FL-374

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 AND RESPONSE	CASE NUMBER:
1. An appearance in this proceeding is entered by claimant employee benefit plan (n	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: C	laimant
B	v
(TYPE OR PRINT NAME)	(SIGNATURE)
	Page 1 of 1
Form Adopted for Mandatory Use NOTICE OF APPEARANCE AND RES	PONSE Family Code, §§ 80, 2010, 2021,

Judicial Council of California FL-374 [Rev. January 1, 2003] IOTICE OF APPEARANCE AND RESPONSE OF EMPLOYEE BENEFIT PLAN Family Code, §§ 80, 2010, 2021, 2060–2065, 2070–2074 www.courts.ca.gov