

**Western States Office and Professional Employees
Pension Fund**

DIVORCE QUESTIONNAIRE

Name: _____

SSN: _____

Address: _____

Phone: _____

Do you have a QDRO yes no I don't know

IF YES: Dates of
your QDRO: _____

Previous Marriage
*(Please contact us if
you have had more than
than one divorce)*

Date Married: _____

Date Divorced: _____

Title of your divorce
document _____

Refers to Retirement on pages: _____

Names Pension Plan? yes no I don't know

All Pages Included? yes no I don't know

Signed by Judge? yes no I don't know

Court certified copy? yes no I don't know

Ex- Spouse Info

Current Name: _____

Last Known Address: _____

Phone: _____

SSN: _____

DOB: _____