

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> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: _____
<b>MARRIAGE OF</b> PETITIONER:  RESPONDENT:	
CLAIMANT:	
<b>NOTICE OF APPEARANCE <input type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN</b>	

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)