

# Michigan 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 \_\_\_\_\_

### **Was the Case Filed after September 6, 2006?**

Yes

No

In order to begin work on your file, we need full pre-payment, the Judgment of Divorce (or settlement agreement language) along with a copy of the first page so that we may add the correct caption to the draft Order (s)

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## Part B: SERVICE REQUESTED

QDRO (EDRO, DRO, Military/Civil Service Order)	\$500	@	_____ Order(s)	=		Sub-Total
QDRO Review (Review another preparer's Order)	\$500	@	_____ Order(s)	=		Sub-Total
Premium for Rush Order	\$150	@	_____ Order(s)	=		Sub-Total
Pension Valuation	\$200	@	_____ Order(s)	=		Sub-Total
Expert Witness Testimony	\$250 per hour (\$1,000 Retainer Required)				_____	Sub-Total
						_____ <b>Total Due</b>

## 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:  
Judgment of Divorce  
Full Payment  
Completed Retainer Agreement

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## 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

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