

# QDRO

CONSULTANTS COMPANY

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## DOPO Request Form

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State Plan Package (\$750)       Division of Property Order (\$400)       State Plan JE Language (\$500)

Prepayment Enclosed: \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_

Please send me the DOPO in the following format:

via email to \_\_\_\_\_  in Microsoft Word file  
 in a Word Perfect file

1. Requesting Attorney Information: Represent:  Participant  Alternate Payee

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

2. Participant Information:

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

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Status:  Active  Terminated  Retired on \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Alternate Payee Information:

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

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last date for acquisition of marital assets: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Plan Information:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Name of Plan(s): \_\_\_\_\_

**Please submit pertinent pages of the Separation Agreement, Judgment Entry or Post-Decree Language along with prepayment. (Be sure to include the first page so that we may add the case caption to the draft.)**