

# PASA APPRAISAL REQUEST

INC.

DATE REQUESTED: \_\_\_\_\_

**OTHER DOCUMENTS NEEDED FROM YOU:**

**PRIVATE PENSIONS:**

- ▶ Recent benefit statement showing the monthly amount payable as of pension plan's normal retirement age for service earned to date

**MASSACHUSETTS / STATE / TOWN / COUNTY PENSIONS:**

- ▶ W-2s for last five years (or statement showing year-by-year contribution history)
- ▶ Recent paystub
- ▶ Dates of any breaks in service, purchased service, transferred service, or part-time service

**SEND TO:**

- ▶ PASA, INC.  
500 W. CUMMINGS PARK STE. 2500  
WOBURN, MA 01801
- ▶ INFO@PENSIONAPPRAISALS.COM
- ▶ FAX: 978.600.1487

**EXCLUSIVE ENGAGEMENT**

*Do NOT share/discuss appraisal with opposing counsel.*

**JOINT ENGAGEMENT**

*OK to share/discuss appraisal with opposing counsel.*

CHECK IF SPLITTING FEE

**CASE NAME:** \_\_\_\_\_

*Provide BOTH parties' first and last names.*

**REQUESTED BY:** \_\_\_\_\_

*Attorney's name*

ATTORNEY FOR (*Party's first and last name*)

PRO SE

FIRM \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**OPPOSING COUNSEL:** \_\_\_\_\_

*Attorney's name*

ATTORNEY FOR (*Party's first and last name*)

PRO SE

FIRM \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**DATE OF MARRIAGE:** \_\_\_\_\_

**END OF MARITAL PERIOD:** \_\_\_\_\_

*If the parties are not yet divorced, please include your next pre-trial or trial date, and we will estimate the present value as of that date.*

**1 PLAN NAME:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

**DATE OF TERMINATION:** \_\_\_\_\_

*if applicable*

- MALE
- FEMALE

**PARTICIPANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

DISABLED

**2 PLAN NAME:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

**DATE OF TERMINATION:** \_\_\_\_\_

*if applicable*

- MALE
- FEMALE

**PARTICIPANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

DISABLED

**3 PLAN NAME:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

**DATE OF TERMINATION:** \_\_\_\_\_

*if applicable*

- MALE
- FEMALE

**PARTICIPANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

DISABLED