

NAME, ADDRESS & TELEPHONE NUMBER OF PLAINTIFF:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF SAN LUIS OBISPO COUNTY	
<input type="checkbox"/> San Luis Obispo Branch , 1035 Palm Street, Rm 385, San Luis Obispo, CA 93408 (805) 781-5677 <input type="checkbox"/> Grover Beach Branch , South 16th Street, Grover Beach, CA 93433 (805) 473-7077 <input type="checkbox"/> Paso Robles Branch , 901 Park Street, Paso Robles, CA 93446 (805) 237-3079	
Plaintiff,	
Defendant:	
REQUEST FOR DISMISSAL - SMALL CLAIMS	CASE NUMBER:

NOTICE TO THE PLAINTIFF: If your claim is settled before the date set for trial, or if you decide you do not wish to proceed, complete this form and file it with the clerk, Small Claims Division, at the branch court location checked above prior to the trial date if the defendant has been served the Claim of Plaintiff.

If you have served the defendant you must notify him/her you have dismissed your claim.

REQUEST FOR DISMISSAL

IMPORTANT INSTRUCTIONS AND INFORMATION

- 1) If there is more than one plaintiff, each plaintiff must sign this request for dismissal.
- 2) If the defendant has filed a Claim of Defendant, the defendant must agree to this dismissal by signing this form.
- 3) All small claims case records in this case will be destroyed one year after entry of this dismissal (Government Code §68152(d)(2)).
- 4) This form may be signed by an officer or an authorized agent for a corporation or a partnership. An owner must sign for a sole partnership. Otherwise the plaintiff, or each of them, must sign.
- 5) **Do not use this form if a judgment has been rendered.** See the Clerk.

TO THE CLERK OF THE COURT: Dismiss the above-entitled actions as follows:

WITH PREJUDICE (This means you cannot sue again on the same cause of action).

WITHOUT PREJUDICE (This means, generally, that you can sue again on the same cause of action, provided the statute of limitations has not expired.)

The matter stated herein settled prior to the hearing date, or, all terms of mediated agreement have been satisfied, request is therefore made for dismissal.

DATE _____ TYPE OR PRINT NAME _____ SIGNATURE OF PLAINTIFF _____

DATE _____ TYPE OR PRINT NAME _____ SIGNATURE OF PLAINTIFF _____

(To be completed only if the defendant has filed a Claim of Defendant):

I agree to the dismissal of the entire action:

DATE _____ TYPE OR PRINT NAME _____ SIGNATURE OF DEFENDANT _____