

# QDRO Services, L.L.C.

Pension Plan Specialists for the Family Law Bar

## COAP CHECKLIST (Federal Government Plans)

(Unless otherwise requested, all QDROs will be transmitted by FAX, originals to follow in U.S. Mail)

### Employee information:

1. Name: \_\_\_\_\_ Retired: Yes / No
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ 4. Date of birth: \_\_\_\_\_

### Former Spouse information:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ 4. Date of birth: \_\_\_\_\_
5. Date of Marriage: \_\_\_\_\_ 5. Date of Divorce: \_\_\_\_\_

### Federal Government Service Information:

1. Agency of the Federal Government: \_\_\_\_\_
2. Date of employment: \_\_\_\_\_ 3. Date of Retirement: \_\_\_\_\_

### Prior Military Service:

1. Branch of Service: \_\_\_\_\_
2. Date of Enlistment: \_\_\_\_\_ 3. Date of Separation: \_\_\_\_\_

**NOTE: Fees are payable in advance prior to commencement of work**

## COAP CHECKLIST (Page 2)

Please provide the indicated exhibits:

- \_\_\_\_\_ 1. Copy of any pleading with style of case, case number, attorneys' names, addresses, phone, fax and State Bar numbers.
- \_\_\_\_\_ 2. Copy of decree, judgment, agreement, Rule 11, etc. as to all benefits.
- \_\_\_\_\_ 3. Copy of latest statement of estimated benefits. **Very Important \***
- \_\_\_\_\_ 4. **Please draft COAP. Fee \_\_\_\_\_ . Payable with request.**

**NOTE: Fees are payable in advance prior to commencement of work**

### **SPECIAL INSTRUCTIONS OR REQUESTS:**

---

---

---

---

---

\_\_\_\_\_ Transmit completed order by email at the following mailbox: \_\_\_\_\_

Attorney / Mediator: \_\_\_\_\_

\* The employing agency is the proper source for employment and pay information about a current employee's service with that agency. However, if a current employee has previous employment with a **different** Federal agency, information about the employee's contributions during to the Retirement Fund during the **prior** service is available from OPM at the following address:

Associate Director for Retirement and Insurance  
U. S. Office of Personnel Management  
P. O. Box 16  
Washington, DC 20044-0016

**Please include the name, address, date of birth and Social Security Number of all children.**