

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> :	Insert name of court and name of judicial district and branch court, if any:	
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other <i>(specify)</i>:		CASE NUMBER:

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. *(Attach a copy completed by the clerk.)*

Date: _____

.....
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) _____ (SIGNATURE)

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

2. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by mailing them, in a sealed envelope with postage fully prepaid, as follows:
 - a. I deposited the envelope with the United States Postal Service.
 - b. I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
 - c. Date of deposit:
 - d. Place of deposit *(city and state)*:
 - e. Addressed as follows *(name and address)*:

3. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by personally delivering copies to the person served as shown below:
 Name: _____ Date: _____ Time: _____ Address: _____

4. 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) _____ (SIGNATURE OF DECLARANT)