

Referred By: \_\_\_\_\_

## PERS QUESTIONNAIRE

1. Your Full Name: Mr. Ms. \_\_\_\_\_
2. Your Ex Spouse's Name: Mr. Ms. \_\_\_\_\_
3. Who is the Plaintiff? \_\_\_\_\_
4. Who owns the Pension? \_\_\_\_\_
5. Your Date of Birth: \_\_\_\_\_
6. Your Social Security Number: \_\_\_\_\_
7. Your Ex Spouse's Date of Birth: \_\_\_\_\_
8. Your Ex Spouse's Social Security Number: \_\_\_\_\_
9. Your Full Mailing Address:  
\_\_\_\_\_
10. Your Ex Spouse's Full Mailing Address:  
\_\_\_\_\_
11. Date of Marriage: \_\_\_\_\_
12. Date of Divorce: \_\_\_\_\_
13. In what state were/are you divorced/divorcing? \_\_\_\_\_
14. Date of Separation (or the date the benefit is to be computed): \_\_\_\_\_
15. **PLEASE ATTACH** a copy of the underlying Order or Decree permitting the division of the account by Qualified Domestic Relations Order.
16. Date member entered the plan: \_\_\_\_\_
17. Provide all dates of service and/or credits for service: \_\_\_\_\_
18. Did member purchase any service credit? YES NO
  - a. If YES, provide the date of purchased service credit: \_\_\_\_\_
  - b. Is former spouse to receive credit for purchased service credit? YES NO
  - c. Is the purchased service to be excluded from the formula to calculate the former spouse's share? YES NO

19. Member's current or retired employment/service (i.e. firefighter, police officer, etc.)?  
\_\_\_\_\_
20. Date member retired: \_\_\_\_\_
21. Date member is first eligible to retire: \_\_\_\_\_
22. Is there a survivor benefit? YES NO
23. Was a survivor beneficiary designation ordered by the court, either in the Decree or QDRO?  
YES NO
- If YES, who was designated? \_\_\_\_\_
24. Has a retirement option been selected or ordered? (Ex. Options 1-7) YES NO  
If YES, please specify: \_\_\_\_\_
25. If Ex Spouse dies before the member, does Ex Spouse want the annuity to go to his/her estate? YES NO
26. Will Ex Spouse share in post-retirement increases? YES NO
27. If the member has retired, are there any arrearages owed to the ex spouse? YES NO  
If YES, does the ex spouse plan to seek re-payment of those funds? YES NO
28. Do you have a copy of your PERS Estimate Calculation for Service Retirement?  
If so, **PLEASE ATTACH** a copy to this form.

**Your Contact Information:**

E-mail address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please scan and email this form along with any other pertinent information to:  
[kristina@willicklawgroup.com](mailto:kristina@willicklawgroup.com), Fax to: (702) 438-5311, or Mail to:

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