

Troyan & Associates, P.A.

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PRACTICE DEDICATED TO PENSIONS / QDROs / VALUATIONS

Attorney Name: _____ Date: _____

Attorney E-Mail Address: _____

Firm Name: _____

Street Address or Box # _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Party Represented: Pensioner ____ Non-Pensioner ____ Mediator ____

Pensioner Name: _____ Gender ____ Date of Birth ____

Plan Name: _____ Entry Date: _____

Date of Marriage: _____ End of Marriage Date: _____

***Monthly Accrued Benefit @ End of Marriage Date: \$ _____

Pay for Three Years Prior to End of Marriage Date: \$ _____ \$ _____ \$ _____

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

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

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

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

Pension Evaluation Fee **\$250.00**

Check Enclosed. Amount (Next Day Rush Fee add \$75.00) \$ _____

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 Email:

Send us documents by Secure Upload:

Email: info@TroyanLaw.com

-or-

Secure Upload:

