

MILITARY DIVORCE MRB/SBP ORDER QUESTIONNAIRE

1. Your full name: _____
2. Your Spouse's full name: _____
3. Your date of birth: _____
4. Your Spouse's date of birth: _____
5. Your Social Security Number (SSN): _____
6. Your Spouse's SSN: _____
7. Your full mailing address: _____
8. Your Spouse's full mailing address: _____
9. Date of marriage: _____
10. Date of divorce: _____
11. Divorce is proceeding or completed in what State: _____
12. Date of separation (If this is to be used as the valuation date) _____
13. Date Complaint for Divorce was filed: _____
14. Date Service member entered the service: _____
15. Service member's current or retired rank and service: _____
16. Date Service member retired: _____
17. Date Service member is first eligible to retire: _____
18. Has Service member been rated with a disability by the Veteran's Administration (VA): _____
19. Was Service member rated for a VA disability prior to divorce: _____
20. Has the Service member been reevaluated by the VA since the divorce: _____

21. At what percentage was the disability rating: _____
22. Was divorce obtained by Default: _____
23. How was Jurisdiction determined by the Court: _____
24. Are there any current child or spousal support arrearages: _____
25. Is the Survivor Benefit Plan (SBP) an option: _____
26. Has the amount of SBP been determined: _____
27. Has either party re-married (who, and when): _____
28. Will either party re-marry in the near future (specify): _____
29. Will CHCBP be required:¹ _____
30. Does the service member have a government Thrift Savings Plan : _____
31. Does the service member have reserve time or is a current member of the reserves: _____
32. If any reserve time, please include a chronological history of service. This must be obtained from the Defense Finance and Accounting Service or from the Service Personnel Command.

Contact information:

Address: _____

Email: _____

Phone: Land: _____
 Cell: _____
 Fax: _____

¹ Continued Health Care Benefit Program. Former spouses may buy coverage (which, like TRICARE Standard, covers pre-existing medical conditions, including pregnancy) for three months at a time. Eligible persons have 60 days after their loss of military health care benefits to enroll in the CHCBP.

Please scan and email this form along with any other pertinent information to seth@willicklawgroup.com, fax (702) 438-5311, or mail to:

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Las Vegas, Nevada 89110-2101

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