



1520 Old Hickory Drive, LaCrescent, MN 55947
Office: (507) 313-4266
Email: info@northshoreqdros.com

QUALIFIED DOMESTIC RELATIONS ORDER INTAKE FORM

(Please send a separate form for each benefit to be divided.)

Date: _____ Attorney's Name: _____

Firm Name: _____ Email: _____

Attorney's Address: _____

Phone: _____ Fax: _____

Attorney Represents Husband or Wife? (circle one)

.....

Name of the Participant (pension/retirement plan holder)

Name of Alternate Payee (non-participant Spouse)

Participant's mailing address

Alternate Payee's mailing address

Date of Birth: _____ Sex: _____

Date of Birth: _____ Sex: _____

SS Number: _____

SS Number: _____
.....

Official Plan Name: _____

Date of Marriage: _____

Cut-Off Date of Marital Property Accruals: _____
(the cutoff date to be used when dividing the benefit)

Plan Participation Date: _____ **Termination Date:** _____ **Retirement Date:** _____
(Date of hire – date enrolled in plan) (Last date of work)

•AS REQUESTING ATTORNEY, I UNDERSTAND THAT THE PROPOSED DRAFT QDRO WILL REQUIRE MY REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE COURT AND/OR PLAN ADMINISTRATOR. _____ INITIALS

INCLUDE the following documentation with this Intake Form:

1. COPY OF ANY PLAN INFORMATION YOU HAVE FROM THE PLAN PROVIDER/PLAN ADMINISTRATOR. A COPY OF PLAN STATEMENTS WITH THE OFFICIAL PLAN NAME.
2. CASE CAPTION/CASE STYLE AND ANY APPROVED SETTLEMENT AGREEMENT, FINAL DECREE, OR ANY OTHER BINDING WRITTEN AGREEMENT BETWEEN THE PARTIES DETAILING THE DISTRIBUTION TERMS OF THE RETIREMENT BENEFIT(S).
3. FIRM CHECK FOR **\$400.00 FOR THE FIRST ORDER AND \$250.00 FOR ANY ADDITIONAL ORDERS IN THE INTEREST OF SAME PARTIES**. We accept law firm checks, money orders, bank checks or law firm credit cards. **We do not accept personal checks from your client**. Payment may also be made on line on our website: www.northshoreqdros.com.