



## QDRO Information Sheet

Please mail this QDRO Information Sheet and copies of the requested documents to Michelle Ewing, Paralegal, Schechter Benefits Law Group LLP, at the address below or e-mail to Michelle at mle@sblgllp.com.

### REQUESTED DOCUMENTS

1. Judgment of Dissolution
2. The applicable pages of your Marital Settlement Agreement, Stipulation, or attachment to judgment (if any) which discuss the retirement/pension plan(s) and method of division.
3. The most recent statement for each retirement/pension plan.

### CASE INFORMATION

Family Law Court Case #

Date Judgment Filed

Date of Marriage

Date of Separation

### PETITIONER'S INFORMATION

Name (and former name if applicable)

Address

City

State

Zip Code

Home Phone #

Cell Phone #

e-mail

SSN

Date of Birth

### Petitioner's Family Law Attorney Information

Name

Address

City

State

Zip Code

Phone #

Petitioner requests correspondence be mailed to

**RESPONDENT'S INFORMATION**

Name (and former name if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Respondent's Family Law Attorney Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Respondent requests correspondence be mailed to \_\_\_\_\_

**RETIREMENT PLAN INFORMATION (For additional retirement plans: (1) if submitting form via e-mail, please note additional retirement plan information in your e-mail or (2) if mailing form, please attach additional pages as necessary.)**

Participant/Member \_\_\_\_\_

Employer \_\_\_\_\_

Date of Entry into Plan \_\_\_\_\_ Date of Retirement (if any) \_\_\_\_\_

**Retirement Plan Administrator's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Participant/Member

Employer

Date of Entry into Plan  Date of Retirement (if any)

**Retirement Plan Administrator's Information**

Name

Address

City  State  Zip Code

Phone Number

**\*\*\*SECURITY WARNING\*\*\***

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