

<b>ATTORNEY OR PARTY WITHOUT ATTORNEY</b> (Name, State Bar number, and address):  _____  TELEPHONE NO: _____ FAX NO: _____ (Optional): _____  E-MAIL ADDRESS (Optional): _____  ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA,</b> <b>COUNTY OF</b> _____  STREET ADDRESS: _____  MAILING ADDRESS: _____  CITY AND ZIP CODE: _____  BRANCH NAME: _____	
<b>MARRIAGE OF</b>  PETITIONER: _____  RESPONDENT: _____	
<b>PETITION FOR</b>  <input type="checkbox"/> Dissolution of Marriage  <input type="checkbox"/> Legal Separation  <input type="checkbox"/> Nullity of Marriage <input type="checkbox"/> AMENDED	<b>CASE NUMBER:</b> _____

**Qualified Domestic Relations Order  
For 403(b) Plan**

Upon (check only one): ☐ the Agreement and Consent of the parties, ☐ an Order of this Court, it is hereby ordered as follows:

This Order creates and recognizes the existence of an alternate payee's right to