



# PENSION APPRAISERS INC.<sup>®</sup>

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## MILITARY QUALIFYING COURT ORDER CHECKLIST MILITARY RETIREMENT SYSTEM (ARMY, AIR FORCE, NAVY, MARINES, COAST GUARD, AND ETC.)

### METHOD OF PREPARING MILITARY QUALIFYING COURT ORDER:

- Option #1: Online - Complete this checklist online at [www.qdrodesk.com](http://www.qdrodesk.com). Upon completing checklist download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299
- Option #2: In House - Mail this checklist with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7 business days. Unlimited Support 1-800-447-0084. Cost - \$445

Both Options are Supported by Pension Appraisers Staff

If Option #2, answer the following:

### 1. REQUESTOR INFORMATION:

Name: \_\_\_\_\_

What is the Role or Status of the Requestor?

- Attorney who represents one of the parties of the divorce. (Answer Question A.)
- One of the Parties of the divorce who is represented by an attorney. (Answer Question B.)
- One of the Parties of the divorce who is Pro Se / Pro Per. (Answer Question C.)

#### A. Answer if you are an Attorney:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you also like your Order e-mailed to you?  Yes  No

Should the Requestor's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption?  Yes  No  
If Yes:

Requestor's Name (ONLY)

Firm's Name (ONLY)

Both Requestor's and Firm's Name

Who do you Represent?

Plaintiff / Petitioner  Defendant / Respondent

Is this a Joint Request with opposing counsel?  Yes  No

If Yes:

Should we send a copy of the Order to opposing counsel?  Yes  No

If Yes:

Opposing Counsel's Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**B. Answer if you are one of the Parties of the divorce who is represented by an attorney.**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Your Attorney's:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Should your Attorney's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If Yes:**

\_\_\_\_\_ Attorney's Name (ONLY)  
\_\_\_\_\_ Firm's Name (ONLY)  
\_\_\_\_\_ Both Attorney's and Firm's Name

**C. Answer if you are Pro Se / Pro Per.**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**2. COURT INFORMATION:**

Name of Court: \_\_\_\_\_  
State: \_\_\_\_\_ County: \_\_\_\_\_  
Division: \_\_\_\_\_ Docket Number: \_\_\_\_\_  
Which party filed for divorce? \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both

In addition to the Judge's, what signature lines should come at the end of the Order?

\_\_\_\_\_ None  
\_\_\_\_\_ Both Husband and Wife  
\_\_\_\_\_ Attorneys for Husband and Wife  
\_\_\_\_\_ Husband and Wife and Attorneys for Both  
\_\_\_\_\_ Opposing Atty. Name: \_\_\_\_\_

3. PARTICIPANT: (Military Member)

Name of Participant: \_\_\_\_\_

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

Last Known Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

4. FORMER SPOUSE: (Non-Employee Spouse)

Name of Former Spouse: \_\_\_\_\_

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

Last Known Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

5. MISCELLANEOUS INFORMATION:

Should Social Security Numbers appear in the Order? \_\_\_\_ Yes \_\_\_\_ No

Marriage Date: \_\_\_\_\_

Are the Parties Divorced? \_\_\_\_ Yes \_\_\_\_ No

If Yes:

Date of Divorce: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

Exact Plan Name: MILITARY RETIREMENT SYSTEM

For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?

No (Only Option - this plan will not pre-approve an order)

Date Participant Joined The Plan: \_\_\_\_\_

Is the Participant still employed? \_\_\_\_ Yes \_\_\_\_ No

If No:

Termination Date: \_\_\_\_\_

Is the Participant retired and receiving retirement benefits? \_\_\_\_ Yes \_\_\_\_ No

If Yes:

Retirement Date: \_\_\_\_\_

6. Branch of Service:

- \_\_\_\_\_ Air Force
- \_\_\_\_\_ Air Force Reserve
- \_\_\_\_\_ Air National Guard
- \_\_\_\_\_ Army
- \_\_\_\_\_ Army Reserve
- \_\_\_\_\_ Army National Guard
- \_\_\_\_\_ Coast Guard
- \_\_\_\_\_ Coast Guard Reserve

- \_\_\_\_\_ Marine Corps
- \_\_\_\_\_ Marine Corps Reserve
- \_\_\_\_\_ Navy
- \_\_\_\_\_ Naval Reserve
- \_\_\_\_\_ Public Health Service
- \_\_\_\_\_ National Oceanic & Atmospheric Administration

7. Were the Parties married for at least 10 years of the Participant's service in the Military?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is no, the Former Spouse cannot receive direct payment from the Military Retirement System as Marital Property. However, there is no length of marriage requirement for getting a share paid as support. If the parties were not married for 10 years should we structure the order to make direct payments for support?

\_\_\_\_\_ Yes \_\_\_\_\_ No

8. Percent or Dollar Amount of Member's monthly retirement benefit to be paid by the Plan to the Former Spouse? No matter which option is chosen, the payment to the Former Spouse may not exceed 50% of Member's Disposable Retired Pay.

Dollar Amount per Month: \$ \_\_\_\_\_

Percent: \_\_\_\_\_ %

\_\_\_\_\_ Option #1: Percent of Total as of the Date of Retirement: The Former Spouse will receive a percentage of the total accrued benefit as of the Date of Retirement. (This option includes any pre-marital and post-marital credited service).

\_\_\_\_\_ Option #2: Percent of the Marital Portion as of the Date of Retirement:

\_\_\_\_\_ RESERVE PERSONNEL: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of points accumulated by the Participant during the marriage and the denominator of which is the total number of points accumulated by the Participant at the time of Retirement (You must obtain information relative to the number of points accumulated)

\_\_\_\_\_ FULL TIME PERSONNEL: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of the Participant's participation in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's participation in the Plan through Retirement.

\_\_\_\_\_ Option #3: Percent of the Marital Portion using "Frozen" Approach:

(ONLY APPLICABLE FOR FULL-TIME ACTIVE OR ACTIVE RESERVE PERSONNEL)

\_\_\_\_\_ RESERVE PERSONNEL: The Marital Property Component shall be determined using a "frozen" approach. The Alternate Payee shall receive \_\_\_\_\_% of the disposable military retired pay the Participant would have received had the Participant become eligible to receive military retired pay at age 60 at the rank of \_\_\_\_\_ with \_\_\_\_\_ points and \_\_\_\_\_ years of service for basic pay purposes. (you must complete the blanks)

\_\_\_\_\_ FULL TIME PERSONNEL: The Marital Property Component shall be determined using a "frozen" approach. The Alternate Payee shall receive \_\_\_\_\_% of the disposable military retired pay the Participant would have received had the Member retired at the rank of \_\_\_\_\_ with \_\_\_\_\_ years of creditable service. (you must complete the blanks)

9. Should the Former Spouse receive a pro-rata share of any Cost of Living Adjustments?

\_\_\_\_\_ Option #1 - Yes (Only option if a Percentage is stated in Question #8)

\_\_\_\_\_ Option #2 - No

10. When will Former Spouse's benefits start?

As soon as administratively feasible following the date the Order is found to be a Retired Pay Court Order or on the date the Military Member begins receiving Disposable Retired Pay, if later. (Only Option)

11. Length of time benefits will be paid by the Plan to the Alternate Payee.

\_\_\_\_\_ Payments to the Alternate Payee stop when either the Participant or Alternate Payee dies, or at an earlier date if desired which is \_\_\_\_\_.

12. **Should the Former Spouse be entitled to a Survivor Benefit Plan (SBP) Annuity? (Means a recurring benefit that is payable, after the Military Member retires and dies, to a former spouse who has not remarried before becoming 55 years of age.)**

\_\_\_\_\_ Option #1 – No

\_\_\_\_\_ Option #2 - Yes - Maximum Possible Annuity (55% of Retired Pay before any reductions)

13. **The Member’s rights under the Service Members Civil Relief Act were observed by the Court as evidenced by:**

**(ONLY APPLICABLE FOR FULL-TIME ACTIVE OR ACTIVE RESERVE PERSONNEL)**

\_\_\_\_\_ The Member’s presence at the divorce proceedings.

\_\_\_\_\_ The presence of the Member’s legal counsel at the divorce proceedings.

\_\_\_\_\_ The Member’s affirmative signature on the divorce decree and/or separation agreement.

14. **Payment can be made by Check, Money Order or Credit Card.**

**Credit Card:** \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Discover

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address of the credit card: \_\_\_\_\_

Checks and Money Orders should be made payable to Pension Appraisers, Inc.

**PLEASE NOTE:** Requests accompanied by personal checks will be held for two weeks to ensure that the check clears.

FAX THIS REQUEST FORM TO: 610-770-9342 (only if paying by credit card)

MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 18105

Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.