



PENSION APPRAISERS INC.[®]

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DOMESTIC RELATIONS ORDER CHECKLIST FOR THE STATE OF NEW JERSEY RETIREMENT SYSTEMS

METHOD OF PREPARING DOMESTIC RELATIONS ORDER:

_____ Option #1: Online - Complete this checklist online at 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 DRO 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 _____ Defendant

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:

- _____ Requestor's Name (ONLY)
- _____ Firm's Name (ONLY)
- _____ Both Requestor'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: (Employee Spouse)**

Name of Participant: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

4. **ALTERNATE PAYEE: (Non-Employee Spouse)**

Name of Alternate Payee: _____

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?

No (Only Option - The State of New Jersey does not permit Confidential Personal Identifiers to be included with any document submitted to the court)

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.)

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: _____

Plan Name to which this Order applies:

_____ The Public Employees' Retirement System of New Jersey - (Answer Question #7)

_____ The Police and Firemen's Retirement System of New Jersey - (Answer Question #7)

_____ The State Police Retirement System of New Jersey - (Answer Question #7)

_____ The Judicial Retirement System of New Jersey - (Answer Question #7)

_____ The Teachers' Pension and Annuity Fund of New Jersey - (Answer Question #7)

_____ New Jersey State Employees Deferred Compensation Plan - (Answer Question #8)

7. **Percent or Dollar Amount of Participant's Retirement Allowance to be paid by the Division of Pensions and Benefits to the Alternate Payee?**

_____ **Option #1: Percent of Marital Share:** _____ %

(If a Percent of Marital Share is chosen above, the Marital Share will be expressed as follows: A fraction, the numerator of which is the total number of months of the Participant's participation in the Plan during the marriage, and the denominator of which is the total number of months of the Participant's participation in the Plan as of the date of retirement. This is the only option for determination of the portion of the benefits accumulated during the period of marriage which is acceptable to the Division of Pensions and Benefits.)

_____ **Option #2: Percent of Monthly Benefit:** _____ %

_____ **Option #3: Dollar Amount (per month):** \$ _____

_____ **Option #4 Gross Dollar Amount:** \$ _____

is (50% of the Participant's gross monthly benefit shall be paid to the Alternate Payee until the gross dollar amount designated paid in full. However, if the Participant predeceases the Alternate Payee no further payments to the Alternate Payee shall be made even if the Alternate Payee has not received payment in full.)

If a Dollar Amount (per month) is awarded, should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments? (If a Percent of Marital Share or Percent of Monthly Benefit is awarded, Post-retirement Cost of Living Adjustments will automatically apply to the Alternate Payee's share)

_____ **Yes** _____ **No**

When will the Alternate Payee's benefits start? Benefits will commence to the Alternate Payee when the Participant actually retires (Only Option)

Form of payment to the Alternate Payee: Benefits will be paid to the Alternate Payee on a monthly basis. (Only Option)

Payments to the Alternate Payee will be made only during the lifetime of the Participant. Once the Participant dies all payments to the Alternate Payee will cease. (Only Option)

the **Should the Alternate Payee be considered the surviving spouse to the extent of the marital component if Participant dies prior to retirement? The State of New Jersey Retirement System will not recognize a divorced spouse as a surviving spouse in the event of the death of the Participant. Therefore a discussion of such is unwarranted.**

8. **Percent or Dollar Amount of Participant's Total Account Balance to be paid by the Division of Pensions and Benefits to the Alternate Payee?**

_____ **Option #1: Percent** _____ % **as of a specific date which is** _____

_____ **Option #2: Dollar Amount:** \$ _____ **as of a specific date which is** _____

9. **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.