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Qualified Domestic Relations Order (QDRO) Intake Form

Attorney Mediator or Self Represented (If Self Represented please submit [Self Represented Form](#))

Jointly Retained (Is MSM hired by both parties?) Yes No

Name _____ Email _____

Firm Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ ZIP _____

Representing: Petitioner Respondent County _____ Case# _____

Opposing Attorney _____ Phone _____

Opp. Email _____ Fax _____

Plan Participant: Petitioner or Respondent

Name _____ Gender _____ SS# XXX-XX- _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Email Address _____ Date of Birth _____

Date of Marriage _____ Separation _____ Plan Entry _____

Date of Termination / Retirement _____ Is Participant Currently Receiving Benefits? Yes / No

Name of Retirement Plan (For additional plans, please use [Supplemental form](#)) _____

(Defined Contribution Plans) were there Contributions Prior to Marriage? Yes / No

(Pensions) What form of payment was elected at retirement? _____

(e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

Alternate Payee (former Spouse): Petitioner or Respondent

Name _____ Gender _____ SS# XXX-XX- _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Email Address _____ Date of Birth _____

Enclose the Following:

- Copy of Judgment of Dissolution or Marital Settlement Agreement
- Copy of a current statement for each plan being divided

FAST-TRACK OPTION: 5 Business day turnaround - \$100 surcharge per plan

Payment Responsibility: Payment must be received before QDRO can be started

Self Represented: You must submit a Self Represented Form found [here](#).