

BROWN AND WOHLFORD PLLC

Data Intake Form

QUALIFIED DOMESTIC RELATIONS ORDER

YOUR ATTORNEY (if any):

Name: _____

Contact Person: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Represents: Check one: _____ Petitioner or _____ Respondent

Check one: _____ Participant or _____ Alternate Payee

Date of Divorce: _____ Judge: _____

OPPOSING COUNSEL (if any):

Name: _____

Contact Person: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

MARRIAGE INFORMATION:

Names: _____

Date of Marriage: _____

City: _____ State: _____

If military, were you married 10 years during active duty? YES NO

Date of Enlistment: _____ Date Retired, if Retired: _____

Date of Active Duty: _____ Date of Reserve Duty: _____

Branch of the Military: _____

REQUIRED:

- 1. Please enclose a copy of the Marital Settlement Agreement or Decree of Dissolution, including the section relating to the Retirement Plan(s).**
- 2. Please enclose a recent copy of the Retirement Plan Statement(s).**

FEE AGREEMENT:

The following party(s) agrees to pay a preparation fee as outlined in the separate Fee Agreement. Payment in full will be made prior to the drafting of the Qualified Domestic Relations Order(s).

PAYMENT ARRANGEMENT:

Payment will be made by/as follows:

_____ Husband _____ Wife _____ Attorney

The undersigned understands that the actual calculation for the retirement benefit shall be done by the Plan Administrator or Custodian. Brown and Wohlford, PLLC does no calculation of the benefit and does not warrant the accuracy of the calculation provided by the Plan Administrator or Custodian.

Agreed & signed this _____ day of _____, 20 _____.

Signature

Name Printed