

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Troy C. Bailey, State Bar No. 277424
THE CHANLER GROUP
2560 Ninth Street, Parker Plaza, Suite 214
Berkeley, CA 94710

TELEPHONE NO.: (510) 848-8880

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E-MAIL ADDRESS (Optional): troy@chanler.com

ATTORNEY FOR (Name): Plaintiff, John Moore

FOR COURT USE ONLY

FILED

OCT 24 2011

KIM TURNER
Court Executive Officer
MARIN COUNTY SUPERIOR COURT
By: C. Lucchesi, Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin

STREET ADDRESS: 3501 Civic Center Drive

MAILING ADDRESS:

CITY AND ZIP CODE: San Rafael 94903

BRANCH NAME: Unlimited Civil

PLAINTIFF/PETITIONER: John Moore

DEFENDANT/RESPONDENT: Orchard Supply Hardware Stores Corp., et al.

REQUEST FOR DISMISSAL

Personal Injury, Property Damage, or Wrongful Death

Motor Vehicle Other

Family Law Eminent Domain

Other (specify): Health and Safety Code § 25249.6 et seq. (Prop. 65)

CASE NUMBER:

CIV1100911

- 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):*

2. (Complete in all cases except family law cases.)

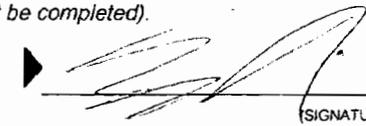
Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: October 21, 2011

Troy C. Bailey

(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

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):

OCT 24 2011

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: **OCT 24 2011** **KIM TURNER** Clerk, by **C. LUCCHESI**

Deputy
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PLAINTIFF/PETITIONER: John Moore	CASE NUMBER:
DEFENDANT/RESPONDENT: Orchard Supply Hardware Stores Corp., et al.	CIV1100911

Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

- 1 The court waived fees and costs in this action for (*name*):
2. The person in item 1 (*check one*):
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is recovering \$10,000 or more in value by this action. (*if item 2c is checked, item 3 must be completed.*)
3. All court fees and costs that were waived in this action have been paid to the court (*check one*): Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)

1 **PROOF OF SERVICE**

2 I am employed in the County of Alameda, State of California. I am a citizen of the United
3 States, over the age of 18 years, and not a party to the within action. My business address is 2560
4 Ninth Street, Parker Plaza, Suite 214, Berkeley, California 94710-2565.

5 On October 21, 2011, I caused to be served the following document(s), described as,

6 **REQUEST FOR DISMISSAL**

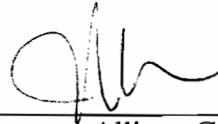
7 on each interested party as follows:

8 Rob Lynch, President
9 Orchard Supply Hardware Stores Corporation
6450 Via Del Oro
San Jose, CA 95119

Beth Koh, Esq.
Wendel Rosen Black & Dean
1111 Broadway, Suite 2400
Oakland, CA 94607

10 XXXXXX (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a
11 sealed envelope addressed to each interested party as set forth above. I placed each such envelope,
12 with postage thereon fully prepaid, for collection and mailing at The Chanler Group, located in
13 Berkeley, California. I am readily familiar with The Chanler Group's practice for collection and
14 processing of documents for mailing with the United States Postal Service. Under that practice, the
documents are deposited with the United States Postal Service on the same day in the ordinary
course of business.

15 Executed this 21st day of October, 2011, at Berkeley, California. I declare under the penalty
16 of perjury under the laws of the State of California that the foregoing is true and correct.

17 

18 Allison Carr