

**ITEMS REQUIRED FOR ORDER COMPLETION:**

- Completed Client Intake Form
- Copy of Final Judgment and/or Marital Settlement Agreement
- Copy of Statement(s) for Account(s) to Be Divided

**PLEASE SELECT THE APPROPRIATE SERVICE:**

Service Model	Basic Service	Full Service
Draft Order	Us	Us
Obtain Plan Administrator's Pre-Approval	Us	Us
Obtain All Parties' Approval	Your Attorney	Us
Submit Order to Judge	Your Attorney	Us
Procure Certified Copies from Clerk's Office	Your Attorney	Us
Submit Final Order to Plan Administrator	Your Attorney	Us

Service Model	Basic Service	Full Service
1 QDRO	\$500	\$700
2 QDROs	\$875	\$1,200
3 QDROs	\$1,125	\$1,650
Additional QDROs	\$350	\$450

**FULL SERVICE (Most Common)**

The QDRO Source will handle the Order from start to finish. The flat fee includes the cost of legal services, including certified copy fees and postage.

**BASIC SERVICE (Less Common)**

The QDRO Source will only draft the Order and my divorce attorney will file the Order, obtain certified copies, and follow-up with the Plan Administrator. ***Your attorney must have already agreed to this arrangement.***

**HOW IS THE FEE BEING PAID?**

Entirely by One Party: \_\_\_\_\_ (Party's Name)

Divided Evenly Between the Parties

**Participant's Information – Individual TRANSFERRING the Retirement Asset(s)**

Participant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Best Phone Number to Contact: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Participant's Attorney's Name: \_\_\_\_\_

Best Contact Person at Attorney's Firm, if Different: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

Attorney's Email Address: \_\_\_\_\_

Is the Participant Still Represented by His/Her Attorney?      YES      NO      NOT SURE

**Alternate Payee's Information – Individual RECEIVING the Retirement Asset(s)**

Alternate Payee's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Best Phone Number to Contact: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Alternate Payee's Attorney's Name: \_\_\_\_\_

Best Contact Person at Attorney's Firm, if Different: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

Attorney's Email Address: \_\_\_\_\_

Is the Alternate Still Represented by His/Her Attorney?      YES      NO      NOT SURE

**Marriage & Divorce Information**

Date of Marriage: \_\_\_\_\_ Date of Filing for Divorce: \_\_\_\_\_

City and State of Marriage: \_\_\_\_\_

Are you divorced yet?      YES      NO      If so, date of Final Judgment: \_\_\_\_\_

Name of Judge Assigned to Divorce Case: \_\_\_\_\_

Is the Wife changing her name?      YES      NO      If so, new name: \_\_\_\_\_

**For Military Orders Only**

Branch of Military and/or Reserves: \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ Date Retired, if Retired: \_\_\_\_\_

Date of Active Duty: \_\_\_\_\_ Date of Reserve Duty: \_\_\_\_\_

Rank at Retirement or Date of Filing for Divorce: \_\_\_\_\_

Years of Creditable Service on Date of Filing for Divorce: \_\_\_\_\_

Retired Pay Base (High-3): \_\_\_\_\_

Total Reserve Points Earned:      During Marriage \_\_\_\_\_      Entire Career: \_\_\_\_\_

**WHO COMPLETED THIS FORM?**

Name : \_\_\_\_\_

**HOW DO I SUBMIT THIS FORM?**

Please submit this form and the requested additional documents via one of the following methods:

- Email to **Team@TanckLaw.com**
- Online Portal: <https://www.encyro.com/theqdrosorce>
- Fax to **(727) 362-1326**
- Mail to **QDRO Source, 360 Central Avenue, Suite 800, St. Petersburg, FL 33701**