



**ALL PRO QDRO, LLC**  
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**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: \_\_\_\_\_

E-mail address (REQUIRED): \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone 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.** \_\_\_\_\_

\_\_\_\_\_

**Last four digits of Social Security Number.** \_\_\_\_\_  
**(Please note a full social security number may be requested by the Plan)**

**5. Provide the following regarding the Alternate Payee (Spouse or Former Spouse):**

**Name of Alternate Payee.** \_\_\_\_\_

**Date of birth.** \_\_\_\_\_

**Last known mailing address.** \_\_\_\_\_

\_\_\_\_\_

**Last four digits of Social Security Number.** \_\_\_\_\_  
**(Please note a full social security number may be requested by the Plan)**

**6. Marriage date.** \_\_\_\_\_

**7. End of marriage date (valuation date for marital assets), i.e. separation date, date complaint filed, or divorce date.** \_\_\_\_\_

**THE BELOW INFORMATION MUST BE COMPLETED IN FULL OR THE REQUEST FOR PREPARATION OF THIS ORDER WILL BY DENIED BY ALL PRO QDRO**

**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 accrued during marriage**  
\_\_\_\_\_

**OR**

**for Reserve, Reserve Retirement points accrued during marriage \_\_\_\_\_**  
**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 accrued during marriage**  
\_\_\_\_\_

**OR**

**for Reserve, Reserve Retirement points accrued during marriage \_\_\_\_\_**

**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 \$800.00.

\_\_\_\_\_ 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: Visa, Mastercard, Discover, American Express

Credit Card Number: \_\_\_\_\_

Security Number (cvv): \_\_\_\_\_  
(This is a 3 digit # for Visa, M/C, Discover and a 4 digit # for Amex)

Expiration Date: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Billing street address: \_\_\_\_\_

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](mailto:info@allproqdro.com)