## Quinde & Associates, LLC

ATTORNEYS AT LAW
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## **Qualified Domestic Relations Order (QDRO) Worksheet**

Information, Worksheet, Contract, and Flat Fee of \$750.00 Required

Client Information:		
Client's Name:	Но	ome Phone:
Email:	Ce	ell Phone:
Instructions:		
Please fill out the below as best as you can. If you have any questions, please do not hesitate to contact us. The <b>Plan Participant</b> is the employee participating in the Plan. The <b>Alternate Payee</b> is the spouse seeking his/her portion of the plan benefit.		
Plan Participant Information:		
Full Name:		
Home Address:		
Telephone Number:		
Email address:		
Date of Birth:		
Social Security Number:		
Start Date of Employment:		End Date:
Participant Retired? Yes	No	
Participant Receiving Benefits?	Yes	No

## **Alternate Payee Information:** Full Name: Home Address: Telephone Number: Email address: Date of Birth: Social Security Number: **Plan Information:** (*Please attach a copy of the most recent statement for the plan*) Full Name of Plan: Type of Plan (401k, pension, or other): Plan Administrator Name: \_\_\_\_\_ Plan Administrator Address: Plan Administrator Telephone Number: **Divorce Information:** (Please attach copy of settlement agreement and Final Judgment and Decree of Divorce) Date of Marriage: \_\_\_\_\_ Date of Separation/Divorce: Plaintiff Attorney Name: Defendant Attorney Name: