

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:	
MARRIAGE OF PETITIONER: RESPONDENT:	
CLAIMANT:	
<b>SUMMONS (JOINDER)</b>	CASE NUMBER:

**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.**

**¡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.**

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.

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  
 A pleading has been filed under an order joining *(name of claimant):*

as a party in this proceeding. If you fail to file an appropriate pleading within **30** days of the date this summons is served on you, your default may be entered and the court may enter a judgment containing the relief requested in the pleading, court costs, and such other relief as may be granted by the court, which could result in the garnishment of wages, taking of money or property, or other relief.

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):*

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.

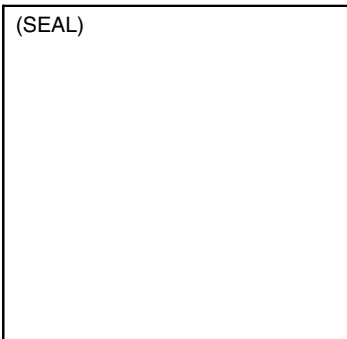
Dated: \_\_\_\_\_ Clerk, By \_\_\_\_\_, Deputy

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:

- |  |  |
|--|--|
| Under: <input type="checkbox"/> CCP 416.10 (Corporation)<br><input type="checkbox"/> CCP 416.20 (Defunct Corporation)<br><input type="checkbox"/> CCP 416.40 (Association or Partnership)<br><input type="checkbox"/> Other: | <input type="checkbox"/> CCP 416.60 (Minor)<br><input type="checkbox"/> CCP 416.70 (Incompetent)<br><input type="checkbox"/> CCP 416.90 (Individual)<br><input type="checkbox"/> FC 2062 (Employee Benefit Plan) |
|--|--|

- d.  By personal delivery on *(date):*



**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):*

c. By serving (1)  *Party or claimant.* (2)  *Other (name and title or relationship to person served):*

d.  *By delivery at*  *home*  *business* (1) *Date of:*  
(2) *Time of:* (3) *Address:*

e.  *By mailing* (1) *Date of:* (2) *Place of:*

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 41 5.20(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 sued under the fictitious name of:*

c.  *On behalf of:*

Under:  CCP 416.10 (Corporation)  
 CCP 416.20 (Defunct Corporation)  
 CCP 416.40 (Association or partnership)

CCP 416.60 (Minor)  
 CCP 416.70 (Incompetent)  
 CCP 416.90 (Individual)  
 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:

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date): \_\_\_\_\_ at (place): \_\_\_\_\_, California.

(For California sheriff, marshal, or constable use only)  
I certify that the foregoing is true and correct and that this certificate is executed on (date): \_\_\_\_\_ at (place): \_\_\_\_\_, California.

(Signature)

(Signature)