



## QDRO Questionnaire

**Client Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

**Client's Attorney** \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Bar # \_\_\_\_\_

**Ex-Spouses Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

**Ex-Spouses Attorney** \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Bar # \_\_\_\_\_



# QDRO Questionnaire

Judicial District \_\_\_\_\_ Case No. \_\_\_\_\_ Division \_\_\_\_\_

Parish \_\_\_\_\_ Judge \_\_\_\_\_

Date Community terminated \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Date of Divorce \_\_\_\_\_ Date of Partition \_\_\_\_\_

Name of Plan \_\_\_\_\_

Name of Plan Participant \_\_\_\_\_

Type of Plan \_\_\_\_\_ **If a defined contribution plan**, please attach all statements since the termination of community and confirm the following:

Award \_\_\_\_\_ (% or dollars) Date of Award \_\_\_\_\_

If award is percentage, does this include or exclude loans? \_\_\_\_\_

Will award be adjusted for gains and losses before funds are segregated? \_\_\_\_\_

**Please send information on any separate interest that should not be divided.**

**If a defined benefit plan**, attach administrator's most recent benefit statement (estimate or actual showing payments made) and confirm the following:

Except for military pensions, will the award will be calculated based on the Sims vs. Sims formula \_\_\_\_ . If no explain how award will be made \_\_\_\_\_

Send documents for additional service purchased during marriage. Is this purchase community \_\_\_\_?

Date of Entry into the Plan \_\_\_\_\_ Date of Retirement \_\_\_\_\_

If the Participant is retired, send a copy of papers showing the survivorship election made at the time of retirement.

Will the Alternate Payee receive a survivor benefit if the Participant dies? \_\_\_\_\_

How will the cost of the survivor benefit be divided? \_\_\_\_\_

Is the survivor benefit to be equal to the pre survivor benefit received? \_\_\_\_\_

**MILITARY PENSIONS:** include Points Statement for all service and Leave and Earnings Statements for 36 six months ending at the termination of the community.

**SEND A PAGE 2 FOR EACH PENSION PLAN TO BE DIVIDED**