

Cover Sheet:	Joinder (Property)
Effective Date:	July 15, 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:	 All forms are Judicial Council forms, unless otherwise indicated: Notice of Motion and Declaration for Joinder, FL-371 Summons (Joinder), FL-375 Petition for Joinder (Property), local form FL/E-LP-608 Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665 Proof of Personal Service, FL-330
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: https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf .
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.

Joinder (Property) Page 1 of 1

		FL-3/ I
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
_		
TELEPHONE NO : EAVING (Optional):		
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.		
DEODONDENT		
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:		
(TYPE OR PRINT NAME)		(SIGNATURE)
DECI ADATIO	ON FOR JOINDER	
DECEARATE	JIT I OK COMPLIK	
4. The name of the person to be joined is:		
t. The hame of the person to be juilled 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):

1	1
PETITIONER:	CASE NUMBER:
RESPONDENT:	
RESPONDENT: 6. Facts showing that it would be appropriate for this court to determine the particular issue	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 Date:	ing is true and correct.
(TVPE OR REINT NAVE)	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEDHONE NO (Ontional):	
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:	
	CASE NUMBER:
SUMMONS (JOINDER)	
NOTICE! You have been sued. The court may decid	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 amo.	registrada a tiempo.
1. TO THE PETITIONER RESPOND	ENT CLAIMANT
1. TO THE PETITIONER RESPONDI A pleading has been filed under an order joining (n.	
, , , , , , , , , , , , , , , , , , , ,	,
	propriate pleading within 30 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.	zo g.aou zy a coa,ou coa.a recant a.e gaoe.
2. TO THE CLAIMANT EMPLOYEE DENIETT DLAN	
 TO THE CLAIMANT EMPLOYEE BENEFIT PLAN A pleading on joinder has been filed under the clerk 	c's order joining (name of employee benefit plan):
	yee benefit plan fails to file an appropriate pleading within 30 days may be entered and the court may enter a judgment containing the
relief requested.	hay be chosed and the court may chor a judgment containing the
Dated: Cl	erk, By, Deputy
3. NOTICE TO THE PERSON	•
(SEAL) a. As an individual.	SERVES. For all solver
b. As (or on behalf of)	the person sued under the fictitious name of:
c. On behalf of:	
I	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 deliver	'Y ON (<i>date):</i> 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 Joinde	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 se	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 c		
	and thereafter mailing (by first-class mail, postag were left. (CCP 41 5.20(a))	ge prepaid) copies to the person served at the pi	ace where the copies
	c. Substituted service on natural person, minor	: incompetent, or candidate. By leaving copies	s at the dwelling house
	usual place of abode, or usual place of business		
	household or a person apparently in charge of th		
	of the general nature of the papers, and thereafte		
	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		aaressea to the senaer.
	(CCP 415.30) (Attach completed acknowledge	• •	
	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 of	other evidence of
	f. Other (specify code section):		
	Additional page is attached.		
_	The matical testing are an and the many of the		DD 440 00 445 40
პ.	The notice to the person served (item 3 on the copy of the	summons served) was completed as follows (CC	JP 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 nu	mber:
	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 constable	e use only)
ru	e and correct and that this declaration is executed	I certify that the foregoing is true and corr	
on	(date): at (place):	this certificate is executed on (date):	
	, California.	at (place):	, California.
	·	u /	,

(Signature)

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO:	For Court Use Only	
ATTORNEY FOR (NAME)		
ATTORNEY FOR (NAME):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
CLAIMANT:		
PETITION FOR JOINDER (Property, Etc.)	CASE NUMBER:	
Claimant alleges as follows:		
1. Claimant is the of Petition of Petition	er/Respondent.	
Claimant possesses, controls or claims the following property and/or obligations which is subject to disposition by this court:		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED:_____

CLAIMANT

CLAIMANT

Claimant's joinder as a party to this action is indispensable or necessary to make a determination of the matter alleged in paragraph 2 above, or for the enforcement of any judgment rendered regarding the said matter.

3.

CONFIDENTIAL

CASE PARTICIPANT NAME:			
NAME:			FOR COURT USE ONLY
		STATE BAR NO:	
FIRM NAME:			
ADDRESS:		OTATE CA	
CITY:		STATE: CA ZIP CODE:	
E-MAIL ADDRESS: (must be legible)		TELEPHONE NO.:	
ATTORNEY FOR (Name):		FAX NO. (Optional):	
	ourt of California, County of Sacra	amento	
STREET ADDRESS: 3341 Power	: Inn Road		
MAILING ADDRESS: CITY AND ZIP CODE: Sacramento	CA 05826		
	Ridgeway Family Relations Cour	thouse	
		inouse	
PETITIONER/PLAINT			
RESPONDENT/DEFENDA	.NT:		
CLAIMA	.NT:		
			CASE NUMBER:
FAMILY LAW CASE	E PARTICIPANT ENROL	LMENT FORM (PARTY)	
		INSTRUCTIONS	
the instructions i	n that email to complete the	e process.	confirming email. You must follow ach time an order or report is added to
J,	, reque	est that the court create an accou	nt and/or subscription to my Family
Law case.			
	I declare that my p	orivate email address is <i>(must be</i>	legible):
		orivate email address is <i>(must be</i> for one and clearly differentiate i,	
understand if I change	(Please use Ø for zero, 1 f	•	L, S, 5, 3 and 8's).
acknowledge that configured acknowledge that configured acknowledge that without a children) other than the p	(Please use Ø for zero, 1 f my email address I must file dential mediation reports co a court order, I must <u>not</u> dis parties to my case (Petitione	for one and clearly differentiate i, e a new enrollment form with the ontain private information that is reclose any contents of the Report	L, S, 5, 3 and 8's). court. not part of the public court file. I to anyone (including any minor torneys and court professionals. I
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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.:	
2. Person served (name):3. I served copies of the following documents (specify):		
4. By personally delivering copies to the person served, as follows:a. Date:b. Time:		
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):	
6. Inly flame, address, and telephone number, and, if applicable, county of registration and number (specify).		
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:		
k		
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATUR	RE OF PERSON WHO SERVED THE PAPERS)	

	FL-333	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
_		
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 BY WAIL	DEPT.:	
NOTICE: To serve temporary restraining orders you must use personal service	ce (see form FL-330).	
I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.		
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 b placing the envelope for collection and mailing on the date and at the business practices. I am readily familiar with this business's practice fo mailing. On the same day that correspondence is placed for collection business with the United States Postal Service in a sealed envelope with the United States Postal Service in a sealed envelope.	place shown in item 4 following our ordinary r collecting and processing correspondence for and mailing, it is deposited in the ordinary course of	
The envelope was addressed and mailed as follows:		
a. Name of person served:b. Address:		
c. Date mailed:d. Place of mailing (city and state):		
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.)		
I declare under penalty of perjury under the laws of the State of California that the state of Cal	ne foregoing is true and correct.	
Date:	5 5 1 1 1 1 1 1 1 1 1 1	
(TYPE OR PRINT NAME)	(SIGNATURE OF PERSON COMPLETING THIS FORM) Page 1 of 1	