

**“INITIAL QDRO ASSESSMENT”  
CHECKLIST**

1. Participant: (Employee)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

2. Plan(s) Name: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Plan Administrator's phone number: \_\_\_\_\_

3. Date Participant Joined Plan(s): \_\_\_\_\_

4. Schedule of Fees:

\* Internal Analysis Review                      \$200.00 per plan

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