

Referred By: _____

FERS/CSRS DIVORCE ORDER QUESTIONNAIRE

1. Your full name: _____
2. Your Spouse's/Ex-Spouse's full name: _____
3. Who is the Plaintiff: _____
4. Which spouse owns the Pension: _____
5. Your date of birth: _____
6. Spouse's/Ex-Spouse's date of birth: _____
7. Your Social Security Number: _____
8. Spouse's/Ex-Spouse's Social Security Number: _____
9. Your full mailing address: _____

10. Spouse's/Ex-Spouse's full mailing address: _____

11. Date of marriage: _____
12. Date of divorce: _____
13. State of Divorce litigation: _____
14. Date of separation (If this is the date that the benefit is to be computed): _____
15. **PLEASE ATTACH** a copy of the underlying *Order* or *Decree*, permitting the division of the FERS/CSRS.
16. Type of Service CSRS/FERS: _____
17. Date member entered the plan: _____
18. Provide all dates of service and/or credits for service: _____

19. Member's current or retired rank and service (i.e. GS4 Step 4, Forest Service, Fireman, FBI Agent, FAA Air Traffic Controller, etc.): _____

20. Date member retired: _____

21. Date member is first eligible to retire: _____

22. Is there a Survivor Annuity: _____

a. If so, will Spouse/Ex-spouse receive the survivor annuity: _____

23. If spouse dies before member, does the spouse want the annuity to go to his/her estate?: _____

24. Does the member have a government Thrift Savings Plan: _____

a. If so, How is it to be divided: _____

b. What is the valuation/assignment date: _____

c. Are there any pre-marital contributions: _____

d. What was the value on the date of marriage: _____

e. What was the average rate of return from the date of marriage to the date of divorce/separation: _____

25. Does the member have active military service which has been converted or reserve time or is a current member of the reserves: _____

a. Please include a copy of the Chronological History of Service obtained from DFAS or the Service Personnel Office.

Contact information:

Email: _____

Phone: Land: _____

Cell: _____

Fax: _____

Please scan and email this form along with any other pertinent information to kristina@willicklawgroup.com, fax (702) 438-5311, or mail to:

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