

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number and address):</i> _____ TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: RESPONDENT:	
CLAIMANT:	CASE NUMBER:
NOTICE OF APPEARANCE <input type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN	

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: _____
 (TYPE OR PRINT NAME)

Claimant
 By _____
 (SIGNATURE)