

**TEACHERS' RETIRMENT SYSTEM
CONFIDENTIAL INFORMATION/QDRO**

***This form must accompany all proposed qualified domestic relations orders submitted to TRS.**

Case Name: _____ **v.** _____

County: _____ **Case Number:** _____

TRS Member Name: _____

TRS Member Number: _____ **Social Security Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Phone Number:** _____

Name of Former Spouse: _____

Social Security Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Phone Number:** _____

Information provided by:

Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____