

# Troyan & Associates, P.A.

560 Communications Parkway  
Sarasota, Florida 34240

*The QDROAttorney.com Firm*

Toll Free: (877)443 - 4867  
Email: [Info@TroyanLaw.com](mailto:Info@TroyanLaw.com)  
Website: [www.TroyanLaw.com](http://www.TroyanLaw.com)

PRACTICE DEDICATED TO PENSIONS / QDROs / VALUATIONS

## Please provide all: Data & Documents - Requested on this Form

This form is now available on our website: <https://www.troyanlaw.com/qdro-forms>

This data request form is part of the Troyan & Associates, P.A. - General Retainer Terms & Conditions for the preparation of an QDRO or equivalent.

1. Provide a copy of the Property Settlement Agreement  
(if none provide a narrative as to how asset(s) to be divided)
2. Provide a copy of the Judgment of Divorce(if none provide sample caption).
3. Date of marriage \_\_\_\_\_ (mm/dd/yyyy).
4. Date Complaint for Divorce Filed: \_\_\_\_\_ (mm/dd/yyyy).
5. Provide the following regarding Plaintiff/Petitioner:
  - a. Name \_\_\_\_\_
  - b. Date of birth. \_\_\_\_\_  
(this information will appear on a personal data addendum only)
  - c. Social Security Number. \_\_\_\_\_  
(this information will appear on a personal data addendum only)
  - d. Home address. \_\_\_\_\_
  - e. Email address. \_\_\_\_\_
  - f. Daytime Telephone Number. \_\_\_\_\_
  - g. Represented by Attorney for QDRO? (yes) -or- (no)  
(if left blank we will presume self-represented / pro-se / pro-per)  
(Do not list this firm as your Attorney of record, our retention is limited to QDRO only.)
  - h. If yes, Name of Attorney. \_\_\_\_\_  
(i) Address of Attorney. \_\_\_\_\_  
(ii) Attorney email address. \_\_\_\_\_
  - i. Send copies to this side? (yes) -or- (no)  
(if left blank we will not send copies to this side)
6. Provide the following regarding Defendant/Respondent:
  - a. Name \_\_\_\_\_

- b. Date of birth. \_\_\_\_\_  
(this information will appear on a personal data addendum only)
- c. Social Security Number. \_\_\_\_\_  
(this information will appear on a personal data addendum only)
- d. Home address. \_\_\_\_\_
- e. Email address. \_\_\_\_\_
- f. Daytime Telephone Number. \_\_\_\_\_
- g. Represented by Attorney for QDRO? (yes) -or- (no)  
(if left blank we will presume self-represented / pro-se / pro-per)  
(Do not list this firm as your Attorney of record, our retention is limited to QDRO only.)
- h. If yes, Name of Attorney. \_\_\_\_\_  
(i) Address of Attorney. \_\_\_\_\_  
(ii) Attorney email address. \_\_\_\_\_
- i. Send copies to this side? (yes) -or- (no)  
(if left blank we will not send copies to this side)

7. For the IRA against which DRO to be drafted - provide the following:

- a. A statement as close as possible to current date which must include the complete name, address and phone number of the financial organization holding the IRA and the FULL account number.

***For the award to the Alternate Payee select one of the following options:***

- b. The Alternate Payee is awarded \$ \_\_\_\_\_ as of the date of distribution.
- c. The Alternate Payee is awarded \_\_\_\_\_ % as of the date of distribution.
- d. Recall: IRA custodian of funds do not compute gains/losses: The only mathematical accurate method to divide an IRA subject to post cut-off date gain/loss adjustments is to review each statement on a monthly basis from the cut-off date (i.e. the filing of the Complaint) to current date. Our fee to review the each consecutive statement (monthly or quarterly however regularly issued statements are issued by the custodian of funds.) is \$35 per statement, per plan. The calculation fee is in addition to the DRO preparation fee.

Send us documents:

Email: [info@TrojanLaw.com](mailto:info@TrojanLaw.com)

-or-

Secure Upload:



Please Click "[Make Payment](#)" Secure Payments: →

