

“PRO SE” QUALIFIED DOMESTIC RELATIONS ORDER FORM
FOR DRAFT QDRO OR EQUIVALENT COURT ORDER (MCO, COAP, DRO, ADRO)

JANUARY 1, 2011





PLAN PARTICIPANT (PENSION HOLDER): Name _____
Address _____
Social Security Number ____/____/____ Date of Birth ____/____/____ Date of Retirement ____/____/____
The Plan Participant is the ____ Plaintiff (Petitioner) or ____ Defendant (Respondent); ____ Husband or ____ Wife
Date of Hire ____/____/____ Date of Marriage ____/____/____ Date of Divorce ____/____/____
Employer _____ Plan _____ Contact Name _____ Phone (____)____-____
Date of Complaint ____/____/____ (New Jersey)
Date of Separation ____/____/____ (Pennsylvania)
Date of Applicable Cut-Off ____/____/____ (Your State's Jurisdiction _____)
County & State of Jurisdiction _____
Court _____ Court Case # or File # _____

CONTACT INFORMATION
Name _____
Address _____
Telephone (____)____-____ Fax (____)____-____ E-Mail _____
Mediator, Address _____

ALTERNATE PAYEE (NON-EMPLOYEE SPOUSE): Name _____
Address _____
Social Security Number ____/____/____ Date of Birth ____/____/____
The Alternate Payee is the ____ Plaintiff (Petitioner) or ____ Defendant (Respondent); ____ Husband or ____ Wife

CONTACT INFORMATION
Name _____
Address _____
Telephone (____)____-____ Fax (____)____-____ E-Mail _____

PLEASE ATTACH DETAILS OF DESIRED PENSION DISTRIBUTION: Property Settlement Agreement, Order, Stipulation, Memorandum, etc
We draft the QDRO based on the information you provide us. Please note that we do not give legal advice or legal services. Our draft QDRO cannot be construed as legal advice. It is best to seek legal advice to determine QDRO settlement agreement compliance and state law compliance.

\$625/QDRO. Fee includes Plan revisions. Money order payable to “PAC” or    

Credit Card Number ____/____/____/____ Exp. Date ____/____
Cardholder Name _____ Cardholder daytime phone (____)____-____
Cardholder Address _____
City _____ State _____ Zip _____

Fee may occasionally vary depending on the complexity of the case.
Withdrawn QDRO requests subject to withheld fee portion. Full fee non-refundable.

SURVIVOR BENEFIT CONCERNS – See reverse side

Send Form, Data, and Fee to:
Pension Analysis Consultants, Inc.
8215 Forest Avenue
P.O. Box 7107
Elkins Park, PA 19027



Contact Us at:
Phone: (215) 782-9845
(800) 288-3675
Fax: (215) 782-9852
www.pensionanalysis.com

NAME OF CASE: _____ V. _____

QDRO Survivor Benefit Concerns

1) If the Alternate Payee dies before commencement, does the benefit revert to the Participant?

2) Non-ERISA only (Government, Teachers, Military, Police and Fire)

a) Will the Alternate Payee be the survivor beneficiary on the marital portion or only on his/her own portion?

b) If the Alternate Payee is the survivor beneficiary on the marital portion, is the cost shared by the parties?

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