

**QDRO REQUEST FORM - PART A**

Instructions: Complete one part A for each matter and one Part B for each plan to be divided.

<b>QDRO Request Checklist</b>	<b>Send To:</b>
<ul style="list-style-type: none"> <li>- Part A. Complete 1 for each matter</li> <li>- Part B(s). Complete 1 for each Plan to be divided</li> <li>- Plan Documents. Send along any plan documents including a recent account statement for each plan</li> <li>- Marital Settlement Agreement Language</li> <li>- QDRO Fee</li> </ul>	<p>Mail to: Divorce Financial Solutions, LLC 126 N. Jefferson Street, Suite 300 Milwaukee, WI 53202</p> <p>Fax to: 414-294-4789      Email to: web@divfinsolutions.com</p>

<b>I. Engagement Information</b>			
<b>Engaging Client:</b>	Husband's Attorney	Wife's Attorney	Joint Engagement
(if you are a client without an attorney, please contact our office for pro se QDRO request forms and procedures)			
<b>Correspondence sent to: (check all that apply)</b>	Husband's Attorney	Wife's Attorney	
	Husband	Wife	
<b>Correspondence sent by:</b>	Mail	Fax (Final Draft by Mail)	E-mail (Final Draft in PDF)

<b>II. Case Information</b>			
Case Number	County	Family Court Branch	Honorable Judge
Legal Separation	Divorce	Date of Marriage	Date of Divorce/Legal Separation
<b>Husband is:</b>	Petitioner	Respondent	Joint Petitioner
<b>Wife is:</b>	Petitioner	Respondent	Joint Petitioner

<b>III. Husband Information</b>				
First Name	MI	Last Name	Date of Birth	Social Security Number
Mailing Address		City	State	Zip
Phone	Fax	E-mail		

<b>IV. Husband's Attorney Information</b>				
First Name	MI	Last Name	Firm Name	
Mailing Address		City	State	Zip
Phone	Fax	E-mail		

<b>V. Wife Information</b>				
First Name	MI	Last Name	Date of Birth	Social Security Number
Mailing Address		City	State	Zip
Phone	Fax	E-mail		

<b>VI. Wife's Attorney Information</b>				
First Name	MI	Last Name	Firm Name	
Mailing Address		City	State	Zip
Phone	Fax	E-mail		