

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
Laralei S. Paras, State Bar No. 203319, 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): laralei@chanler.com  
ATTORNEY FOR (Name): Plaintiff, John Moore

FOR COURT USE ONLY  
  
ELECTRONICALLY  
**FILED**  
Superior Court of California,  
County of San Francisco  
**08/28/2018**  
Clerk of the Court  
BY: DAVID YUEN  
Deputy Clerk

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF** San Francisco  
STREET ADDRESS: 400 McAllister Street  
MAILING ADDRESS:  
CITY AND ZIP CODE: San Francisco 94103  
BRANCH NAME: Civic Center Courthouse

PLAINTIFF/PETITIONER: JOHN MOORE  
DEFENDANT/RESPONDENT: WINCO FOODS, LLC, et al.

**REQUEST FOR DISMISSAL**

CASE NUMBER: CGC-18-568852

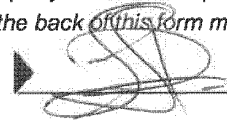
**A conformed copy will not be returned by the clerk unless a method of return is provided with the document.**  
**This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)**

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: August 28, 2018

Laralei Paras  
(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

**DISMISSAL ENTERED**

Date: Clerk, by \_\_\_\_\_, Deputy

PLAINTIFF/PETITIONER: JOHN MOORE  
 DEFENDANT/RESPONDENT: WINCO FOODS, LLC, et al.

CASE NUMBER:  
 CGC-18-568852

**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)