
FULL NAME OF PARTY FILING DOCUMENT

MAILING ADDRESS (STREET OR POST OFFICE BOX)

CITY, STATE AND ZIP CODE

TELEPHONE

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

PLAINTIFF,
vs.

DEFENDANT.

Case No.: _____

**Qualified Domestic Relations
Order For Military Pension**

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.

1. *Parties.* The names and last known mailing addresses of the parties are:
Service Member: _____ (name), United States [Army,]
_____ (address), Social Security Number
_____ ("Service Member"). Former Spouse:
_____ (name) _____ (address), social security
number _____ ("Former Spouse").

2. *Jurisdiction.* This court has jurisdiction over the Service Member sufficient to divide his military retired pay due to [his residence, other than because of military assignment] [his domicile in the territorial jurisdiction of the court] or [his consent to the jurisdiction of the court].