



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): _____

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 (Non-employee 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 name of retirement system.

9. Advise the date the Participant joined the Plan (i.e. date of hire).

10. Did the Participant leave employment with the State or local Government prior to retirement? _____

If yes, provide the date Participant left employment _____

11. Is the Participant is retired? _____

If yes, provide the date of retirement _____

Is the Participant collecting a monthly benefit from this pension? _____

If yes, provide the date benefits commenced _____

If yes, is the Alternate Payee entitled to Arrears? _____

12. Was the Alternate Payee awarded in the parties' Agreement a survivor retirement Option? (Not available for New Jersey Police and Firemen's Retirement System)

No _____

Yes _____

If yes, please advise how the cost of the Option is to be allocated:

Shared equally _____

Shared proportionately _____

Paid solely by _____

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. Upon the death of the Participant, all payments to the Alternate Payee will cease.

13. Was the Alternate Payee awarded in the parties' Agreement a share of the Participant's Pre or Post Group Life Insurance?

No _____

Yes _____

If yes, Marital Portion _____ or percentage/dollar amount _____?

DOCUMENTS REQUIRED:

Please 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.

_____ 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.

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. 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 \$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