

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar no., and address):</i>    TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>MARRIAGE OF</b> PETITIONER:  RESPONDENT:	
CLAIMANT:	
<b>REQUEST FOR JOINDER OF EMPLOYEE BENEFIT PLAN AND ORDER</b>	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