

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Clifford A. Chanler FIRM NAME: CHANLER, LLC STREET ADDRESS: 72 Huckleberry Hill Road CITY: New Canaan TELEPHONE NO.: (203) 722-4514 E-MAIL ADDRESS: Clifford@ChanlerLLC.com ATTORNEY FOR (name): Plaintiff, Jay Epps	STATE BAR NUMBER: 135534 STATE: CT ZIP CODE: 06840 FAX NO.: (203) 702-5011
REQUEST FOR DISMISSAL	
CASE NUMBER: CGC-25-625562	
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.)

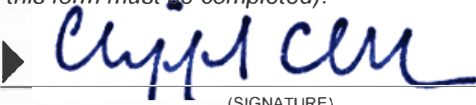
The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: September 12, 2025

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

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

PLAINTIFF/PETITIONER: JAY EPPS
 DEFENDANT/RESPONDENT: DOORDASH, INC.

CASE NUMBER:
 CGC-25-625562

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)

The matter was dismissed on November 7, 2025 after the clerk asked us to correct the case number on the form submitted on September 12, 2025.

ATTORNEY OR PARTY WITHOUT ATTORNEY 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) 722-4514 FAX NO.: (203) 702-5011 E-MAIL ADDRESS: Clifford@ChanlerLLC.com ATTORNEY FOR (name): Plaintiff, Jay Epps	FOR COURT USE ONLY ELECTRONICALLY FILED <i>Superior Court of California, County of San Francisco</i> 11/07/2025 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	
PLAINTIFF/PETITIONER: JAY EPPS DEFENDANT/RESPONDENT: DOORDASH, INC.	
REQUEST FOR DISMISSAL	CASE NUMBER: CGC-25-624135 (Lead Case)
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.	
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- (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):* Defendant DOORDASH, INC. (CGC-25-625562) only.

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

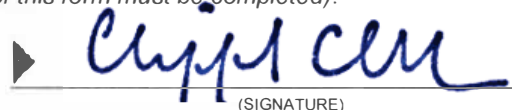
The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: November 7, 2025

Clifford A. Chanler

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

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(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)

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(SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

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 ENTERED
11/07/2025
By: EDWARD SANTOS
Deputy Clerk**

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

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CASE NUMBER:
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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)