



ALL PRO QDRO, LLC
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QDRO CHECK LIST FOR STATE AND LOCAL GOVERNMENT PLANS

The following data is required for the preparation of an Order against a PERS 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. _____

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. Provide the exact name of retirement system.

9. Advise the date the Participant joined the Plan.

10. Advise the date of hire for the Participant.

11. Is the Participant still actively employed with the State or local Government? _____

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

12. If available, should the Participant be required to elect a specific retirement Option and designate the Alternate Payee as the beneficiary?

No _____
Yes _____

Name of Benefit Option: _____

13. If available, should the Participant be required to designate the Alternate Payee as the beneficiary for the Marital Portion of any Pre-Retirement or Post-Retirement Group Life Insurance?

No _____
Yes _____

NOTE: Unless a Benefit Option is designated, benefits will only be paid by the Plan to the Alternate Payee for the lifetime of the Participant.

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 (if applicable) and address of the Plan.

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.

3. Provide a copy of the Domestic Relations Order guidelines established by the Retirement System. If this information is unavailable, please be sure to include a contact name and telephone number or the Plan. (Not necessary for State of New Jersey or State of New York Plans.)

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.

Signature: _____

Date: _____

METHOD OF PAYMENT

_____ Preparation of first QDRO at \$500.00.

_____ Additional Order(s) at \$450 per Order.

_____ 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.