

# QDRO CONSULTANTS, LLC

## ***“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                      \$250.00 per plan**

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