

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

Email: orders@skyprolegal.com

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

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.

Personal Information

Plaintiff's Information		Defendant's Information	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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	<input type="checkbox"/> Website <input type="checkbox"/> Advertisement Where? <input type="checkbox"/> Attorney Name: <input type="checkbox"/> Judgement of Divorce <input type="checkbox"/> Other:
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Case Information

Plaintiff's Current Attorney	Defendant's Current Attorney
Name	Name
Date of Marriage	/ /
Date of Divorce	/ /
Date of Division	Date for which the alternate payee's benefit is determined, if not clearly spelled out in the judgment of divorce or separate maintenance. <div style="text-align: center;">/ /</div>

Payment Information

Who is responsible for payment of Sky Professional Solutions' fees?

Plaintiff Defendant Split
Plaintiff % Defendant %

Payment Type

Check/Cash (enclosed) Credit Card (Visa/Mastercard/Discover/American Express)

Credit Card Information (Visa/Mastercard/Discover/American Express)

Name (As it appears on card)	
Card Number	
Expiration Date	
CSC*	
Charge Amount	\$
Billing Address	<input type="checkbox"/> Plaintiff's Address <input type="checkbox"/> Defendant's Address <input type="checkbox"/> 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.

Plan 1

Date of Hire	/ /		
Employee	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		
Employer Name			
Employer Phone #			
Plan Name			
Employment Status	Select one: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Ended <input type="checkbox"/> Retired End Date: / / Retirement Date: / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit)		
Employment Type	Select one: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
Plan Type	Select one: <input type="checkbox"/> Defined Benefit (Pensions) <input type="checkbox"/> Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.)		

Plan 2

Date of Hire	/ /		
Employee	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		
Employer Name			
Employer Phone #			
Plan Name			
Employment Status	Select one: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Ended <input type="checkbox"/> Retired End Date: / / Retirement Date: / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit)		
Employment Type	Select one: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
Plan Type	Select one: <input type="checkbox"/> Defined Benefit (Pensions) <input type="checkbox"/> Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.)		

Plan 3

Date of Hire	/ /		
Employee	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		
Employer Name			
Employer Phone #			
Plan Name			
Employment Status	Select one: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Ended <input type="checkbox"/> Retired End Date: / / Retirement Date: / / Form of retirement elected (i.e. Single Life Annuity or Joint and Survivor Benefit)		
Employment Type	Select one: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
Plan Type	Select one: <input type="checkbox"/> Defined Benefit (Pensions) <input type="checkbox"/> Defined Contribution (401(k) Plan, 403(b) Plan, 457 Plan etc.)		

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

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.

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.