

► **Check List**

- Benefit statements document
- Judgment of divorce document
- Documentation regarding plans to be divided

Date of intake

Emergency case Non-emergency case

Attorney name

Client name

Client Social Security Number

Client date of birth

Client phone

Date of marriage

Date of divorce

Client's address

Name of agency

Name of contact person

Phone

E-mail

Best time to contact

Court dates or other immediate deadlines

Summary plan description—ERISA

Date for division of benefits

► **Return** completed form by mail, e-mail or fax to the appropriate contacts provided below.

► **MI-LAPP**

c/o State Bar of Michigan
 Michael Franck Building
 Attention: Rob Mathis
 306 Townsend Street
 Lansing, MI 48933-2012

► **E-mail:** rmathis@mail.michbar.org

► **Fax:** 517-316-7204

Opposing party name

Opposing party Social Security Number

Opposing party date of birth

Opposing party address

Name of employer maintaining the plan

Address of employer

City

State

Zip

Phone

Name of plan(s)

Name of plan administrator

Address of plan

City

State

Zip

Phone

Print and save the completed form, then attach to an e-mail and send to Rob Mathis.