

Divorce Solutions, LLC

27777 Franklin Road, Suite #1120 Southfield MI 48034 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 _____
Social Security Number _____
Date of Birth _____
Phone Number _____
Email Address _____

Wife Information

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

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 _____

In order to begin work on your file, we need full pre-payment, the Judgment of Divorce (or Settlement Agreement) 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 (QDRO, 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
IRA Transfer Letter	\$200	@	_____ Order(s)	=	\$	-	Sub-Total
Pension Valuation	\$200	@	_____ Order(s)	=	\$	-	Sub-Total
Expert Witness Testimony	\$250 per hour (\$1,000 Retainer Required)					_____	Sub-Total
					\$	-	Total Due

Part C: PAYMENT INFORMATION

Circle 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 _____

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Part D: Retirement Assets to be Divided

QDRO 1

Employee **Circle One** Husband Wife

Employer Name _____

Employer Contact # _____

Plan Name _____

Employment Status **Circle One** Employed Terminated Retired _____
Date of Retirement

Circle One Hourly Salaried

Plan Type **Circle One** Defined Benefit Defined Contribution

QDRO 2

Employee **Circle One** Husband Wife

Employer Name _____

Employer Contact # _____

Plan Name _____

Employment Status **Circle One** Employed Terminated Retired _____
Date of Retirement

Circle One Hourly Salaried

Plan Type **Circle One** Defined Benefit Defined Contribution

QDRO 3

Employee **Circle One** Husband Wife

Employer Name _____

Employer Contact # _____

Plan Name _____

Employment Status **Circle One** Employed Terminated Retired _____
Date of Retirement

Circle One Hourly Salaried

Plan Type **Circle One** Defined Benefit Defined Contribution

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