

---

---

**QUALIFIED DOMESTIC RELATIONS ORDER QUESTIONNAIRE**

---

---

**CLIENT: MOVANT / RESPONDENT** \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ P.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ ST: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

**ADVERSE PARTY: MOVANT / RESPONDENT**

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ P.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ ST: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

**ORIGINAL ORDER & DATE OF ENTRY:**

NOTE:

CLIENTS:

EXACT NAME OF PLAN(S)	BALANCE OR STOCK AMTS	DIVISION PROVISIONS

**ADVERSE PARTY:**

EXACT NAME OF PLAN(S)	BALANCE OR STOCK AMTS	DIVISION PROVISIONS

SERVICE: YES / NO

PLACE: WORK / HOME

SERVER: PRIVATE / SHERIFF

ADVERSE PARTY'S VEHICLE: \_\_\_\_\_

**DESCRIPTION OF RESPONDENT TO BE SERVED:**

Hair Color: \_\_\_\_\_ Eye Color \_\_\_\_\_ Glasses: Yes No

Facial Hair (describe): \_\_\_\_\_

Scars or other defining traits: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

SPECIAL PLEADINGS: \_\_\_\_\_

ESTIMATED FEES: \_\_\_\_\_

FILING FEES: \$ \_\_\_\_\_ ATTORNEY FEES: \$ \_\_\_\_\_

TOTAL RETAINER FEE: \$ \_\_\_\_\_

FEE ARRANGEMENT: \_\_\_\_\_

**(PLEASE UNDERSTAND THAT CLIENTS ARE RESPONSIBLE FOR FEES INCURRED EVEN IF WE SEEK FEES FROM THE ADVERSE PARTY.)**

**FILE INFORMATION:**

SERVICE DATE: \_\_\_\_\_

DEFAULT DATE: \_\_\_\_\_

COURT DATE(S): \_\_\_\_\_