## PARTY INFORMATION WORKSHEET

It is very important that you complete ALL the information requested in this Worksheet. Failure to do so may delay our ability to draft your Order(s).

Emergency Case Non-Emergency Case

Plaintiff's Information	<b>Defendant's Infor</b>	<u>mation</u>	
Full Name	Full Name		
Gender	Gender		
Street Address	Street Address		
City, State, Zip	City, State, Zip		
Date of Birth	Date of Birth		
Soc. Security No	Soc. Security No.		
Phone Number	Phone Number		
Email Address	Email Address		
Does Plaintiff intend to move to a different address in	Does Defendant in	ntend to move	to a different add
the next 60 days? Yes No	the next 60 days?	Yes No	0
	the next 60 days?		
the next 60 days? Yes No  Please indicate below whether the party is represented	the next 60 days?	ovide the requ	
the next 60 days? Yes No  Please indicate below whether the party is represented information.	the next 60 days?	ovide the requ	nested have an attorney
Please indicate below whether the party is represented information.  Plaintiff does/does not have an attorney  Plaintiff's Attorney Information	the next 60 days?  by counsel and, if so, pr  Defendant does	ovide the requ	nested have an attorney
Please indicate below whether the party is represented information.  Plaintiff does/does not have an attorney  Plaintiff's Attorney Information  Name	the next 60 days?  by counsel and, if so, pr  Defendant does  Defendant's Attor  Name	ovide the required of the control of	nested have an attorney
Please indicate below whether the party is represented information.  Plaintiff does/does not have an attorney  Plaintiff's Attorney Information  Name  Street Address	the next 60 days?  by counsel and, if so, pr  Defendant does  Defendant's Attor  Name  Street Address	ovide the required of the control of	nested  have an attorney ion
Please indicate below whether the party is represented information.  Plaintiff does/does not have an attorney  Plaintiff's Attorney Information  Name  Street Address	the next 60 days?  by counsel and, if so, pr  Defendant does  Defendant's Attor  Name  Street Address	ovide the requi	nested  have an attorney ion
Please indicate below whether the party is represented information.  Plaintiff does/does not have an attorney  Plaintiff's Attorney Information  Name Street Address City, State, Zip	the next 60 days?  by counsel and, if so, pr  Defendant does  Defendant's Attor  Name  Street Address  City, State, Zip	ovide the requi	nested  have an attorney  ion
Please indicate below whether the party is represented information.  Plaintiff does /does not have an attorney  Plaintiff's Attorney Information  Name  Street Address  City, State, Zip  Phone Number	the next 60 days?  by counsel and, if so, pr  Defendant does  Defendant's Attor  Name  Street Address  City, State, Zip  Phone Number  Email Address	ovide the requi	nested  have an attorney  ion

## **RETIREMENT PLAN INFORMATION WORKSHEET**

\*\*PLEASE COMPLETE A SEPARATE WORKSHEET FOR EACH PLAN BEING DIVIDED\*\*

It is very important that you complete ALL the information requested in this Worksheet. Failure to do so may delay our ability to draft your Order(s).

Name of person who is pro	viding information below
Plan Name (provide official	name, if known)
Name of Employee (or form	ner employee)
Name of Employer (or form	ner employer)
<b>Employer Contact Number</b>	·
Employee Hire Date (if exa marriage and provide year	ct date unknown please indicate whether employee was hired prior to, or after, date of of hire, if known)
Type of Employee	Hourly Salaried
Employee Status	Active Employee  Terminated but Not Retired Termination Date  Retired and Receiving Benefits Retirement Date
Plan Type (check one)	Defined Benefit (pension)
	Defined Contribution (401k, 403b, IRA, etc.) **SUBMIT RECENT ACCOUNT STATEMENT**
~ <del>-</del>	the Judgment, provide the intended date on which the benefit awarded to the non-employee to be calculated/divided (Division Date)
	dgment and if allowed under the Plan, is the Alternate Payee to have the right to commence the benefit at any time the Plan allows (regardless whether Employee has retired)?
Yes No	
For Defined Contribution I	Plans only:
	nent, is the Alternate Payee's share of the Plan to be adjusted by investment gains and losses ne date the funds are distributed to the Alternate Payee? Yes No
· ·	dress loans against the account as of the Division Date and the Alternate Payee is to receive a ather than dollar amount), how should the loan be treated in determining the portion of the
	Include loans (larger amount being divided/loan does not impact Alternate Payee's share)
	Exclude loans (smaller amount being divided with Alternate Payee's share being reduced)
	There are no loans
Was there a balance in the	account on the date of marriage? Yes No Unknown

PLEASE EXPLAIN ANY TIME CONSTRAINTS, SPECI	IAL CIRCUMSTANCES OR OTHER ISSUES THAT
APPLY TO THE DIVISION OF THIS RETIREMENT P	LAN IN THE SPACE PROVIDED BELOW: