

Law Office of James K. Moore

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REQUEST FOR LIFE INSURANCE QUALIFIED DOMESTIC RELATIONS ORDER (LIQDRO)

Person Requesting LIQDRO

Name: _____ Law Firm: _____
E-Mail: _____ Phone: _____
Address: _____ City, State Zip: _____
Party being represented: _____ County: _____ Case No.: _____
Opp. Attorney Name: _____ Address: _____
Opp. Attorney Phone: _____ E-Mail: _____

Please enclose a copy of the Stipulation, Judgment, or Marital Settlement Contribution
We need all account numbers for the applicable policies
Please also enclose a copy of the current policy, and any group or supplemental group policies

Payment

Before a LIQDRO is started we must do a conflict check and receive full payment.
Payment can be done with a check made payable to Law Office of James K. Moore sent to the
above address, or with a credit/debit card through our website: www.sierraqdros.com
Client pay 50-50 or 100% _____ Attorney pay 50-50 or 100% _____
Faster turnaround for an extra \$100? _____

Participant (spouse with insurance)

Petitioner or Respondent: _____ Name: _____
Sex: _____ Social Security Number: _____
Address: _____ City, State Zip: _____
E-Mail: _____ Phone Number: _____
Date of Birth: _____ Date of Marriage: _____ Date of Separation: _____
Name of Employer: _____
Name of Life Insurance Company: _____

Beneficiary (former spouse)

Petitioner or Respondent: _____ Name: _____
Sex: _____ Social Security Number: _____
Address: _____ City, State Zip: _____
E-Mail: _____ Phone Number: _____
Date of Birth: _____