

1. Information concerning the employee covered by the plan:
 - a. Name:
 - b. Employer (*name*):
 - c. Name of labor union representing employee:
 - d. Employee identification number:
 - e. Other (*specify*):
2. Petitioner's
 - a. Attorney (*name, address, and telephone number*):
 - b. Address and telephone number, if unrepresented by an attorney:
3. Respondent's
 - a. Attorney (*name, address, and telephone number*):
 - b. Address and telephone number, if unrepresented by an attorney:

PETITIONER:	CASE NUMBER:
RESPONDENT:	

4. Petition for dissolution ☐ and response states

- a. Date of marriage:
- b. Date of separation:

5. ☐ Response states

- a. Date of marriage:
- b. Date of separation:

6. Judgment

- a. ☐ has not been entered
- b. ☐ was entered on *(date)*:
 - (1) ☐ and disposes of each spouse's interest in the employee benefit plan.
 - (2) ☐ and does not dispose of each spouse's interest in the employee benefit plan.

7. The following relief is sought:

- a. ☐ An order determining the nature and extent of both employee and nonemployee spouse's interest in employee's benefits under the plan.
- b. ☐ An order restraining claimant from making benefit payments to employee spouse pending the determination and disposition of nonemployee spouse's interest, if any, in employee's benefits under the plan.
- c. ☐ An order directing claimant to notify nonemployee spouse when benefits under the plan first become payable to employee.
- d. ☐ An order directing claimant to make payment to nonemployee spouse of said spouse's interest in employee's benefits under the plan when they become payable to employee.
- e. ☐ Other *(specify)*:

f. Such other orders as may be appropriate.

Dated:



 (SIGNATURE OF ☐ ATTORNEY FOR)

☐ PETITIONER ☐ RESPONDENT

 (TYPE OR PRINT NAME)