QDRO Worksheet

Sky Professional Solutions Inc

900 W. University Drive, Suite C Rochester, Michigan 48307

13854 Lakeside Circle, Suite 218 Sterling Heights, Michigan 48313

Orders and Status

By Phone: 248-823-8858

By Fax: 248-609-9439

You can fill out this Worksheet or you can use the Worksheet that is available on our website at www.skyprolegal.com, then click on the "Order" button.

Email: orders@skyprolegal.com

By Web: www.skyprolegal.com
Click on the "Order" Button

Personal Information

Plaintiff's Informat	Plaintiff's Information Defendant's Information					
Title	Mr.	Mrs.		Title	Mr.	Mrs.
	Ms.	Oth	er		Ms.	Other
Name				Name		
Address				Address		
City, State Zip				City, State Zip		
Phone				Phone		
Email				Email		
Date of Birth				Date of Birth		
Social Security #				Social Security #		
Referred By	Attorne	isement	Name:			
Case Information						
Plaintiff's Current Attorney Defendant's Current Attorney						еу
Name				Name		
Date of Marriage	/	/				
Date of Divorce	/	/				
				-		
Date of Division	Date for	which th	e alternat	e payee's benefit is	s determine	d, if not clearly
	spelled o	out in the	judgmen	t of divorce or sepa	arate mainte	enance.
	/	/				

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Payment Information			
	ment of Sky Professional Solutions' fees? ndant Split Defendant %		
Payment Type Check/Cash (enclosed)	Credit Card (Visa/Mastercard/Discover/American Express)		
_	isa/Mastercard/Discover/American Express)		
Name (As it appears on card) Card Number			
Expiration Date			
CSC*	A		
Charge Amount	\$		
Billing Address	Plaintiff's Address Defendant's Address Other		
Billing Address			
Billing Phone Number	() -		
Email to send receipt			
Signature:			

*For Mastercard/Visa, CSC is the last 3 digits in the signature area on the back of your card. For American Express, CSC is the 4 digits on the front of the card above the number.

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Plan 1	

Plaintiff	Date of Hire	1 1
Employer Phone # Plan Name Employment Status Select one:	Employee	Plaintiff Defendant
Plan Name Employment Status Select one:	Employer Name	
Select one: Employment Ended Retired Retirement Date:	Employer Phone #	
Status	Plan Name	
### Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit) #### Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit) ###################################	Employment	Select one: Employment Ended Retired
Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit) Employment Type Plan Type Select one:	Status	Employed End Date: Retirement Date:
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Annuity or Joint and Survivor Benefit) Employment Type Select one:		
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Employment Type Plan Type Select one:		·
Plan Type Select one: Defined Benefit (Pensions) Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.) Plan 2 Date of Hire		Survivor Benefit)
Plan Type Select one: Defined Benefit (Pensions) Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.) Plan 2 Date of Hire	Employment Type	Solort and: Hourly Soloried
Plan 2 Date of Hire		
Plan 2 Date of Hire	гіан туре	
Date of Hire Employee Employer Name Employer Phone # Plan Name Employment Status Select one:		(i chistoria) Train, 405(b) Francesca,
Employer Name Employer Phone # Plan Name Employment Status Select one:	Plan 2	·.O`
Employer Name Employment Status Select one:		
Employment Status Select one:		☐ Plaintiff ☐ Defendant
Plan Name Employment Status Select one:		40°.0°
Select one:	, ,	
Employed End Date: Retirement Date: / / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit) Employment Type Select one:		
Employment Type Select one: Hourly Salaried Plan Type Select one: Defined Benefit Defined Contribution (401(k) (Pensions) Plan, 403(b) Plan, 457 Plan etc.) Plan 3 Date of Hire / / Employee Plaintiff Defendant Employer Name Employer Phone # Plan Name Employer Phone # Select one: Employed End Date: Retirement Date: / / / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit) Employment Type Select one: Hourly Salaried Plan Type Select one: Defined Benefit Defined Contribution (401(k))		
Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit) Employment Type Select one:	Status	Employed End Date: Retirement Date:
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Date of Hire Fimployee		(* enderte)
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Plan Type Select one: Defined Benefit Defined Contribution (401(k)		Survivor Belletty
Plan Type Select one: Defined Benefit Defined Contribution (401(k)	Employment Type	Select one: Hourly Salaried
	,,	

Attach additional copies of this sheet if you have more than 3 orders.

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Fee Schedule

QDRO, EDRO, Federal Pension (FERS or CSRS), Military \$400

Review Opposing Counsel's Order \$300

Pension Valuation \$225

Expert Witness Testimony Fees \$250/per hour

IRA Transfer Forms \$200

Consultation Please Call for Quote

248-823-8858





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Payment

All fees must be paid in order for work to begin. You can pay by visiting our website at www.skyprolegal.com, then click on the "Pricing" button.

Email: orders@skyprolegal.com

By Web: <u>www.skyprolegal.com</u> Click on the "Order" Button

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QDROs/EDROs/DROs Checklist

QDRO/EDRO/DRO Worksheet completed
Payment included or paid online. All fees must be paid in order for work to begin. You can pay by visiting our website at www.skyprolegal.com/payment .
Judgment of Divorce (all pages)
Account statement(s) for all accounts
Any information provided by the Plan Administrator (i.e. summary plan descriptions and sample QDROs) that you have obtained.

All documents should be faxed to 248-609-9439, emailed to orders@skyprolegal.com, or mailed. Please include a reference to the last name of the divorced parties.

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