

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Attachment to  
**QUALIFIED DOMESTIC RELATIONS ORDER FOR SUPPORT (Form 1285.74)**

**STATEMENT OF CONFIDENTIAL INFORMATION**

**DO NOT FILE WITH COURT**

This separate *Statement of Confidential Information* sets forth the social security number of the Employee and any Alternate Participant for whose benefit **spousal or family support** is being withheld under the *Qualified Domestic Relations Order for Support* (form 1285.74). The Plan will require this information for tax reporting purposes. Do not include social security numbers for persons receiving child support or for a child Alternate Payee. **This form must be completed and served on the Plan with a copy of the order.**

1. EMPLOYEE INFORMATION

- a. Employee Name:
- b. Employee Social Security Number:

2. SPOUSAL OR FAMILY ALTERNATE PAYEE INFORMATION (*for Spousal or Family Support only*):

- a. Spousal or Family Alternate Payee's Name:
- b. Spousal or Family Alternate Payee's Social Security Number: