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QDRO WORKSHEET: INFORMATION, DOCUMENTS, AND FEE REQUIRED

Client's Name: _____ Date: _____

Client's Work No: _____ Client's Home No: _____

Client's Cell No: _____ Client's Email: _____

Instructions: Please answer as many questions as you can and provide as much information as possible. Do not hesitate to contact our office to assist you with this process. There are no additional charges for consultations. The "Plan Participant" is the employee participating in the Plan and the "Alternate Payee" is the spouse seeking his/her portion of the Plan benefit.

Complete this form and return it to our office by: **Email as attachment:** contactus@danielstaylor.com
Fax: (770) 513-8462
Regular Mail: Above Address

1. Information Regarding the Plan Participant:

Full Name: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Start Date of Employment: _____ End Date of Employment _____

Participant Retired? ()Yes ()No Participant Receiving Plan Payments? ()Yes ()No

2. Information Regarding the Alternate Payee

Full Name: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

3. Information Regarding the "Plan" [please provide a copy of a plan statement or other plan correspondence which includes the account number]:

Full Name of Plan: _____

Type of Plan [Pension, 401K, or other [be specific]]: _____

Plan Administrator Name: _____

Plan Administrator Address: _____

Plan Administrator Telephone Number _____

4. Information Regarding the Divorce [please provide a copy of (a) the cover page only of a court document which contains the name of the court, the case or index number, and the names as listed in the court documents, and (b) the page(s) in your decree/agreement outlines the division of the plan]:

Date of Marriage: _____ Date of Separation/Divorce: _____

Plaintiff Attorney's Name: _____

Plaintiff Attorney's Address: _____

Plaintiff Attorney's Telephone Number: _____

Defendant Attorney's Name: _____

Defendant Attorney's Address: _____

Defendant Attorney's Telephone Number: _____

5. Each Plan to be divided requires its own Order. Please make payment of \$1000.00 for each Qualified Domestic Relations Order needed by:

- (a) Returning a check made payable to Daniels & Taylor, P.C. when returning this form, or
- (b) Conveniently making online payment through the Visa, Mastercard or Paypal icon located at the right of the main DanielsTaylor.com website screen.