



1520 Old Hickory Drive, La Crescent, MN 55947  
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### **QUALIFIED DOMESTIC RELATIONS ORDER INTAKE FORM**

(Please send a separate form for each benefit to be divided.)

Date: \_\_\_\_\_ Attorney's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attorney Represents** Husband or Wife? (circle one) Representing yourself? \_\_\_ Petitioner \_\_\_ Respondent

.....

\_\_\_\_\_  
**Name of the Participant** (pension/retirement plan holder)

\_\_\_\_\_  
Participant's mailing address

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

\_\_\_\_\_  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Cellphone: \_\_\_\_\_

\_\_\_\_\_  
**Name of Alternate Payee** (non-participant Spouse)

\_\_\_\_\_  
Alternate Payee's mailing address

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

\_\_\_\_\_  
Email address: \_\_\_\_\_

\_\_\_\_\_  
Cellphone: \_\_\_\_\_

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**Official Plan Name:** \_\_\_\_\_

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

**Cut-Off Date of Marital Property Accruals:** \_\_\_\_\_

(the cutoff date to be used when dividing the benefit)

**Plan Participation Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_ **Retirement Date:** \_\_\_\_\_

(Date of hire – date enrolled in plan)

(Last date of work)