Law Offices of MOONEYQdro PLC

19111 Devonshire, Beverly Hils, MI 48025 248-647-4280; FAX: 248-647-4283

Date of Marriage	Date of Divorce
Sponsoring Employer of Plans to be	divided
Official Name of Plan	
Is employee hourly or salaried?	
Has Employee retired? Da Payments commenced? If so, when _	iteand have Pension
Date of Hire:	
PARTICIPANT'S INFORMATION (pa	articipant is the person giving the money)
Name	
Social Security number	Date of birth
Address	
Telephone # and email address:	
ALTERNATE PAYEE INFORMATION	N (AP is the person getting the money):
Name	
Social Security number	Date of birth
Address	
Telephone # and email address:	

- Provide a copy of the Judgment of Divorce/Separate Maintenance
- The most recent Statement from each Plan to be divided
- If you wish to e-mail us the documentation, please e-mail to my assistant, jmooney@mooneyqdro.com;
- Our Fee is: \$400.00 per QDRO (Payable to MooneyQdro PLC. or call in payment via charge Visa, Mastercard or Discover)