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PRACTICE DEDICATED TO PENSIONS / QDROs / VALUATIONS

I am the: Attorney: _____ or Pensioner: _____ or Mediator: _____ or Other: _____

Requested by: Name : _____ Date: _____

Requested by: E-Mail: _____ : Telephone: _____

Requested by: Address: _____

City, State, Zip: _____

Send Copy: Yes__ or No__ (if yes) To: Name: _____ : E-Mail: _____

Pensioner Name: _____ Gender ___ Date of Birth _____

Plan Name: _____ Enrollment Date: _____

Date of Marriage: _____ Date Complaint for Divorce Filed: _____

Provide a Recent Benefit Statement: [Link to Samples of Pension Statements](#)

*** Member Benefit Online System: <https://my.state.nj.us/openam/UI/Login>

***Monthly accrued benefit available to Participant by logging into MBOS.

If Retired: Date of Retirement _____ Monthly Pension \$ _____

If Disabled: Date of Disablement _____ Disability Pension \$ _____

Pension Evaluation Fee **\$250.00**

Check Enclosed. Amount (Next Day Rush Fee add \$50.00) \$ _____

Secure Payment made on our website at: <https://www.TroyanLaw.com>

Secure Payment through LawPay



CHARGE CARDS: Amex VISA MC Discover

Cardholder's Name _____ Amt. to Charge: \$ _____

Card Number _____ Expiration Date: _____

Billing Zip Code _____ 3/4 Digit Security Code _____

This form is available on our website: <https://www.troyanlaw.com/pension-evaluations>

Send us documents by:

Submit by Email:

Secure Upload Portal:

