

Moon, Schwartz & Madden

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CalPERS A/B Comparison Intake Form

Attorney Mediator or Self Represented

Name _____ Phone _____ Fax _____

Firm Name _____ Email _____

Representing: Participant or Non-Participant Spouse Name: _____

Jointly Retained? Yes No Joint Party's Email _____

Participant Information:

Name _____ Gender _____

Email _____ Phone _____

Statistical Information: Please provide all applicable dates

Marriage: _____

Plan Entry: _____

Separation: _____

Date of Termination (if applicable): _____

Member's Assumed Benefit Commencement Date: _____

Non-Member's Assumed Benefit Commencement Date: _____

Birth (Member): _____

Birth (Nonmember) _____

Salary Information: Please provide all applicable salaries

Member's Annual Salary at Dissolution: _____

Member's Current Annual Salary: _____

Please Enclose the following:

- Current CalPERS Annual Member's Statement
- Current pay slip

Our fee for CalPERS A/B comparison is \$325.

A retainer request will be provided via e-mail and payment is required before work can begin.