

EMPLOYEE STOCK OPTION APPORTIONMENT & VALUATION FORM

Attorney / Mediator / Other Mailing Information

Name:

Street Address:

State:

Phone:

Firm:

City:

ZIP:

FAX:

Case Information

Employee Name:

Name of Plan:

Options are to be Apportioned?

Yes No

Date of Birth:

Date of Separation:

Still Employed?

Yes No

Date spouse's interest in plan ends:

(Date of separation, filing, dissolution or trial as appropriate in your state)

Please describe the purpose(s) of the options, if known

(examples: incentive to start employment, reward for past service, incentive for future performance, "golden handcuffs", other)

Employer:

Options are to be Valued?

Yes No

Date of Marriage:

Date started Employment:

Date of Termination:

Documentation We Require

Please provide a copy of the employee's most recent stock option statement and a copy of the Employee Stock Option Plan. This information is essential to apportioning options; please call us if you are having difficulty obtaining it.

Is there any other recent correspondence regarding the options? Yes No

If "YES", please mail or fax copies to our office.

Payment Information

One of our economists will contact you to estimate our fee for this case.

We make no attempt to independently verify your data.

The accuracy of our report depends upon the validity and completeness of the data submitted with this form.