



**Bonne A. McHenry**  
762 Greenfield Road, Peterborough, NH 03458-2245  
(603) 547-2465  
*info@McHenryQDRO.com*

**APPLICATION TO PREPARE QUALIFIED DOMESTIC RELATIONS ORDER**

To begin the QDRO process, please provide as much of the following information as possible and mail your completed application to the above address. (If you are unable to provide all of the requested information, additional time may be required to prepare the QDRO.) Fees must be prepaid, either by check or credit card (online). If you have questions or need assistance, feel free to call or email Bonne McHenry.

**(PLEASE PRINT)**

Name of **Applicant** \_\_\_\_\_  
Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of **Attorney** \_\_\_\_\_  
Firm/Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

*Check here if you would like to have a copy of the QDRO sent to your attorney.*

Name of **Spouse/Former Spouse** \_\_\_\_\_  
Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Email Address \_\_\_\_\_

Name of **Spouse's/Former Spouse's Attorney** \_\_\_\_\_  
Firm/Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

*Check here if you would like to have a copy of the QDRO sent to your spouse's/former spouse's attorney.*

Date of Marriage \_\_\_\_\_  
Date Divorce Filed with Court \_\_\_\_\_  
Date Divorce Final \_\_\_\_\_  
Determination Date to Value Benefit \_\_\_\_\_

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(Continued)

Name of **Participant** (in Plans) \_\_\_\_\_  
Occupation \_\_\_\_\_

**Employer #1** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Benefits Dept. Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Plan Name \_\_\_\_\_  
Additional Plan Name (if applicable) \_\_\_\_\_

**Employer #2** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Benefits Dept. Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Plan Name \_\_\_\_\_  
Additional Plan Name (if applicable) \_\_\_\_\_

The following items **must** accompany this application:

- Check for full amount of fee, made payable to McHenry QDRO Consulting, LLC (Payment may also be made online by credit card. Refer to the *Fees & Services* section of the website for a direct link to online payment.)
- Copy of the page(s) of the Marital Settlement Agreement or final divorce order provisions describing division of retirement benefits
- Copy of the page from the court, stating that the divorce is final

Also, if possible, please include:

- Copy of recent benefit statement(s)

\* \* \*

I acknowledge that, by my signature on the forthcoming QDRO, I agree to hold McHenry QDRO Consulting, LLC, harmless from any claims or disputes I may have now or in the future with regard to pension benefits which are or are not paid based on language in the Order resulting from information I have provided, or resulting from information that has not been provided, to McHenry QDRO consulting, LLC.

I further acknowledge that I have read and understand the *Fees & Services* section regarding covered and non-covered services for QDRO preparation, and agree to the terms and charges stated.

**PRINT NAME OF APPLICANT**  
**OR LEGAL REPRESENTATIVE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_