



**WEINBERG & SCHWARTZ, L.L.C.**

A FAMILY LAW FIRM

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**ODRO PREPARATION FORM**

**INSTRUCTIONS:** Please fully complete this form. The information and documents are necessary. We cannot prepare your Orders without all of this information, requested documents, and full payment, as set forth in your Retainer Agreement.

**THE PARTIES**

**Plan Participant (Employee)**

Name:

Address:

Date of Birth:

Social Security Number:

Telephone Number:

E-mail Address:

**Alternate Payee (Former Spouse)**

Name:

Address:

Date of Birth:

Social Security Number:

Telephone Number:

E-mail Address:

**THE MARRIAGE AND DIVORCE**

Date of Marriage:

Date of Divorce (if already divorced):

**THE ATTORNEYS**

**Participant's Attorney:**

Address:

Telephone Number:

E-mail Address:

**Alternate Payee's Attorney:**

Address:

Telephone Number:

E-mail Address:

**THE PLAN(S) TO BE DIVIDED**

**If more than one (1) plan is being divided, please complete this page for each plan. FOR MILITARY AND CIVIL SERVICE PLANS, USE NEXT PAGE.**

**Full and Complete Name of Plan:**

Name of Plan Administrator:

Address of Plan Administrator:

Telephone Number of Plan Administrator:

Name of Employer:

Contact Person at Employer:

Address of Employer:

Telephone Number of Employer:

E-mail Address of Employer:

Date of Participant Began Working for Employer:

Date Participant Stopped Working for Employer (if applicable):

Is Participant retired?

Is Participant currently receiving payments from the Plan?

At the time of Participant's retirement, did Participant elect survivor's benefits for the Alternate payee?

**MILITARY AND CIVIL SERVICE PLANS**

**Please complete if the plan being divided is a MILITARY PLAN**

Branch of Service:

Date of Entry into Military Service:

Current Rank:

Rank at Retirement (if applicable):

Date of Retirement (if applicable):

If service member is already retired, was Survivor benefit Plan (SBP) coverage obtained at retirement?

Does service member participate in Thrift Savings Plan (TSP)?

**Please complete if the plan being divided is a FEDERAL or STATE CIVIL SERVICE PLAN**

Name of Federal or State Agency where Employed:

Date of Retirement (if applicable):

If employee has already retired, was Former Spouse Survivor Annuity (FSSA) coverage elected at retirement?

Does the employee participate in Thrift Savings Plan (TSP)?

**DOCUMENTS YOU MUST SEND WITH THIS FORM**

- Separation Agreement or Consent Order
- Judgment of Absolute Divorce

- Recent Plan Statement
- The Plan's Written QDRO Procedure
- Summary Plan Descriptions or booklets describing the Plan