



# Response to Administrative Subpoena

Date: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_

Employee/Obligor's Social Security Number: \_\_\_\_\_

Employee/Obligor's DOB: \_\_\_\_\_

Order Identifier: [Click here to enter text.](#)

CSE Agency Case Identifier: [Click here to enter text.](#)

Employer's Name: [Click here to enter text.](#)

**PLEASE COMPLETE:**

Employer's Address: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Please check if no retirement plan is available and sign and return form

Retirement Account Type (i.e.: 401K, 457)	Eligibility Date (DD/MM/YY)	Amount in Account	Formal Name of Plan or Union	Defined Contrib. (C) or Defined Benefit (B) Plan	Address to Mail QDRO/Union Phone No. for Plan/Union Email Address for Plan/Union
_____	_____	_____	_____	_____	Mailing Address: _____
_____	_____	_____	_____	_____	Phone: _____
_____	_____	_____	_____	_____	Email: _____

Employee's Hire Date: \_\_\_\_\_ Termination Date (If any) : \_\_\_\_\_

**Check here** that you have included a copy of the employee's Individual Plan Benefit Statement.

Are any Defined Benefits Plans, listed above, Cash Balance Defined Benefit Plans? If yes, please identify below?

\_\_\_\_\_

Preparer's Name (print): \_\_\_\_\_

Is there a personal loan outstanding? If so, please indicate on which account(s), and the last contribution date(s).

\_\_\_\_\_

Preparer's Signature: \_\_\_\_\_

Preparer's Email Address: \_\_\_\_\_

Are the funds immediately available for surrender with the filing of QDRO? If no, what is the earliest retirement age? \_\_\_\_\_

Title: \_\_\_\_\_

Will Alternate Payee be required to sign distribution documents?  Yes  No

Telephone No.: \_\_\_\_\_

This plan is not covered by ERISA.

Date Signed: \_\_\_\_\_