

Moon, Schwartz & Madden

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info@msmqdros.com

Qualified Domestic Relations Order (QDRO) Intake Form

Section A - Case Information:

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

County: _____ Case#: _____

FAST-TRACK OPTION: 5 Business day turnaround
(\$100 surcharge per service)

Date of Marriage: _____ Date of Separation: _____

Section B - Attorney Mediator Self Represented

If Self Represented please submit a [Self Represented Form](#)

Name _____ Email _____

Representing: Petitioner Respondent

Firm Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Section C - Opposing Attorney Information: (if applicable)

Name _____ Email _____

Firm Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Section D - Petitioner Information:

Name _____ Gender _____ SS# XXX-XX- _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Email Address _____ Date of Birth _____

Section E - Respondent Information:

Name _____ Gender _____ SS# XXX-XX- _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Email Address _____ Date of Birth _____

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Plan Information Form

(Please respond to all questions related to the plan)

Plan 1:

Name of Plan Participant: _____

Date of Plan Entry: _____ Date of Termination / Retirement: _____

Name of Retirement Plan: _____

(Defined Contribution Plans) Were there contributions prior to marriage? Yes No

(Defined Contribution Plans) Were there contributions after separation? Yes No

Is participant currently receiving monthly benefits? Yes No Monthly benefit amount \$ _____

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

Plan 2:

Name of Plan Participant: _____

Date of Plan Entry: _____ Date of Termination / Retirement: _____

Name of Retirement Plan: _____

(Defined Contribution Plans) Were there contributions prior to marriage? Yes No

(Defined Contribution Plans) Were there contributions after separation? Yes No

Is participant currently receiving monthly benefits? Yes No Monthly benefit amount \$ _____

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

Plan 3:

Name of Plan Participant: _____

Date of Plan Entry: _____ Date of Termination / Retirement: _____

Name of Retirement Plan: _____

(Defined Contribution Plans) Were there contributions prior to marriage? Yes No

(Defined Contribution Plans) Were there contributions after separation? Yes No

Is participant currently receiving monthly benefits? Yes No Monthly benefit amount \$ _____

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

Please list additional plans on the Supplemental Plan Information Form

Check List

Joinder add-on for California Public State/County Plans (\$100 Per Plan): Yes No

Please enclose the following:

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

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

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