

QDRO Worksheet

DIY-QDRO.com

900 W. University Drive, Suite C
Rochester, Michigan 48307

Orders and Status

By Phone: 330-915-3883

By Fax: 248-609-9439

Email: order@diy-qdro.com

By Web: www.diy-qdro.com
Click on the "Order" Button

You can fill out this Worksheet or you can use the Worksheet that is available on our website at www.diy-qdro.com, then click on the "Order" button.

Personal Information

Plaintiff's Information			Defendant's Information			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.		Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other _____			<input type="checkbox"/> Ms.	<input type="checkbox"/> Other _____
Name			Name			
Address			Address			
City, State Zip			City, State Zip			
Phone			Phone			
Email			Email			
Date of Birth			Date of Birth			
Social Security #			Social Security #			

Referred By	<input type="checkbox"/> Website <input type="checkbox"/> Advertisement Where? <input type="checkbox"/> Attorney Name: <input type="checkbox"/> Judgement of Divorce <input type="checkbox"/> Other:
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Case Information

Plaintiff's Current Attorney	Defendant's Current Attorney
Name	Name
Date of Marriage	/ /
Date of Divorce	/ /
Date of Division	Date for which the alternate payee's benefit is determined, if not clearly spelled out in the judgment of divorce or separate maintenance. / /

Payment Information

Who is responsible for payment of DIY-QDRO fees?

Plaintiff Defendant Split
Plaintiff % Defendant %

Payment Type

Check/Cash (enclosed) Credit Card (Visa/Mastercard/Discover/American Express)

Credit Card Information (Visa/Mastercard/Discover/American Express)

Name (As it appears on card)	
Card Number	
Expiration Date	
CSC*	
Charge Amount	\$
Billing Address	<input type="checkbox"/> Plaintiff's Address <input type="checkbox"/> Defendant's Address <input type="checkbox"/> Other
Billing Address	
Billing Phone Number	() -
Email to send receipt	

Signature: _____

*For Mastercard/Visa, CSC is the last 3 digits in the signature area on the back of your card. For American Express, CSC is the 4 digits on the front of the card above the number.

Plan 1

Date of Hire	/ /	
Employee	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	
Employer Name		
Employer Phone #		
Plan Name		
Employment Status	Select one: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Ended <input type="checkbox"/> Retired End Date: / / Retirement Date: / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit)	
Employment Type	Select one: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
Plan Type	Select one: <input type="checkbox"/> Defined Benefit (Pensions) <input type="checkbox"/> Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.)	

Plan 2

Date of Hire	/ /	
Employee	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	
Employer Name		
Employer Phone #		
Plan Name		
Employment Status	Select one: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Ended <input type="checkbox"/> Retired End Date: / / Retirement Date: / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit)	
Employment Type	Select one: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
Plan Type	Select one: <input type="checkbox"/> Defined Benefit (Pensions) <input type="checkbox"/> Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.)	

Plan 3

Date of Hire	/ /	
Employee	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	
Employer Name		
Employer Phone #		
Plan Name		
Employment Status	Select one: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Ended <input type="checkbox"/> Retired End Date: / / Retirement Date: / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit)	
Employment Type	Select one: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
Plan Type	Select one: <input type="checkbox"/> Defined Benefit (Pensions) <input type="checkbox"/> Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.)	

Attach additional copies of this sheet if you have more than 3 orders.



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Payment

All fees must be paid in order for work to begin. You can pay by visiting our website at www.diy-qdro.com, then click on the "Pricing" button.

QDROs/EDROs/DROs Checklist

- QDRO/EDRO/DRO Worksheet completed
- Payment included or paid online. All fees must be paid in order for work to begin. You can pay by visiting our website at www.diy-qdro.com/payment.
- Judgment of Divorce (all pages)
- Account statement(s) for all accounts
- Any information provided by the Plan Administrator (i.e. summary plan descriptions and sample QDROs) that you have obtained.

All documents should be faxed to 248-609-9439, emailed to order@diy-qdro.com, or mailed. Please include a reference to the last name of the divorced parties.