

**MUNICIPAL PLANS - PROVIDE ALL ITEMS BELOW**

This form is also available on our website at: <http://www.troyaninc.com/QDRO/QDRO-Forms/State-Municipal-Form.aspx>

This is an attachment to our Retainer Agreement for the preparation of an QDRO or equivalent.

Please provide the following items:

1. X Provide a copy of the Property Settlement Agreement
2. X Provide a copy of the Judgment of Divorce (if none provide sample caption).
3. X Provide the following regarding Plaintiff/Petitioner:
  - a. Name \_\_\_\_\_
  - b. Date of birth. \_\_\_\_\_
  - c. Social Security Number. \_\_\_\_\_
  - d. Home address. \_\_\_\_\_
  - e. Daytime Telephone Number. \_\_\_\_\_
  - f. Represented by Attorney? \_\_\_\_\_ (yes) or \_\_\_\_\_ (no)  
*(if left blank we will presume self-represented / pro-se / pro-per)*
  - g. If yes, Name of Attorney. \_\_\_\_\_
    - (i) Address of Attorney. \_\_\_\_\_
    - (ii) Attorney email address. \_\_\_\_\_
  - h. If copies are NOT to be sent to this side please place  in box   
*(if left blank we will automatically copy send copies to this side)*
4. X Provide the following regarding Defendant/Respondent:
  - a. Name \_\_\_\_\_
  - b. Date of birth. \_\_\_\_\_
  - c. Social Security Number. \_\_\_\_\_
  - d. Home address. \_\_\_\_\_
  - e. Daytime Telephone Number. \_\_\_\_\_
  - f. Represented by Attorney? \_\_\_\_\_ (yes) or \_\_\_\_\_ (no)  
*(if left blank we will presume self-represented / pro-se / pro-per)*
  - g. If yes, Name of Attorney. \_\_\_\_\_
    - (i) Address of Attorney. \_\_\_\_\_
    - (ii) Attorney email address. \_\_\_\_\_
  - h. If copies are NOT to be sent to this side please place  in box   
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5. X Date of marriage (mm/dd/yyyy). \_\_\_\_\_
6. X Jurisdiction's end of marriage date (cutoff date to be used for acquisition of marital assets), i.e. date of separation, filing of the complaint, service of summons, etc.(mm/dd/yyyy). \_\_\_\_\_
7. X Specify Retirement System(s) against which QDRO to be drafted.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. X Advise the date of participation or membership in the Retirement System against which order is to be drafted. \_\_\_\_\_
9. X Provide us with a copy of the applicable statutes or a Summary Plan Description of the System against which we are to draft.
10. X Obtain an estimate from the Retirement System which provides the party's date of hire, date of participation, credited service and accrued benefit as of the applicable cut off date, which would be payable at normal retirement age.
11. X If the Plan we are to draft against is a Defined Contribution Plan obtain a copy of the statement provided to the employee as close as possible to the cut off date, current date and the date of marriage (if available).
12. X Provide a copy of any underlying pension evaluation report prepared for this matter. **(If any available)**
13. X Advise the full name and address of the employer for the party whose benefits are to be divided. If more than one employer involved provide complete details on all. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. X Is the party whose benefit is to be divided still actively employed? \_\_\_\_\_  
If the party is terminated or retired and collecting provide the date of termination or retirement. \_\_\_\_\_  
If this question is not answered we will assume the individual is still actively employed.
15. X If the party is retired and collecting provide a copy of the benefit calculation provided to the individual at retirement including information on the retirement option elected at retirement and the beneficiary named, if any. This should also include the party's date of hire, participation, credited service, date of termination and any other data used to make the calculation.