

**Andrew K. Hoffman, Certified Divorce Financial Analyst**  
**Client Confidential Questionnaire**

Client Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
SSN \_\_\_\_\_ Birth Date: \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Ex-Spouse**  
Home Address \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
SSN \_\_\_\_\_ Birth Date: \_\_\_\_\_  
E-Mail \_\_\_\_\_

Date of Filing \_\_\_\_\_ Date of Divorce \_\_\_\_\_ Date of Partition \_\_\_\_\_  
Judicial District \_\_\_\_\_ Case No. \_\_\_\_\_ Division \_\_\_\_\_  
Judge \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Parish \_\_\_\_\_ Signed at: \_\_\_\_\_

Client's Attorney \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Bar # \_\_\_\_\_  
\_\_\_\_\_

Other Attorney \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Bar # \_\_\_\_\_  
\_\_\_\_\_

**\*Please attach copies of Partition of Community Property and Divorce Documents if for proper document captioning. For 401(k), Savings Plans and other Defined Contribution Plans please attach the Account Statement at date of filing and all subsequent statements. For defined benefit plans please attach the plan administrator's schedule of projected benefits.**

**Other Comments:** \_\_\_\_\_  
\_\_\_\_\_

*LOUISIANA – Marital Portion of Pension will be calculated as of date of filing  
Other States – indicate state \_\_\_\_\_ and date marital interest ends \_\_\_\_\_*

**General Information about the Plan**

Name of Participant \_\_\_\_\_ Name of Company \_\_\_\_\_  
Pension Plan Contact Name \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_  
Pension Plan Contact Address \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Termination Date \_\_\_\_\_  
QDRO is being prepared for:  
 Spousal Support  Child Support  Property Division  Other Support (Attach explanation)  
Attached statements since filing, summary plan document, QDRO Procedures?  Yes  No

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***Defined Contribution Plans (401K, Savings Plans etc)***

1. Name of Plan \_\_\_\_\_
2. Date Began Participating in Plan \_\_\_\_\_
3. Total Contributions Separate \$ \_\_\_\_\_ Community \$ \_\_\_\_\_ If no information, how is marital portion to be calculated? \_\_\_\_\_
4. Adjust Alternate Payee's award for gains or losses until distribution? \_\_\_  Yes \_\_\_  No
5. If possible, how much does Alternate Payee wish to withdraw? \$ \_\_\_\_\_
6. Pro-rate Alternate Payee's award over all investment accounts? \_\_\_  Yes \_\_\_  No  
If not how to allocate \_\_\_\_\_
7. Dates and Amounts of Loans against Plan \_\_\_\_\_
8. Plan to be divided \_\_\_  Before loans \_\_\_  After loans
9. First benefits paid date  Retirement or  Disability \_\_\_\_\_
10. Other: \_\_\_\_\_

***Defined Benefit Plans (Pension)***

1. Name of Plan \_\_\_\_\_
2. Date Began Participating in Plan \_\_\_\_\_
3. Monthly Benefit Received \$ \_\_\_\_\_  Retirement or  Disability
4. First benefits paid date  Retirement or  Disability \_\_\_\_\_
5. Under what method is the interest to be awarded?  Separate  Shared
6. Will Marital Portion be calculated under Sims v Sims? \_\_\_  Yes \_\_\_  No  
If no, describe coverture method: \_\_\_\_\_
7. Will Cost of Living Adjustment be awarded to Alternate Payee? \_\_\_  Yes \_\_\_  No
8. Early Retirement Subsidies & Supplements
  - a. Awarded to Alternate Payee? \_\_\_  Yes \_\_\_  No
  - b. Recalculated after Participant retires? \_\_\_  Yes \_\_\_  No
9. Survivor Annuities
  - a. 100% to Alternate Payee if Participant is not remarried \_\_\_  Yes \_\_\_  No
  - b. If Alternate Payee has remarried what was date of remarriage \_\_\_\_\_
  - c. Will Alternate Payee bear costs of Annuity? \_\_\_  Yes \_\_\_  No
10. Other: \_\_\_\_\_

Attach copies if additional plans and support information is needed.

**Obligation To Provide Accurate Data:** I agree to provide Mr. Hoffman with accurate, reliable and complete information. I agree that I will not hold Mr. Hoffman accountable for any errors or omissions in his work product resulting from my failure to provide accurate, reliable and complete information to him.

\_\_\_\_\_  
Attorney at Law

\_\_\_\_\_  
Date