

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number and address):		FOR COURT USE ONLY
TELEPHONE NO. (Optional): 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:		
NOTICE OF APPEARANCE <input type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN		CASE NUMBER:

1. An appearance in this proceeding is entered by claimant employee benefit plan (*name*):

2. Service on claimant may be made as follows
 - a. Attorney for claimant (*name, address, and telephone number*):

 - b. Other (*name, title, address, and telephone number*):

3. Claimant responds to the pleading on joinder and states that the allegations of the pleadings are
 - a. correct
 - b. incorrect as set forth in attachment 3b or as follows (*specify*):

Dated:

Claimant

(TYPE OR PRINT NAME)

By

(SIGNATURE)