

**EASY QDRO** (“pronounced Quadro”) **INFORMATION WORKSHEET**  
555 Blanding Blvd., Ste. F, Orange Park, FL 32073 Phone: 904 - 264 - 4005  
Email us at: [EZBR.INFO@AOL.COM](mailto:EZBR.INFO@AOL.COM)

(Use this Checklist to provide us the information needed to prepare your “QDRO” or other type of Division Order.)

**Instructions:** This Checklist will refer to the “Participant” as the employee participating in the retirement plan, and the “Alternate Payee” as the spouse/former spouse who is seeking to obtain his/her share of the retirement plan. We will contact you to confirm our receipt of this Checklist and to verify any information that may be needed. Mr. Gardner is a skilled QDRO drafting specialist with over 20 years experience; so, your project will be handled quickly and professionally by Mr. Gardner personally!

Please answer as many questions as possible, to enable us to properly prepare your plan’s QDRO as quickly as possible as incomplete info. may slow the process; but, if you don’t know something, just fill in the rest and we’ll take care of it later.

[ **NOTE:** If you’re requesting that we prepare documents to divide a Military Pension or IRA, skip #'s 7(a) &7(b).]

1. **Participant’s Information** (This is the Spouse/Former Spouse in the retirement plan ):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip - County: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Ph. #: \_\_\_\_\_  
Date of Entry into Plan: \_\_\_\_\_ Date of Exit ( If applicable): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date of Retirement (If applicable): \_\_\_\_\_

**Once a divorce is final, you may not be using attorneys; If the Participant is still using one please give:**

**Participant’s Attorney’s Info.** (If applicable): (  ) < **X here if Participant has no Atty. & go to #2.**

[If your divorce is final and you just need the QDRO, you may be finished with using your attorney]

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Atty’s. Ph. #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

2. **Alternate Payee’s Info.** (This is the Spouse/Former Spouse seeking to obtain their share.):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip - County: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB \_\_\_\_\_ Ph. #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Once a divorce is final, you may not be using attorneys; If the Participant is still using one please give:**

**Alternate Payee’s Atty’s Info.** (If applicable): (  ) < **X here if Alt. Payee has no Atty. & go to #3.**

[If your divorce is final and you just need the QDRO, you may be finished with using your attorney]

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Atty’s. Ph. #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

3. Are the Participant and Alternate Payee already divorced? Check one. (  ) No. (  ) Yes

4. Date of Divorce: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Date Married: \_\_\_\_\_  
Date of Division (Valuation Date of Plan Assets for Division between parties as of): \_\_\_\_\_
5. Is Participant Currently receiving payments from the plan? **Check one.** ( ) No. ( ) Yes
6. Is any former spouse of the Participant entitled to Plan benefits through an existing "QDRO"?  
**Check one.** ( ) No. ( ) Yes. ( ) Don't know.

**Skip questions 7(a) and 7(b) ONLY if this is for a Military Pension or an IRA account.**

- 7(a) Please provide the following Information about the **Employer who offers this Plan**:  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Ph. # \_\_\_\_\_

- 7(b) **Employer's QDRO Contact** (This may be the same as the Plan Administrator info. below or it may be a Human Resource Contact dedicated to handling requests related to the Plan. If it's the same, just enter SAME AS #8 BELOW on Contact's Name Line and skip to #8.):

Contact's Name: \_\_\_\_\_  
Contact's Address (If different than above): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact's Email Address: \_\_\_\_\_ Ph. # \_\_\_\_\_

8. **INFORMATION ABOUT THE PLAN ITSELF: Check here if this is an IRA Plan:** \_\_\_\_\_

Name of Plan: \_\_\_\_\_  
Address of Plan: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Administrator's Name: \_\_\_\_\_  
Administrator's Email Address: \_\_\_\_\_ Ph. # \_\_\_\_\_

If this is a Military Retirement Plan: List the branch of service here: \_\_\_\_\_, And,  
If this is a Military Retirement Plan involving "Reserve Duty" please enclose a copy of the yearly "Points Statement". ]

**A COPY OF THE FOLLOWING IS NEEDED BEFORE THE QDRO WILL BE PREPARED:**

**A. Copy of a Statement for the retirement plan's account that is being divided.**  
(N/A for Military Retirement)

**B. Copy of Final Judgment or the 1<sup>st</sup> and last page, plus any page related to the award from the PLAN (or, a Settlement Agreement, if available, and a Final Judgment isn't yet issued)**

**C. Payment for our drafting fee of just ~~\$495.00~~ \$375.00 made payable to ABL Services.** You may pay by one of following credit cards: [Check one]: Visa \_\_\_\_, MasterCard \_\_\_\_, or Discover card \_\_\_\_, and you may then email us your Order for our fastest service. Just fill in your credit card info on the next page. Or, you may send it by regular U. S. Mail to us with your check or money order payable to ABL Services.  
(Your receipt for credit card payments will read ABL Services which is the parent company of Easy QDRO.Info.)

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**EASY QDRO. INFORMATION AGREEMENT AN GUARANTEE FOR SERVICES**

This Agreement sets forth the entire terms of the agreement for the services offered by EASYQDRO.INFO, a division of ABL Services. Unless modified by mutual agreement, in writing, and signed by both parties, these terms will control all services to be rendered by EASYQDRO, and, more specifically ABL Services. Where used, herein, "Division Order" refers to whatever type of such said order is required by the Plan, i.e.: "QDRO", "COAP", or in the case of an IRA, a "Letter of Instruction", etc.

The Contracting Client's name is: (Your name) \_\_\_\_\_  
**The Following is Only Needed for Attorney's - Please complete the following Bar # and address information:**

If Contracting Client is an attorney, Bar # is: \_\_\_\_\_  
The Contracting Client's address is: \_\_\_\_\_

The Contracting Client's Phone Number is: \_\_\_\_\_  
The Contracting Client's Email address is: (optional) \_\_\_\_\_

**Contracting Client hereby agrees:**

1. They are contracting with ABL Services, for the sum of ~~\$495.00~~ \$375.00 to draft an acceptable "Division Order," commonly called a QDRO, for Plan benefits to be divided out to an Alternate Payee from the said Plan.
2. That the Contracting Client is ABL Services primary contact with reference to this project. In the unlikely event, a Division Order is not qualified by the Plan Administrator when first submitted, ABL Services will redraft the said Order, as necessary, **guaranteed, at absolutely no extra charge** until it is acceptable to and approved by the Plan Administrator.
3. That the sum figure in Item 1, above, is a flat fee for Mr. Gardner's drafting services. and the said client should expect that the said order will be completed within 10 business days or less (average is 5 Days) after receipt of **all** the necessary information and full payment for ABL Services' drafting fee services.
4. Further, the complete QDRO package shall contain: **the QDRO, a step by step instruction letter** to get the Judge to sign the QDRO, and, **a submission letter** for the client to send to the Plan Administrator when the client submits the judge's signed QDRO to the Plan Administrator for processing and payment.

**I understand and agree to the terms of the Agreement and the Guarantee.** I 've chosen to pay for this service in the following manner: [Check one:]: Enclosed check: \_\_\_ or Money Order \_\_\_ made payable to ABL Services. Or, \_\_\_ I've furnished my credit card information below.

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Expiration Date of card: \_\_\_\_\_ 3 or 4 digit verification code (on back): \_\_\_\_\_

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

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