



# QDRO INTAKE FORM

## DIVORCE FINANCIAL SOLUTIONS

100 Cambridge Street, 14th Floor  
Boston, MA 02114

80 Flanders Road, Suite 302  
Westborough, MA 01581

Phone: 508-839-3730  
Fax: 508-986-7080

1. Please provide a copy of the judgment of divorce, specifically pages related to the division of retirement benefits. If the parties are not yet divorced, please provide all documentation referring to anticipated awards.
2. Please provide recent statement for Define Contribution Account (401(k)) or Statement of Benefits for a Define Benefit Pension Plan.
3. The division date for which the alternate payee's benefit is determined, if not clearly spelled out in the divorce decree is \_\_\_\_\_.

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

County you are filing in: \_\_\_\_\_ Case # \_\_\_\_\_

Sponsoring Employer: \_\_\_\_\_

Specific Plan Name: \_\_\_\_\_

Where should final pre approved documents be mailed?

Attorney for Client A,  Attorney for Client B,  Client A  Client B

Who will be filing QDRO with the court?

Attorney for Client A,  Attorney for Client B,  Client A  Client B

### CLIENT A - PLAINTIFF/PETITIONER

Full Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CLIENT A- ATTORNEY INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### CLIENT B - DEFENDANT/PETITIONER

Full Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CLIENT B - ATTORNEY INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PLEASE EXPLAIN ANY TIME CONSTRAINTS, SPECIAL CIRCUMSTANCES AND/OR ISSUES THAT MIGHT APPLY

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### PLEASE PROVIDE:

- Recent statement for the account being divided
- Page(s) of Separation Agreement relevant to division of assets
- Judgement of Divorce