


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Gregory M. Sheffer, Esq., SB No. 173124 The Chanler Group 81 Throckmorton Ave., Suite 202 Mill Valley, CA 94941 TELEPHONE NO.: 415-388-0911 FAX NO. (Optional): 415-388-9911 E-MAIL ADDRESS (Optional): greg@chanler.com ATTORNEY FOR (Name): Plaintiff Russell Brimer	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin STREET ADDRESS: 3501 Civic Center Drive MAILING ADDRESS: PO Box 4988 CITY AND ZIP CODE: San Rafael, CA 94903 BRANCH NAME: Civic Center Courthouse	
PLAINTIFF/PETITIONER: Russell Brimer DEFENDANT/RESPONDENT: Franklin Sports, Inc.	
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify) : Proposition 65 (H&S Code Section 25249.5 et seq)	CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">CIV 1101389</div>
- 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): _____ on (date): _____
 - (4) Cross-complaint filed by (name): _____ on (date): _____
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):* each party to bear their own costs

2. (Complete in all cases except family law cases.)
 Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: September 22, 2011
 Gregory M. Sheffer, Esq.
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)



 (SIGNATURE)

*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.

Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**
 Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)


 (SIGNATURE)

** 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).

Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

(To be completed by clerk)

- 4. Dismissal entered as requested on (date): _____
- 5. Dismissal entered on (date): _____ as to only (name): _____
- 6. Dismissal **not entered** as requested for the following reasons (specify): _____
- 7. 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 be conformed means to return conformed copy

Date: _____ Clerk, by _____, Deputy