yes** (Maximum Possible Annuity (55% of Retired Pay before any reductions)

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 participant'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 Participant 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 first QDRO at \$500.00.

_____ Expedited Fee \$150 per QDRO. (Please note if requesting expedited service only a credit card or a law firm check will be accepted for payment)

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.