

ILLINOIS

Divorce Solutions, LLC

40 Oak Hollow, Suite 105 Southfield MI 48033 Phone: 248-354-0495 Fax 248-354-2197

Part A: PERSONAL and CASE INFORMATION OF THE PARTIES

Husband Information

Full Name _____
Street Address _____
City _____
State _____
Zip code _____
Phone Number _____
Email Address _____
Date of Birth _____
Social Security Number _____

Wife Information

Full Name _____
Street Address _____
City _____
State _____
Zip code _____
Phone Number _____
Email Address _____
Date of Birth _____
Social Security Number _____

Husband's Attorney Information

Name _____
Phone Number _____
Address _____

Email Address _____

Wife's Attorney Information

Name _____
Phone Number _____
Address _____

Email Address _____

Marital Information

Date of Marriage _____
Date of Divorce/Dissolution _____

In order to begin work on your file, we need full pre-payment, Marital Settlement Agreement along with a copy of the first page so that we may add the correct caption to the draft Order (s)

ILLINOIS

Divorce Solutions, LLC

40 Oak Hollow, Suite 105 Southfield MI 48033 Phone: 248-354-0495 Fax 248-354-2197

Part B: SERVICE REQUESTED

QDRO (EDRO, DRO, Military/Civil Service Order)	\$750	@	_____ Order(s)	=	Sub-Total
QDRO Review (Review another preparer's Order)	\$650	@	_____ Order(s)	=	Sub-Total
Premium for Rush Order	\$150	@	_____ Order(s)	=	Sub-Total
Pension Valuation	\$200	@	_____ Order(s)	=	Sub-Total
Expert Witness Testimony	\$300 per hour (\$1,500 Retainer Required)				_____ Sub-Total
					_____ Total Due

Part C: PAYMENT INFORMATION

Select One:

Check/Cash

Visa

Mastercard

Check/Cash

Visa

Mastercard

Visa/Mastercard Information

Name _____
(As it appears on card)

Card Number _____

Expiration Date _____

Charge Amount _____

Visa/Mastercard Information

Name _____
(As it appears on card)

Card Number _____

Expiration Date _____

Charge Amount _____

The Following must be returned to begin case:

Marital Settlement Agreement

Full Payment

Completed Retainer Agreement

In order to begin work on your file, we need full pre-payment, Marital Settlement Agreement along with a copy of the first page so that we may add the correct caption to the draft Order (s)

ILLINOIS
Divorce Solutions, LLC

40 Oak Hollow, Suite 105 Southfield MI 48033 Phone: 248-354-0495 Fax 248-354-2197

Part D: PLAN INFORMATION

Order 1

Employee **Select One:** Husband Wife

Employer Name _____

Employer Contact # _____

Plan Name _____

Employment Status **Select One:** Employed Terminated Retired Retirement date: _____

Select One: Hourly Salaried

Plan Type **Select One:** Defined Benefit Defined Contribution

Order 2

Employee **Select One:** Husband Wife

Employer Name _____

Employer Contact # _____

Plan Name _____

Employment Status **Select One:** Employed Terminated Retired Retirement date: _____

Select One: Hourly Salaried

Plan Type **Select One:** Defined Benefit Defined Contribution

Order 3

Employee **Select One:** Husband Wife

Employer Name _____

Employer Contact # _____

Plan Name _____

Employment Status **Select One:** Employed Terminated Retired Retirement date: _____

Select One: Hourly Salaried

Plan Type **Select One:** Defined Benefit Defined Contribution

In order to begin work on your file, we need full pre-payment, Marital Settlement Agreement along with a copy of the first page so that we may add the correct caption to the draft Order (s)