

**Send or Scan Form, Data and Fee**  
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## PRO SE QDRO REQUEST FORM 2026

FOR DRAFT QDRO OR EQUIVALENT ORDER INCLUDING MCO, COAP, DRO AND ADRO

| PARTICIPANT INFORMATION (PLANHOLDER EMPLOYEE OF PLAN TO BE QDRO'D) |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| PARTICIPANT EMPLOYEE NAME                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| PARTICIPANT BIRTH DATE                                             |                                                                                                                                                                                                                                                                           | <input type="checkbox"/> PLAINTIFF                                                                                                       | <input type="checkbox"/> DEFENDANT |
| PARTICIPANT SOCIAL SECURITY #                                      |                                                                                                                                                                                                                                                                           | EMAIL:                                                                                                                                   |                                    |
| PARTICIPANT ADDRESS                                                |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| PARTICIPANT ENTRY DATE:                                            | (IF EXACT DATE UNKNOWN, EMPLOYMENT STARTED BEFORE MARRIAGE <input type="checkbox"/> OR DURING <input type="checkbox"/>                                                                                                                                                    |                                                                                                                                          |                                    |
| ALTERNATE PAYEE INFORMATION (NON-EMPLOYEE SPOUSE)                  |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| ALTERNATE PAYEE (AP) NAME                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| AP BIRTH DATE                                                      |                                                                                                                                                                                                                                                                           | <input type="checkbox"/> PLAINTIFF                                                                                                       | <input type="checkbox"/> DEFENDANT |
| AP SOCIAL SECURITY #                                               |                                                                                                                                                                                                                                                                           | EMAIL:                                                                                                                                   |                                    |
| AP ADDRESS                                                         |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| PERTINENT INFORMATION                                              |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| DATE OF MARRIAGE                                                   |                                                                                                                                                                                                                                                                           | MARITAL CUTOFF DATE: SEPARATION, COMPLAINT OR FILING                                                                                     |                                    |
| COUNTY AND STATE OF JURISDICTION                                   |                                                                                                                                                                                                                                                                           | COURT CASE. OR FILE #                                                                                                                    |                                    |
| EMPLOYER NAME AND EXACT PLAN NAME                                  |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| If Plan is IRA:                                                    | Many IRA's do not require QDROs. We encourage you to secure confirmation directly with the investment company that a QDRO is required before you request our drafting services. There is no refund after we have drafted the QDRO, then deemed not needed by the Plan.    |                                                                                                                                          |                                    |
| FEES                                                               |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
|                                                                    | <p>\$495 FOR EACH QDRO REQUESTED. Plan-necessitated revisions are included at no extra fee. PREAPPROVAL Plan handling directly by QDROPAQ, is included. In the rare case where we do not have the QDRO Administrator, the client is responsible for that information.</p> | <p>PAYMENT AT REQUEST BY CHECK TO QDROPAQ OR BY CREDIT CARD</p> <p>CHECK ENCLOSED \$ _____</p> <p>CREDIT CARD AUTHORIZATION \$ _____</p> |                                    |
| CARD NUMBER, EXPIRATION DATE & SECURITY CODE                       |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |
| CARDHOLDER NAME, ADDRESS & PHONE                                   |                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                    |

**DIVORCE MEDIATOR: Name & Firm** \_\_\_\_\_  
**Email** \_\_\_\_\_

**NAME OF PERSON REQUESTING THIS QDRO: Name & Email** \_\_\_\_\_

DRAFT QDRO TURNAROUND IS APPROXIMATELY 14 BUSINESS DAYS FROM RECEIPT OF FEE/FORM/SETTLEMENT AGREEMENT. THERE ARE NO ADDITIONAL FEES FOR PLAN DIRECTED REVISIONS. FULL FEE NON- REFUNDABLE AFTER QDRO DRAFTED. NO REFUNDS WILL BE PROVIDED FOR CASES THAT REMAIN INACTIVE/ WAITLISTED FOR 6 MONTHS. ADMINISTRATIVE FEES WILL BE APPLIED AT THE DISCRETION OF PAC.

**DOCUMENTS TO BE SENT WITH THIS COMPLETED FORM:** The Marital Settlement Agreement or Divorce Judgment, a recent Account Statement of the Plan to be QDRO'd and the Fee by Check to QDROPAQ or Credit Card.