



ALL PRO QDRO, LLC
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**QDRO CHECK LIST FOR
DEFINED BENEFIT PLANS**

The following data is required for the preparation of an Order against a Benefit 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): _____

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

Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

E-mail address (required): _____

NOTE: Most communications with 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 for 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. Advise the date of hire for the Participant. _____

12. Is the Participant still actively employed with the Plan Sponsor or Company? ____ If no, provide employment end date: _____

13. If the Participant is not actively employed, indicate if the participant is retired and collecting a pension from this Plan. _____

If yes, provide the date benefits commences _____

If yes, should the Alternate Payee receive Arrears? _____

If yes to Arrears, contact our office regarding additional fees and documents required to provide for Arrears in the QDRO.

DOCUMENTS REQUIRED:

Please provide:

_____ A copy of the relevant section of the Marital Settlement Agreement specifying the section related to the Domestic Relations Order or pension.

_____ A copy of the first page of the original Complaint.

_____ A copy of the Judgment of Divorce.

_____ A copy of a benefit statement from the account which is being divided. The statement must include the name of the Plan and address of the Plan.

_____ 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 of 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 \$650.00.

____ 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, Visa or Discover 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 Zip Code: _____

Amount to be Charged: \$ _____

Telephone Number: _____

Checklist and documents can be mailed to our postal address or emailed to info@allproqdro.com