ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER, AND ADDRESS): _____ TELEPHONE NO: _____ FAX NO: (OPTIONAL): _____ E-MAIL ADDRESS (OPTIONAL): _____ ATTORNEY FOR (NAME): _____	**FOR COURT USE ONLY**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
MARRIAGE OF PETITIONER: _____ RESPONDENT: _____	
QUALIFIED DOMESTIC RELATIONS ORDER FOR MILITARY PENSION	**CASE NUMBER**: _____

SAMPLE

This order is entered this ___ day of ___, 20__ [after a hearing] [by stipulation of the parties]. This order is intended to divide a service member's Disposable Retired Pay as that term is used in the Uniformed Services Former Spouses Protection Act, 10 U.S.C. Section 1408, and to grant the service member's former spouse a survivor benefit plan.