

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 135534
 NAME: Clifford A. Chanler
 FIRM NAME: CHANLER, LLC
 STREET ADDRESS: 72 Huckleberry Hill Road
 CITY: New Canaan STATE: CT ZIP CODE: 06840
 TELEPHONE NO.: (203) 594-9246 FAX NO.: (203) 594-9247
 E-MAIL ADDRESS: Clifford@ChanlerLLC.com
 ATTORNEY FOR (Name): Plaintiff, Paul Wozniak

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

Plaintiff/Petitioner: PAUL WOZNIAK
 Defendant/Respondent: INVACARE CORPORATION, et al.

FOR COURT USE ONLY

ELECTRONICALLY FILED
 Superior Court of California,
 County of San Francisco

06/19/2020
 Clerk of the Court
 BY: RAYMOND WONG
 Deputy Clerk

CASE NUMBER:
 CGC-20-584325

REQUEST FOR DISMISSAL

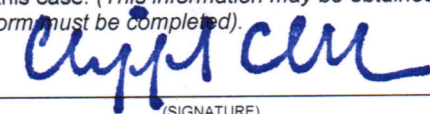
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

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): 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.)
 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: June 19, 2020
 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): 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 Page 1 of 2

DISMISSAL ENTERED
06/19/2020
By: RAYMOND WONG
Deputy Clerk

Plaintiff/Petitioner: PAUL WOZNAK Defendant/Respondent: INVACARE CORPORATION, et al.	CASE NUMBER: CGC-20-584325
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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 where
3 the mailing took place. My business address is 72 Huckleberry Hill Road, New Canaan, CT
06840.

4 On June 19, 2020, I caused the following document(s) to be served, described as:

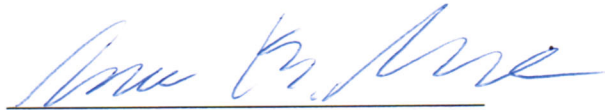
5 **REQUEST FOR DISMISSAL**

6 on each interested party as follows:

7 Garth N. Ward, Esq.
8 Lewis Brisbois Bisgaard & Smith LLP
9 701 B Street
Suite 1900
10 San Diego, CA 92101
Attorneys for Invacare Corporation

11 [X] (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a sealed
12 envelope addressed to each interested party as set forth above. I placed each such envelope, with
13 postage thereon fully prepaid, for collection and mailing in one of the United States Post Office
Boxes located at 18 Locust Avenue, New Canaan, CT 06840.

14 Executed this 19th day of June 2020, at New Canaan, Connecticut, I declare under the
penalty of perjury under the laws of the State of California that the foregoing is true and correct.

15 

16 Lorent Guimaraes