

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar no., and address):

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

MARRIAGE OF

PETITIONER:

RESPONDENT:

CLAIMANT:

**REQUEST FOR JOINDER OF EMPLOYEE BENEFIT
PLAN AND ORDER**

CASE NUMBER:

TO THE CLERK

1. Please join as a party claimant to this proceeding (*specify name of employee benefit plan*):

2. The pleading on joinder is submitted with this application for filing.

Dated:

(SIGNATURE OF ATTORNEY FOR)
 PETITIONER RESPONDENT

(TYPE OR PRINT NAME)

ORDER OF JOINDER

3. IT IS ORDERED

- a. The claimant listed in item 1 is joined as a party claimant to this proceeding.
- b. The pleading on joinder be filed.
- c. Summons be issued.
- d. Claimant be served with a copy of the pleading on joinder, a copy of this request for joinder and order, the summons, and a blank *Notice of Appearance and Response of Employee Benefit Plan* (form FL-374).

Dated:

Clerk, By _____, Deputy