

Cover Sheet:	Joinder (Child Custody)						
Effective Date:	September 24, 2021						
Last Revision Date:	March 5, 2024						
Purpose:	Joinder is used to add a necessary third party to a family law case.						
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday.						
Required Forms:	<ul> <li>All forms are Judicial Council forms, unless otherwise indicated:</li> <li>Notice of Motion and Declaration for Joinder, FL-371</li> <li>Summons (Joinder), FL-375</li> <li>Petition for Joinder (Custody/Visitation), local form FL/E-LP-607</li> <li>Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665</li> <li>Proof of Personal Service, FL-330</li> </ul>						
Optional Forms:	This form can be used for service on any party who has already appeared in the case:  • Proof of Service by Mail, FL-335						
Filing Fee:	There is a \$60 fee to file the Notice of Motion. The current fee schedule may be found on the Court's website at: <a href="https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf">https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf</a> .						
Copies:	Make seven copies of the Summons and Petition and three copies of the Notice of Motion. The Court will file and keep the original and will endorse and return the copies to you.						
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)  Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826.  Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays. Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.						
Next Steps:	The filed forms and all attachments must be served on the party to be joined and all other parties at least sixteen court days before the scheduled hearing. If the motion is granted at the hearing, an additional filing fee of \$435 will be due at that time.						

		FL-3/ I
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
_		
TELEPHONE NO : EAV NO (Ontional):		
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:		
FEIIIONER.		
DECORONDENT		
RESPONDENT:		
		CASE NUMBER:
NOTICE OF MOTION AND DECLARATION FOR	R JOINDER	
NOTICE	OF MOTION	
NOTICE	OF MOTION	
1. TO Petitioner Respondent		
2. A hearing on this motion for joinder will be held as follows:		
a. Date: Time:	Dept.:	Rm.:
b. The address of court: is shown above is:		
c. Petitioner Respondent Claimant	will apply to this court	for an order joining claimant as a party to this
c retitioner respondent claimant		
	proceeding on the gro	unds set forth in the Declaration below.
3. The pleading on joinder accompanies this notice of motion.		
Dated:		
	<b>L</b>	
	<u> </u>	
(TYPE OR PRINT NAME)		(SIGNATURE)
DECI ADATIC	ON FOR JOINDER	
DECLARATION	OIL I OIL JOINDER	
1. The name of the person to be island is:		
4. The name of the person to be joined is:		

5. Facts showing that each person sought or seeking to be joined possesses or controls or claims to own any property subject to disposition by this court, or that such person has or claims custody, physical control, or visitation rights with respect to any minor child of the marriage, are *(specify):* 

т	
PETITIONER:	CASE NUMBER:
RESPONDENT:	
RESPONDENT:  6. Facts showing that it would be appropriate for this court to determine the particular issue	e in the proceedings are:
7. Facts showing that each person sought or seeking to be joined is either indispensable to or necessary to the enforcement of any judgment rendered on the issue are:	a determination of the particular issue
I declare under penalty of perjury under the laws of the State of California that the forego	ing is true and correct.
<u> </u>	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO (Ontional):	1
TELEPHONE NO. (Optional): FAX NO. (Optional)  E-MAIL ADDRESS (Optional):	L.
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
MARRIAGE OF	
PETITIONER:	
RESPONDENT:	
CLAIMANT:	
	CASE NUMBER:
SUMMONS (JOINDER)	
NOTICE! You have been sued. The court may decide	de ¡AVISO! Usted ha sido demandado. El tribunal puede
against you without your being heard unless you respon	-
within 30 days. Read the information below.	responda dentro de 30 dias. 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 o pleading, if any, may be filed on time.	r este asunto, debería hacerlo inmediatamente, de esta manera, su respuesta o alegación, si hay alguna, puede ser
produing, if any, may be modern and.	registrada a tiempo.
1. TO THE PETITIONER RESPOND	ENT CLAIMANT
1. TO THE PETITIONER RESPOND  A pleading has been filed under an order joining (n	<b></b>
, , , , , , , , , , , , , , , , , , , ,	,
	propriate pleading within <b>30</b> days of the date this summons is
	e court may enter a judgment containing the relief requested in the be granted by the court, which could result in the garnishment of
wages, taking of money or property, or other relief.	so granted by the county innovirue recent in the gamment county
2. TO THE CLAIMANT EMPLOYEE DENIETT DLAN	
<ol> <li>TO THE CLAIMANT EMPLOYEE BENEFIT PLAN         A pleading on joinder has been filed under the cleri     </li> </ol>	s's order joining (name of employee benefit plan):
	yee benefit plan fails to file an appropriate pleading within <b>30</b> days may be entered and the court may enter a judgment containing the
relief requested.	may be entered and the count may enter a judgment containing the
Dated: CI	erk, By, Deputy
3. NOTICE TO THE PERSON	
(SEAL) a. As an individual.	5211725. Tod dio 561764
b. As (or on behalf of)	the person sued under the fictitious name of:
c. On behalf of:	
	0 (Corporation) CCP 416.60 (Minor)
	0 (Defunct Corporation) CCP 416.70 (Incompetent) 0 (Association or Partnership) CCP 416.90 (Individual)
CCP 416.4	0 (Association or Partnership) CCP 416.90 (Individual) FC 2062 (Employee
	Benefit Plan)
d. By personal delive	ry on (date): Page 1 of 2

**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 Emplo	oyee Benefit Plan and Order, Pleading on Joind	er-					
	Employee Benefit Plan, blank Notice of Appearance and	d 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 s	erved):					
	d. By delivery at home busin	` '						
	(2) Time of: (3) Address	S:						
	e. By mailing (1) Date of:	(2) Place of:						
2.	Manner of service: (check proper box)							
	a. Personal service. By personally delivering copie							
	b. Substituted service on corporation, unincorp							
	leaving, during usual office hours, copies in the							
	and thereafter mailing (by first-class mail, postagwere left. (CCP 41 5.20(a))	ge prepaid) copies to the person served at the p	lace where the copies					
	c. Substituted service on natural person, minor	r. incompetent, or candidate. By leaving copie	s at the dwelling house					
	usual place of abode, or usual place of business							
	household or a person apparently in charge of the							
	of the general nature of the papers, and thereaft							
	served at the place where the copies were left. (		or affidavit stating acts					
	relied on to establish reasonable diligence in	. • .						
	d Mail and acknowledgment service. By mailing							
	two copies of the form of notice and acknowledg		addressed to the sender.					
	(CCP 415.30) (Attach completed acknowledge		a a matific al acimana di cociale matrono					
	e. Certified or registered mail service. By mailing receipt requested) copies to the person served.							
	actual delivery to the person served.)	(CCP 415.40) (Attach signed return receipt o	other evidence of					
	f. Other (specify code section):							
	Additional page is attached.							
_	The medical testing are seen and titing O and the arms of the		OD 440.00 445.40					
პ.	The notice to the person served (item 3 on the copy of the	summons served) was completed as follows (C	CP 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 416.60 (Minor)						
	CCP 416.20 (Defunct Corporation)	· · · · · ·						
	CCP 416.40 (Association or	CCP 416.90 (Individual)						
	partnership)	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 no	ot a party to this action.						
	Fee for service: \$							
6.	Person serving							
	a. Not a registered California process server.	e. Name, address, telephone number, and						
	b. Registered California process server.	applicable, county of registration and no	umber:					
	c. Exempt from registration under Bus. & Prof.							
	Code 22350(b).							
	d. California sheriff, marshal, or constable.							
	I declare under penalty of perjury that the foregoing is	(For California sheriff, marshal, or constabl	e use only)					
ru	rue and correct and that this declaration is executed  I certify that the foregoing is true and correct and that							
on	(date): at (place):	this certificate is executed on (date):						
	, California.	at (place):	, California.					
	,	w /	,					

(Signature)

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO:		For Court Use Only			
ATTORNEY FOR	(NAME):				
SUPERIOR COU STREET ADDRE MAILING ADDRE CITY AND ZIP C	SS: Same				
PETITIONER/PL					
RESPONDENT/I	EFENDANT:				
CLAIMANT:					
	PETITION FOR JOINDER (Custody/Visitation)	CASE NUMBER:			
Claimant alle	es as follows:				
	ant is the (specify relationship)	of the minor child(ren) outlined below:			
Child	s name Birthdate	<u>Age</u> <u>Sex</u>			
2. Each □ O	minor child named in 1 is currently living with the ☐ Petitioner ☐ R her: in the following county (specify):	espondent 			
3. Clain	ant requests that the court grant the following relief:				
a. 🗆	reasonable visitation with the following child(ren)as determined by court.	,			
b. □	custody of the following child(ren)	as that granting custody to the claimant (non-			
c. 🗆	parent) is required to serve the best interest of the child(ren).  Other:	a mangramming cooledy to the claim and (non-			
d. □ Such other relief as the court may deem appropriate.					
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
DATED <sup>.</sup>					
<i>5,</i> (1	CLAIMANT	Doga 4			
		Page 1			

# Important Notice about Access to Your Case

Court orders, minute orders, and child custody mediation reports are available online using our Public Case Access System. Access to court orders and minute orders provides you with information on what the court ordered in your case. Access to child custody mediation reports is necessary so that you know what child custody, visitation, or other suggestions the mediator recommended to the court.

To get secure access to your case online, you must complete and submit to the court the attached Family Law Case Participant Enrollment Form - Party, along with a copy of your driver's license, to create or update an account on our Public Case Access System. A separate form must be filed for each case or when you change your email address.

Once you complete the form, you may submit it in person at the courthouse at the public service counter or use the Drop Box. You may also submit it by US Mail at 3341 Power Inn Road, Sacramento, CA 95826.

Submitting the form as soon as possible is important because it may take two to five days to be processed from the date of receipt.

Once your access is set up you will receive an email letting you know that you are subscribed to your case. If you do not receive an email notifying you that you are subscribed to your case during the timeframes identified above, please inform the court using our Contact Us page at:

https://www.saccourt.ca.gov/contact.aspx

#### CONFIDENTIAL

CASE PARTICIPANT NAME:		FOR COURT USE ONLY
STREET ADDRESS:		
CITY/STATE/ZIP CODE:		
TELEPHONE NO.:		
E-MAIL ADDRESS (must be legible	)	
SUPERIOR COURT OF CAL STREET ADDRESS:	IFORNIA, COUNTY OF SACRAMENTO 3341 Power Inn Road	
CITY AND ZIP CODE:	Sacramento, CA 95826	
BRANCH NAME:	William R. Ridgeway Family Relations Courthouse	
PETITIONER/PLA	INTIFF:	
RESPONDENT/DEFE	NDANT:	
CLA	IMANT:	
FAMILY LAW CAS	E PARTICIPANT ENROLLMENT FORM (PARTY)	CASE NUMBER:

You may access orders for law and motion hearings, and mediation reports prepared by Family Court Services using the court's online Public Case Access System. Access is available at no charge from the time the court creates your case subscription.

### **INSTRUCTIONS**

To setup your account you must:

- File this form with the court with a copy of your driver license or a state or federal issued photo identification card.
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.

l,	, request that the court create an account and/or subscription to my Family
Law case.	
	I declare that my private email address is (must be legible):
	(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's)
I understand i	f I change my e-mail address I must file a new enrollment form with the court.

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order. I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (Petitioner/Respondent/Claimant), their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

dec	lare unde	er penal	ty of	perjury ι	ınder tl	he la	aws c	of the	State o	ot C	California t	that	the	foregoing	is true ar	nd correct.
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Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406	FOR COURT USE ONLY
(Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
THE STREET ENDING:	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE:
	HEARING TIME:
PROOF OF PERSONAL SERVICE	DEPT.:
<ul><li>2. Person served (name):</li><li>3. I served copies of the following documents (specify):</li></ul>	
<ul><li>4. By personally delivering copies to the person served, as follows:</li><li>a. Date:</li><li>b. Time:</li></ul>	
c. Address:	
5 Jan.	
5. I am a not a registered California process server. d exempt from regis	stration under Business & Profession
b. a registered California process server.  Code section 2238	
c. an employee or independent contractor of a e. a California sherif registered California process server.	f or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and r	number (specify):
or my hame, address, and telephone hambel, and, it applicable, seamly of regionalist and t	idiniber (opeeny).
7. I declare under penalty of perjury under the laws of the State of California that the formula of the state of California that the state of California	oregoing is true and correct
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct	
	···
Date:	
<b>k</b>	
<b>/</b>	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATUR	RE OF PERSON WHO SERVED THE PAPERS)

#### INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.** 

## INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side**: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
- 5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

	FL-333					
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY					
<del>-</del>						
TELEPHONE NO.: FAX NO. (Optional):						
E-MAIL ADDRESS (Optional):						
ATTORNEY FOR (Name):						
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento						
STREET ADDRESS: 3341 Power Inn Road						
MAILING ADDRESS: 3341 Power Inn Road						
CITY AND ZIP CODE: Sacramento, CA 95826						
BRANCH NAME: William R. Ridgeway Family Relations Courthouse						
PETITIONER/PLAINTIFF:	CASE NUMBER:					
RESPONDENT/DEFENDANT:						
	(If applicable, provide):					
OTHER PARENT/PARTY:	HEARING DATE:					
PROOF OF SERVICE BY MAIL	HEARING TIME:					
PROOF OF SERVICE BT WAIL	DEPT.:					
NOTICE: To serve temporary restraining orders you must use personal service (see	e form FL-330).					
<ol> <li>I am at least 18 years of age, not a party to this action, and I am a resident of or emplo place.</li> </ol>	yed in the county where the mailing took					
2. My residence or business address is:						
3. I served a copy of the following documents (specify):						
by enclosing them in an envelope AND  a depositing the sealed envelope with the United States Postal Service with the b placing the envelope for collection and mailing on the date and at the place so business practices. I am readily familiar with this business's practice for collection and mailing. On the same day that correspondence is placed for collection and mailings business with the United States Postal Service in a sealed envelope with postal service.	shown in item 4 following our ordinary cting and processing correspondence for ailing, it is deposited in the ordinary course of					
The envelope was addressed and mailed as follows:      Name of paragraphs.						
<ul><li>a. Name of person served:</li><li>b. Address:</li></ul>						
c. Date mailed: d. Place of mailing (city and state):						
	A series among and series of the first of the first					
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)						
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date:						
(TYPE OR PRINT NAME) (SIGNA	ATURE OF PERSON COMPLETING THIS FORM) Page 1 of 1					