

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :  _____  ATTORNEY FOR <i>(Name)</i> : Insert name of court and name of judicial district and branch court, if any:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:		
<p style="text-align: center;"><b>REQUEST FOR DISMISSAL</b></p> <input type="checkbox"/> <b>Personal Injury, Property Damage, or Wrongful Death</b> <input type="checkbox"/> <b>Motor Vehicle</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>Family Law</b> <input type="checkbox"/> <b>Eminent Domain</b> <input type="checkbox"/> <b>Other (specify):</b>		CASE NUMBER:

— A conformed copy will not be returned by the clerk unless a method of return is provided with the document. —

1. **TO THE CLERK:** Please **dismiss** this action as follows:
- a. (1)  With prejudice      (2)  Without prejudice
- b. (1)  Complaint      (2)  Petition  
 (3)  Cross-complaint filed by *(name)*:  
 (4)  Cross-complaint filed by *(name)*:  
 (5)  Entire action of all parties and all causes of action  
 (6)  Other *(specify):\**

on *(date)*:  
 on *(date)*:

Date:

.....  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)  
 \* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

▶ \_\_\_\_\_  
 (SIGNATURE)  
 Attorney or party without attorney for:  
 Plaintiff/Petitioner       Defendant/Respondent  
 Cross-complainant

2. **TO THE CLERK:** Consent to the above dismissal is hereby given.\*\*

Date:

.....  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)  
 \*\* If a cross-complaint—or Response (Family Law) seeking affirmative relief—is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).

▶ \_\_\_\_\_  
 (SIGNATURE)  
 Attorney or party without attorney for:  
 Plaintiff/Petitioner       Defendant/Respondent  
 Cross-complainant

*(To be completed by clerk)*

3.  Dismissal entered as requested on *(date)*:  
 4.  Dismissal entered on *(date)*:      as to only *(name)*:  
 5.  Dismissal **not entered** as requested for the following reasons *(specify)*:  
  
 6.  a. Attorney or party without attorney notified on *(date)*:  
      b. Attorney or party without attorney not notified. Filing party failed to provide  
      a copy to conform       means to return conformed copy

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy