



MARTEN LAW

P.A.

Alfred D. Marten, Esq.
(561) 570-1600 Ph
(561) 570-1601 Fax
amarten@marten-law.com

Marten-Law, P.A.
8461 Lake Worth Rd #404
Lake Worth, FL 33467
www.marten-law.com

CLIENT INFORMATION SHEET – QDRO

Date: _____

1. Personal Information

Full Name: _____

Preferred Name/Nickname: _____

Aliases/Prior Names: _____

Birthdate: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this the address where you would like us to contact you? ____ Yes ____ No

If no, please provide a contact address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____

Cell: _____

Secure E-mail address: _____

Is it Ok to contact you regarding your case at the above e-mail address? ____ Yes ____ No

Does anyone else (Spouse, child, etc.) have access to this e-mail address? ____ Yes ____ No

Are you the _____ Plan Participant or _____ Alternate Payee

If you are the Plan Participant, do you give permission to our office to disclose your name to Plan personnel? ____ Yes ____ No ____ N/A

2. Service and Case Status

Has a Final Judgment been entered in this matter? ____ If yes, date entered _____

Were you represented by an attorney in this matter? ____ Yes ____ No

If yes, attorney's name(s): _____

3. Opposing Party Information

Full Name: _____

Aliases/Prior Names: _____

Birthdate: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

What is your relationship to the opposing party? _____

Is the opposing party the _____ Plan Participant or _____ Alternate Payee

Is the opposing party represented by an attorney in this matter? _____ Yes _____ No

If yes, attorney's name: _____

Attorney's Address: _____

City: _____ State: _____ Zip: _____

4. Plan Information:

Sponsor: _____ Phone: _____

FAX: _____

Plan names:

a. _____ Effective Date: _____

b. _____ Effective Date: _____

c. _____ Effective Date: _____

Date of Commencement of Plan Participant's Employment: _____

Is the Plan Participant Retired? _____ Yes _____ No

If yes, date of retirement: _____

5. Please provide the following documents:

- _____ A. Copies of latest plan statements. **Very Important.**
- _____ B. Copy of any pleading with style of case, case number, attorneys' names, addresses, phone, fax and State Bar numbers.
- _____ C. Copy of decree, judgment, agreement, Rule 11, etc. as to all plan benefits.
- _____ D. Copy of latest retirement check information (if retired).

6. Detailed Account of acts & circumstances giving rise to seeking legal assistance:

7. How did you hear about our firm?

Referred by: _____
_____ Internet _____ Driving by _____ Newspaper _____ Other: _____

I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign an Agreement for Legal Services with attorney and pay the required retainer.

Signature

Printed Name

Date

If you wish to pay for your consultation by credit card, please provide the following information:

Credit Card No./expiration date: _____

Type of Card (i.e. Mastercard, Visa, Discover, AmEx): _____

Address & Zip Code where you receive the bill for the credit card: _____

RETIREMENT INFORMATION RELEASE AUTHORIZATION

Name: _____

Date of Birth: _____

S.S.N.: _____

Street: _____

City: _____

State & ZIP: _____

Employer: _____

The above named Participant hereby gives consent for the Plan Administrator (or agents) to provide any and all information concerning qualified plan benefits to necessary parties named below for the sole purpose of preparing a Qualified Domestic Relations Order. Information shall include, but not be limited to:

1. Providing copies of Summary Plan Descriptions.
2. Providing copies of sample QDRO and procedures for processing.
3. Copies of current plan benefits.
4. Pre-approval of proposed orders, if the plan customarily provides this service.

Necessary Parties:

1. Attorney for Alternate Payee: _____

2. Attorney for Participant: _____

Signature of Participant: _____

Date: _____