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TAMPA, FLORIDA 33606  
(813) 254-0156 - TELEPHONE  
(813) 254-0157 - FACSIMILE

**CLIENT INFORMATION FORM - QDRO**

Date: \_\_\_\_\_

**1. Personal Information**

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

Preferred Name/Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Is this the address where you would like us to contact you?  Yes  No

If no, please provide a contact address: \_\_\_\_\_

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

Contact Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Secure E-mail address: \_\_\_\_\_

Is it Ok to contact you regarding your case at the above e-mail address?  Yes  No

Are you the  Plan Participant or  Alternate Payee

Were you represented by an attorney in your dissolution of marriage?  Yes  No

If yes, attorney's name: \_\_\_\_\_

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

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

**2. Case Information**

County and State in which the case was finalized: \_\_\_\_\_

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

Date of Final Judgment: \_\_\_\_\_

**3. Opposing Party Information**

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

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Contact Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is your relationship to the opposing party? \_\_\_\_\_

Is the opposing party the \_\_\_\_\_ Plan Participant or \_\_\_\_\_ Alternate Payee

Was the opposing party represented by an attorney in your dissolution of marriage? \_\_\_ Yes \_\_\_ No

If yes, attorney's name: \_\_\_\_\_

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

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

Do you believe the opposing party will cooperate? \_\_\_ Yes \_\_\_ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

#### 4. **Plan Information:**

##### **Plan 1**

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

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

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Official Name of Plan: \_\_\_\_\_

Participant's Account Number: \_\_\_\_\_

Date that Plan Participant began Plan participation: \_\_\_\_\_

Is the Plan Participant Retired? \_\_\_ Yes \_\_\_ No

If yes, date of retirement: \_\_\_\_\_

If retired, did Plan Participant spouse elect survivor benefits? \_\_\_ Yes \_\_\_ No

Type: 50% Joint & Survivor, 100% Joint & Survivor \_\_\_\_\_

##### **Plan 2**

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

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Official Name of Plan: \_\_\_\_\_

Participant's Account Number: \_\_\_\_\_

Date that Plan Participant began Plan participation: \_\_\_\_\_

Is the Plan Participant Retired? \_\_\_ Yes \_\_\_ No

If yes, date of retirement: \_\_\_\_\_  
If retired, did Plan Participant spouse elect survivor benefits? \_\_\_\_ Yes \_\_\_\_ No  
Type: 50% Joint & Survivor, 100% Joint & Survivor \_\_\_\_\_

**5. Military:**

Reservist or Active Duty? \_\_\_\_\_ Branch of Service: \_\_\_\_\_  
Date of Entry into Military: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_  
Rank or Pay Grade at Final Judgment: \_\_\_\_\_  
Was the Survivor Benefits Plan Elected? \_\_\_\_ Yes \_\_\_\_ No

**6. Please provide the following documents:**

- \_\_\_\_\_ A. Copies of latest plan statements for which you are seeking a QDRO
- \_\_\_\_\_ B. Final Judgment or other order entitling you to a QDRO
- \_\_\_\_\_ C. Copy of Marital Settlement Agreement, if not part of your Final Judgment
- \_\_\_\_\_ D. Copy of latest retirement check information or Retiree Account Statement
- \_\_\_\_\_ E. DD214 (Military only)
- \_\_\_\_\_ F. Points Summary (Military Reservist only)

**7. How did you hear about our firm?**

Referred by: \_\_\_\_\_  
\_\_\_\_ Internet \_\_\_\_ Driving by \_\_\_\_ Newspaper \_\_\_\_ Other: \_\_\_\_\_

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**I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign a Retainer Agreement for Legal Services with attorney and pay the required retainer.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**RETIREMENT INFORMATION RELEASE AUTHORIZATION**

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

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

S.S.N.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State & ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_

The above named Participant hereby gives consent for the Plan Administrator (or agents) to provide any and all information concerning qualified plan benefits to necessary parties named below for the sole purpose of preparing a Qualified Domestic Relations Order. Information shall include, but not be limited to:

1. Providing copies of Summary Plan Descriptions.
2. Providing copies of sample QDRO and procedures for processing.
3. Copies of current plan benefits.
4. Pre-approval of proposed orders, if the plan customarily provides this service.

Necessary Parties:

1. Attorney for Alternate Payee: \_\_\_\_\_

2. Attorney for Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_