

# 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: Husband \_\_\_\_ Wife \_\_\_\_ 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: \$ \_\_\_\_\_  
If Retired: Date of Retirement \_\_\_\_\_ Monthly Pension \$ \_\_\_\_\_  
If Disabled: Date of Disablement \_\_\_\_\_ Disability Pension \$ \_\_\_\_\_

**\*PROVIDE A COPY OF THE SUMMARY PLAN DESCRIPTION FOR THE PLAN BEING VALUED.\***

## Pension Evaluation Fee **\$200.00**

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>