

SAMPLES

Request for Joinder of
Employee Benefit Plan

**Use the samples to help you complete
the packet of blank forms.**

Rev. 11/16/2021

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar no., and address): <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Your Name Your Address </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name) : Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family Justice Center Courthouse	
MARRIAGE OF PETITIONER: <div style="border: 1px solid black; padding: 2px;">Petitioner's Name (person who started the case)</div> RESPONDENT: <div style="border: 1px solid black; padding: 2px;">Respondent's Name</div>	
CLAIMANT: <div style="border: 1px solid black; padding: 2px;">Name of Employee Benefit Plan to be Joined</div>	
REQUEST FOR JOINDER OF EMPLOYEE BENEFIT PLAN AND ORDER	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; width: 100%;">Your Court Case Number</div>

TO THE CLERK

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

Name of Employee Benefit Plan to be Joined

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

Dated:

Today's Date

Sign Here

(SIGNATURE OF ATTORNEY FOR)

PETITIONER RESPONDENT

Print Name Here TYPE OR PRINT NAME

**Check Box for
Petitioner or
Respondent**

ORDER OF JOINDER

3. IT IS ORDERED

LEAVE BLANK

Dated _____, Deputy _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Your Name Your Address </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY
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CLAIMANT: <div style="border: 1px solid black; padding: 2px;">Name of Employee Benefit Plan to be Joined</div>	
PLEADING ON JOINDER - EMPLOYEE BENEFIT PLAN	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;"> Your Court Case Number </div>

TO THE CLAIMANT: You have been joined as a party claimant in this proceeding because an interest is claimed in the employee benefit plan that is or may be subject to disposition by this court. The party who obtained the order for your joinder declares:

1. Information concerning the employee covered by the plan:

- a. Name:

Name of Employee
- b. Employer (name):

Name of Employee's Employer
- c. Name of labor union representing employee:

If applicable, check box c and write the name of the labor union.
- d. Employee identification number:

If applicable, check box d and write the employee identification number
- e. Other (specify): _____

2. Petitioner's

- a. Attorney (name, address and telephone number):

If Petitioner is represented by an attorney, check box 2.a., and complete this section.
- b. Address and telephone number, if unrepresented by an attorney:

If Petitioner is not represented by an attorney, check box 2.b., and complete this section.

3. Respondent's

- a. Attorney (name, address and telephone number):

If Respondent is represented by an attorney, check box 3.a., and complete this section.
- b. Address and telephone number, if unrepresented by an attorney:

If Respondent is not represented by an attorney, complete 3.b.

PETITIONER:	Petitioner's Name (person who started the case)	CASE NUMBER:	Your Court Case Number
RESPONDENT:	Respondent's Name		

Check here if Petition and Response list the same date of marriage and separation.

4. Petition for dissolution and response states
- a. Date of marriage: **Date of Marriage Listed on Petition**
- b. Date of separation: **Date of Separation Listed on Petition**

Check here if Response lists a different date of marriage and separation than the Petition.

5. Response states
- a. Date of marriage: **Date of Marriage Listed on Response**
- b. Date of separation: **Date of Separation Listed on Response**

Check here, if Judgment has not been entered

6. Judgment
- a. has not been entered
- b. was entered on (date): **Check here, if Judgment has been entered and fill in date of entry of Judgment.**

- (1) and disposes of each spouse's interest in the employee benefit plan.
- (2) and does not dispose of each spouse's interest in the employee benefit plan.

Check the applicable box regarding how the Judgment addresses the employee benefit plan.

7. The following relief is sought:

- a. An order determining the nature and extent of both employee and nonemployee spouse's interest in employee's benefits under the plan.
- b. An order restraining claimant from making benefit payments to employee spouse pending the determination and disposition of nonemployee spouse's interest, if any, in employee's benefits under the plan.
- c. An order directing claimant to notify nonemployee spouse when benefits under the plan first become payable to employee.
- d. An order directing claimant to make payment to nonemployee spouse of said spouse's interest in employee's benefits under the plan when they become payable to employee.
- e. Other (specify):

Check the box for each order you are asking the Court to make after the Employee Benefit Plan is joined.

f. Such other orders as may be appropriate.

Dated: **Today's Date**

Sign Your Name

(SIGNATURE OF ATTORNEY FOR)
 PETITIONER RESPONDENT

Print Your Name
 (TYPE OR PRINT NAME)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Your Name Your Address </div> TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 201 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: _____ BRANCH NAME: Family Justice Center Courthouse	
MARRIAGE OF PETITIONER: <div style="border: 1px solid black; padding: 2px;">Petitioner's Name (person who started the case)</div> RESPONDENT: <div style="border: 1px solid black; padding: 2px;">Respondent's Name</div> CLAIMANT: <div style="border: 1px solid black; padding: 2px;">Name of Employee Benefit Plan to be Joined</div>	
SUMMONS (JOINDER)	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;"> Your Court Case Number </div>

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your response or pleading, if any, may be filed on time.

¡AVISO! Usted ha sido demandado. El tribunal puede decidir contra Ud. sin audiencia a menos que Ud. responda dentro de 30 días. Lea la información que sigue.

Si Usted desea solicitar el consejo de un abogado en este asunto, debería hacerlo inmediatamente, de esta manera, su respuesta o alegación, si hay alguna, puede ser registrada a tiempo.

1. TO THE PETITIONER RESPONDENT CLAIMANT

LEAVE BLANK

Summons is requested in the furnishment of

2. TO THE CLAIMANT EMPLOYEE BENEFIT PLAN

A pleading on joinder has been filed under the clerk's order joining (name of employee benefit plan):

Name of Employee Benefit Plan to be Joined

as a party claimant in this proceeding. If the employee benefit plan fails to file an appropriate pleading within **30** days of the date this summons is served on it, a default may be entered and the court may enter a judgment containing the relief requested.

Dated:

LEAVE BLANK

Clerk, By

LEAVE BLANK

, Deputy

3. NOTICE TO THE PERSON SERVED: You are served

- a. As an individual.
 b. As (or on behalf of) the person sued under the fictitious name of:

- c. On behalf of:

Name of Employee Benefit Plan

- Under: CCP 416.10 (Corporation) CCP 416.60 (Minor)
 CCP 416.20 (Defunct Corporation) CCP 416.70 (Incompetent)
 CCP 416.40 (Association or Partnership) CCP 416.90 (Individual)
 Other: FC 2062 (Employee Benefit Plan)

- d. By personal delivery on (date):

(SEAL)

PROOF OF SERVICE-SUMMONS (JOINDER)
(Use separate proof of service for each person served)

1. I served the
- a. Summons and (1) Request for Joinder of Employee Benefit Plan and Order, Pleading on Joinder- Employee Benefit Plan, blank Notice of Appearance and Response of Employee Benefit Plan
 - (2) Notice of Motion and Declaration for Joinder (3) Order re Joinder
 - (4) Pleading on Joinder (specify title):
 - (5) Other:
- b. On (name of party or claimant): **Name of Employee Benefit Plan**
- c. By serving (1) Party or claimant. (2) Other (name and title or relationship to person served):

******This section will be completed by the person who serves your forms.******

- e. By mailing (1) Date of: **Date forms are mailed** (2) Place of: **What city were the forms mailed from?**
2. Manner of service: (check proper box)
- a. **Personal service.** By personally delivering copies. (CCP 415.10)
 - b. **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(a))
 - c. **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
 - d. **Mail and acknowledgment service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) **(Attach completed acknowledgment of receipt.)**
 - e. **Certified or registered mail service.** By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (CCP 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
 - f. Other (specify code section):
 Additional page is attached.

3. The notice to the person served (item 3 on the copy of the summons served) was completed as follows (CCP 412.30, 415.10 and 474):
- a. As an individual.
 - b. As the person served under the fictitious name of:
 - c. On behalf of: **Name of Employee Benefit Plan**
Under: CCP 416.10 (Corporation) CCP 416.60 (Minor)
 CCP 416.20 (Defunct Corporation) CCP 416.70 (Incompetent)
 CCP 416.40 (Association or partnership) FC 2062 (Employee Benefit Plan)
 - d. By personal delivery on (date):

4. At the time of service I was at least 18 years of age and not a party to this action.

5. Fee for service: \$.....

6. Person serving
- a. Not a registered California process server.
 - b. Registered California process server.
 - c. Exempt from registration under Bus. & Prof. Code 22350(b).
 - d. California sheriff, marshal, or constable.

e. Name, address, telephone number, and, if applicable, county of registration and number:

Server's Name
Address
Phone Number

(For California sheriff, marshal, or constable use only)

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date): **Date Server Signs** at (place): **City Where Form is Completed**, California.

LEAVE BLANK

Server Signs Here

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Your Name Your Address </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: _____ BRANCH NAME: Family Justice Center Courthouse	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> Your Court Case Number </div> <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Petitioner's Name (person who started the case) </div> RESPONDENT/DEFENDANT: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Respondent's Name </div> OTHER PARENT/PARTY: _____	
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

Server's address
City, State and Zip Code

3. I served a copy of the following documents (specify) :

Request for Joinder of Employee Benefit Plan and Order (FL-372)
Pleading on Joinder - Employee Benefit Plan (FL-370)
Summons (Joinder) (FL-375)

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:

Other Party's Name
- b. Address:

Other Party's Address
City, State and Zip Code
- c. Date mailed:

Date server mailed the forms
- d. Place of mailing (city and state):

City and State from which the server mailed the forms.

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Date server signs form

Server prints name here

(TYPE OR PRINT NAME)

▶

Server signs here

(SIGNATURE OF PERSON COMPLETING THIS FORM)