ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar no., and address):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
TELEPHONE NO.: 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:	
REQUEST FOR JOINDER OF EMPLOYEE BENEFIT PLAN AND ORDER	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

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Form Adopted for Mandatory Use
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FL-372 [Rev. January 1, 2003]

Family Code, §§ 2010, 2021, 2060–2065, 2070–2074
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FL-372

Request for Joinder of Employee Benefit Plan and Order

Official revision: January 1, 2003 | Library source checked: September 6, 2026

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