

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Clifford A. Chanler, State Bar No. 135534
THE CHANLER GROUP
2560 Ninth Street, Parker Plaza, Suite 214
Berkeley, CA 94710
TELEPHONE NO.: (510) 848-8880 FAX NO. (Optional): (510) 848-8118
E-MAIL ADDRESS (Optional): clifford@chanler.com
ATTORNEY FOR (Name): Plaintiff, Laurence Vinocur

FOR COURT USE ONLY
FILED
2017 MAR -6 P 12:52
STEPHEN H. NASH
CLERK OF THE SUPERIOR COURT
COUNTY OF CONTRA COSTA, CA
BY: _____ DEPUTY CLERK

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Contra Costa
STREET ADDRESS: 725 Court Street
MAILING ADDRESS: 725 Court Street
CITY AND ZIP CODE: Martinez, 94553
BRANCH NAME: Unlimited Civil

PLAINTIFF/PETITIONER: Laurence Vinocur
DEFENDANT/RESPONDENT: Absolute USA, Inc.

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:
C16-02271

- 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):

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: March 6, 2017
Clifford A. Chanler
(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):
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: MAR - 6 2017

MAR - 6 2017
as to only (name):

C. AGUILAR-JACALA
Clerk, by _____, Deputy

PLAINTIFF/PETITIONER: Laurence Vinocur DEFENDANT/RESPONDENT: Absolute USA, Inc.	CASE NUMBER: C16-02271
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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.
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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)