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QDRO FACT SHEET

This Fact Sheet is designed to be completed by an attorney or staff that understands the terminology of QDROs and Family Law, and the importance of accurate information. If this Fact Sheet is being completed by a client, the client should consult with his or her attorney prior to submitting the form to my office.

1.	Plan l	Participant (Employee)	
	a.	Full Legal Name:	
	b.	SS# (Must have complete #. Do not omit for security reasons):	
	c.	DOB:	
	d.	Current address:	
	e.	Attorney for Participant:	
		Legal Assistant's email:	
	f.	Date of beginning of Plan participation:	
	g.	Employee ID No. (if any):	
	h.	Date of termination of Plan participation (if any):	
	i.	Is the participant currently receiving retirement benefits from this Plan:	
	j.	Employment status of participant (active, laid-off, terminated or retired):	
	k.	Was the employee hourly or salaried or both:	
2.	Alternate Payee (Non-employee spouse)		
	a.	Full Legal Name:	
	b.	SS# (Must have complete #. Do not omit for security reasons):	
	c.	DOB:	
	d.	Current address:	
	e.	Attorney for Alternate Payee:	
		Legal Assistant's email:	
3.	Facts		
	a.	Date of Marriage:	
	b.	Date of Divorce:	
	c.	Date of Division if different from Date of Divorce (must be contained in Decree):	
	d.	How is the plan to be divided pursuant to the Decree:	
		To Participant:	
		To Alternate Payee:	
	e.	Has the Court signed a previous QDRO in this case on this Plan:	

4. The Plan

NOTE: Inquire about <u>all</u> retirement programs available to the employee. Use a different fact sheet for each retirement plan, even if with the same company.

a.	Plan Sponsor (Employer):
b.	Exact name of the Plan:
c.	Name of Plan Administrator or HR contact:
d.	Address of Plan Administrator:
e.	Telephone number of Plan Administrator or HR contact:

I MUST HAVE THE FOLLOWING INFORMATION FOR EVERY QDRO:

- 1. FEE OF \$350.00 PER QDRO;
- 2. NAMES, ADDRESSES, PHONE NUMBERS & BAR NUMBERS OF THE ATTORNEYS INVOLVED IN CASE THAT WILL BE APPROVING THE QDRO (ATTORNEY SIGNATURE PAGE OF DECREE IS SUFFICIENT);
- 3. COPY OF THAT PORTION OF DECREE THAT DIVIDES THE PLAN AND COPY OF FIRST PAGE OF A PLEADING FOR STYLE & CAUSE NUMBER. (SOME PLANS REQUIRE RECENTLY CERTIFIED COPIES OF DECREE. WE WILL ADVISE IF APPLICABLE). IF AMENDING A QDRO, WE NEED A COPY OF THE PRIOR QDRO AND ANY PLAN REJECTION LETTER;
- 4. IF AVAILABLE, COPY OF PLAN SUMMARIES, RECENT PLAN STATEMENT, SAMPLE QDRO FORMS. IF NOT AVAILABLE, PLEASE MAKE CERTAIN I HAVE THE EXACT PLAN NAME AND PLAN CONTACT INFORMATION; AND
- 5. IF MILITARY RETIREMENT INVOLVING RESERVE DUTY, COPY OF YEARLY "POINTS" STATEMENT, UNLESS ALL POINTS EARNED DURING MARRIAGE.

If the Decree is silent as to certain options, such as the benefit form, surviving spouse benefits, or earnings on defined contribution plans, I will include the most common provisions as defaults. If you desire different options, you must advise me. Many Plans now charge a fee to process a QDRO. Any fees charged by the Plan are not included in the fees paid to me and must be paid by one or both parties. Any filing fee charged by the District or County Clerk is also not included in my fee.

MY FEE INCLUDES ANY NEEDED REVISIONS TO GET PLAN APPROVAL. IN MOST CASES, I WILL REQUIRE ADDITIONAL INFORMATION OR DIRECTION TO REVISE THE QDRO. IF CHANGES NEED TO BE MADE, PLEASE CONTACT ME AND I WILL MAKE THE CHANGES AT NO ADDITIONAL FEE. ANY ADDITIONAL FILING FEES ARE TO BE PAID BY THE CLIENT OR REQUESTING ATTORNEY.

QDRO PREPARATION IS SUBJECT TO THOSE TERMS AND CONDITIONS CONTAINED IN THE "QDRO PREPARATION" DOCUMENT AVAILABLE ON MY WEB SITE. THE COMPLETION AND RETURN OF THIS QDRO FACT SHEET INDICATES YOUR ACCEPTANCE OF THOSE TERMS AND CONDITIONS. IT IS ESSENTIAL THAT THE ATTORNEYS AND THE PARTIES CAREFULLY REVIEW THE QDRO TO ENSURE IT COMPLIES WITH THE INTENT OF THE PARTIES AND/OR THE COURT AND CONTAINS NO TYPOS.

Revised May 2015