

## ORDER CHECKLIST

(Use this Checklist to prepare a "QDRO" or "QUADRO," governmental "DRO" or "COAP," military "QCO" or any other related Domestic Relations Order.)

**Instructions:** Please answer the following questions and **email** to: [stan@stanbeutlerjd.com](mailto:stan@stanbeutlerjd.com), or **fax** to: (435) 634-1949, or **mail** to: Stan Beutler, Esq., Mainstreet Plaza, 20 North Main Street, Suite 301, St. George, UT 84770, **phone:** (435) 634-1777, **web:** [www.stanbeutlerjd.com](http://www.stanbeutlerjd.com).

1. Please provide the following information about the Employee (Plan Participant) whose retirement benefits are being divided:

Name:

Address, City, State, Zip:

Telephone Number:

E-mail address:

Social Security Number:

Date of Birth:

2. Please provide the following information about the Alternate Payee (Spouse or Former Spouse of Employee) who is awarded the Employee's retirement benefits:

Name:

Address, City, State, Zip:

Telephone Number:

E-mail address:

Social Security Number:

Date of Birth:

3. What is the date of divorce?

(We can still begin if not divorced)

4. What is the date of separation?

(We can still begin if not separated)

5. What is the date of marriage?

6. Please provide a copy of a plan statement or other plan correspondence, if available.  
(For IRAs or TSAs, please provide a statement that has the account number.)

7. Please provide a copy of the cover page only of a court document that has your court information, i.e. name of court, case or index number, your names as they were listed in the court documents. (Note: We can still begin if you have not filed yet. Please call me to discuss.)

8. Please provide a copy of the page(s) in your divorce decree and separation or settlement agreement that addresses the division of retirement plan benefits.

9. **ORDER #1** Please provide the following information about Employer or Union:  
(If this is for a TSA, 403(b) or IRA QDRO, list the sponsor information instead.)

Name of Employer:

Address, City, State, Zip of Employer or Plan Sponsor:

Employer QDRO Contact:

Telephone and/or Fax Number:

E-mail Address:

Plan Name:

**ORDER #2** (if 2<sup>nd</sup> Order needed) Provide the following information about the Employer:  
(If this is for a TSA, 403(b) or IRA QDRO, list the sponsor information instead.)

Name of Employer:

Address, City, State, Zip of Employer:

Employer QDRO Contact:

Telephone and/or Fax Number:

E-mail Address:

Plan Name:

10. Please provide the following information about the Participant's employment history:  
(**Applicable ONLY for defined benefit pensions, government and military orders**)

Date Participant began employment (if available):

Date Participant terminated employment (if available):

Is Participant retired? ( ) Yes ( ) No

Is Participant currently receiving payments from the plan(s)? ( ) Yes ( ) No

Military Branch: \_\_\_\_\_ ( ) Active ( ) Guard or Reserve Salary Grade: \_\_\_\_