
Commerford QDRO Services, LLC

QDRO INITIATION FORM

(Please Fill in all Relevant Blanks Prior to Submission)

ATTORNEYS

Attorney Requesting Draft QDRO: _____

Firm Name and Address: _____

Phone No: _____ Fax No: _____

e-mail Address: _____

Client's Name: _____

Opposing Counsel / Pro Se Party: _____

(Firm) Name and Address: _____

Phone No: _____ Fax No: _____

e-mail Address: _____

Client's Name: _____

PARTIES

Asset Holder Name: _____

Sex: _____ Date of Birth: _____

Social Security Number: _____ (Optional)

Address: _____

Alternate Party Name: _____

Sex: _____ Date of Birth: _____

Social Security Number: _____ (Optional)

Address: _____

RELEVANT DATES

Date Married: _____

Divorce Commencement / Date of Initial Filing: _____

Asset Cutoff Date (if different): _____

Stipulation / Settlement Agreement / Separation Agreement Date: _____

Final Judgement / Divorce / Legal Separation Date: _____

COURT INFORMATION (Please provide a copy of case heading If possible.)

Case Name/Caption: _____

County of Court: _____

Judge's Name: _____

Docket/Index/File Number: _____

Address of Courthouse: _____

SERVICES

_____	Settlement Structure Proposal (Pro-Rated in Quarter Hour Increments)	\$200.00
_____	General Consult (Pro-Rated in Quarter Hour Increments)	\$200.00
_____	Settlement Language to Insert in Stipulation / Settlement or Separation Agreement	\$200.00
_____	QDRO Review	\$150.00
_____	Proposed Draft QDRO / MILITARY ORDER / DRO	\$700.00
_____	Multiple Draft QDRO'S / MILITARY ORDERs / DRO's Following Initial Order	\$600.00

Submit All Correspondence to:
ATTN: Tara Commerford
Commerford QDRO Services, LLC
141 Cumberland Ave #2
Asheville, NC 28801
tara@commerfordqdroservices.net

PRE-PAYMENT REQUIRED:

● Check or Money Order Number (*enclosed*): _____ Payable to Commerford QDRO Services, LLC

*** All Personal Checks Will be Held for Clearance Prior to Service**

● Venmo or Zelle Payments Accepted

RETIREMENT ASSET

Asset Holder: _____

Asset Name: _____

Asset Address: _____

Asset Contact Name: _____ Phone No: _____

Initiation / Service Date: _____ *(Breaks in Service May be Provided Separately)*

Retirement / Termination Date: _____ *(Indicate as Applicable)*

Disability Retirement Date: _____ Ordinary / Accidental *(Indicate as Applicable)*

Monthly Benefit Commencement Date: _____ *(Indicate as Applicable)*

COMMENTS

(Please provide any relevant documentation specific to the Asset Holder's plan such as military points statement / union service record / monthly benefit statement / account statements, etc.)

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COMMENTS

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*** Please Copy this Page for Any Additional Retirement Assets**