



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

MILITARY QUALIFYING COURT ORDER CHECKLIST
MILITARY RETIREMENT SYSTEM

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 husband or wife? _____

Defendant/Respondent: _____

Is this individual 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. 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 (valuation date for 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

9. Date Participant entered the Service - **REQUIRED**: _____

If the Participant entered the Service BEFORE 09/01/1980 then:

Military Pay grade (rank) as of end of marriage date in #7 _____

AND

for Active Duty, years of creditable service as date in #7 _____

OR

for Reserve, Reserve Retirement points as of date in #7 _____ and years of service for basic pay purposes _____

If the Participant entered the Service AFTER 09/01/1980 then:

Retired pay base (High-3) as of end of marriage date in #7 _____

AND

for Active Duty, years of creditable service as date in #7 _____

OR

for Reserve, Reserve Retirement points as of date in #7 _____

NOTE: THE MILITARY WILL NOT ACCEPT THE ORDER UNLESS THE ABOVE INFORMATION IS PROVIDED

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.

_____ 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. An Order cannot be prepared.

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

_____ Option #1 - Yes

_____ 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)

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 military which provides all of the requested information.

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 that \$100 of the below stated fee is NON-REFUNDABLE as file set up fee.

Signature: _____

Date: _____

METHOD OF PAYMENT

_____ Preparation of each QDRO at \$750.00.

_____ 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