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**QUALIFIED DOMESTIC RELATIONS ORDER QUESTIONNAIRE**

PETITIONER	RESPONDENT
Name	Name
Address	Address
City	City
State	State
Zip	Zip
County	County
Telephone #	Telephone #
Date of Birth	Date of Birth
S.S. #	S.S.#

1. Name and Address of the Court where the divorce is on file: \_\_\_\_\_

2. Case Number \_\_\_\_\_

3. Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

4. Date of Judgment (if any) \_\_\_\_\_

5. What is the name and address of the Company, Plan or Union that the QDRO will be on? \_\_\_\_\_

6. What is the correct name of the Benefit Plan or Plans which this QDRO seeks to split? \_\_\_\_\_

Is this Plan a Defined Benefit, Defined Contribution, ESOP, Hybrid? (Circle all that apply)

7. Who is the Participant in the Plan? \_\_\_\_\_

8. In this QDRO who will be the Alternate Payee (the person to receive the benefits)? \_\_\_\_\_

9. What is that person's relationship to the Participant? \_\_\_\_\_

10. Is this QDRO being used to split the retirement as a property settlement, child support or spousal support? \_\_\_\_\_

11. What are Participant's dates of Service to the Plan? \_\_\_\_\_

12. Does the Plan require a Joinder? \_\_\_\_\_

13. If a Joinder is required, has one been served? \_\_\_\_\_

14. What does the Judgment say about the benefits to be split? Attach a copy of the portion of the Judgment/MSA dealing with the QDRO. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. If the Plan allows it, how does Alternate Payee want his/her share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If the Plan allows Alternate Payee to name a Beneficiary to his/her share, who would Alternate Payee name?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Relationship to Alternate Payee: \_\_\_\_\_

17. Name, address and telephone number of at least one person at the Plan, or Company, our office can contact regarding the QDRO who would be knowledgeable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Attach a copy of a sample QDRO and rules of the Plan that you obtained from the Plan for the purpose of crafting a proper QDRO.

ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and per form certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_