

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ NAME: Clifford A. Chanler FIRM NAME: THE CHANLER GROUP STREET ADDRESS: 2550 Ninth Street, Parker Plaza, Suite 205 CITY: Berkeley STATE: CA ZIP CODE: 94710 TELEPHONE NO.: (510) 848-8880 FAX NO.: (510) 848-8118 E-MAIL ADDRESS: clifford@chanler.com ATTORNEY FOR (Name): Plaintiff, John Moore	FOR COURT USE ONLY ELECTRONICALLY FILED <i>Superior Court of California, County of San Francisco</i> 05/03/2019 Clerk of the Court BY: EDWARD SANTOS Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: _____ CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Civic Center Courthouse	CASE NUMBER: CGC-18-565719
Plaintiff/Petitioner: John Moore Defendant/Respondent: Best Data Products, Inc., et al.	
REQUEST FOR DISMISSAL	
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.	
This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)	

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.)

The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: May 3, 2019

Clifford A. Chanler

(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)

** 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).



(SIGNATURE)

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): _____

DISMISSAL ENTERED7. 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

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Plaintiff/Petitioner: John Moore
 Defendant/Respondent: Best Data Products, Inc., et al.

CASE NUMBER:
 CGC-18-565719

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name)*:
2. The person named in item 1 is *(check one below)*:
 - a. ☐ not recovering anything of value by this action.
 - b. ☐ recovering less than \$10,000 in value by this action.
 - c. ☐ 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 court 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 over 18 years of age and not a party to this action. I am employed in the county
3 where the mailing took place. My business address is 2560 Ninth Street, Parker Plaza, Suite 214,
Berkeley, California 94710-2565.

4 On May 3, 2019, I caused the following document(s) to be served, described as:

5 **REQUEST FOR DISMISSAL**

6 on each interested party as follows:

7 Bruce Zaman, President
8 Best Data Products, Inc.
21541 Blythe Street
9 Canoga Park, CA 91304

10 [X] (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a sealed
11 envelope addressed to each interested party as set forth above. I placed each such envelope, with
12 postage thereon fully prepaid, for collection and mailing in one of the United States Post Office
Boxes located outside of the Parker Plaza Office Complex, located at 2560 9th Street, Berkeley,
California.

13 Executed this 3rd day of May 2019, at Berkeley, California, I declare under the penalty of
14 perjury under the laws of the State of California that the foregoing is true and correct.

15 

16 _____
Lindsey Cady