

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
Laralei S. Paras State Bar No. 203319  
Seven Hills LLP  
4 Embarcadero Center, Suite 1400  
San Francisco, CA 94111  
TELEPHONE NO.: (415) 926-7247 FAX NO. (Optional):  
E-MAIL ADDRESS (Optional): laralei@sevenhillsllp.com  
ATTORNEY FOR (Name): Plaintiff, My Nguyen

FOR COURT USE ONLY  
  
**ELECTRONICALLY  
FILED**  
Superior Court of California,  
County of San Francisco  
**09/23/2021**  
Clerk of the Court  
BY: YOLANDA TABO-RAMIREZ  
Deputy Clerk

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco**  
STREET ADDRESS: 400 McAllister Street  
MAILING ADDRESS: 400 McAllister Street  
CITY AND ZIP CODE: San Francisco 94102  
BRANCH NAME: Unlimited Civil

PLAINTIFF/PETITIONER: My Nguyen  
DEFENDANT/RESPONDENT: Eroica Enterprises, Inc., et al.

**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:  
CGC-20-588603

- 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):\* Each party to bear its own costs.

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: 9/21/2021

Laralei S. 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

**DISMISSAL ENTERED**  
**09/23/2021**  
**By: YOLANDA TABO-RAMIREZ**  
**Deputy Clerk**

(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

PLAINTIFF/PETITIONER: My Nguyen DEFENDANT/RESPONDENT: Eroica Enterprises, Inc., et al.	CASE NUMBER: CGC-20-588603
---	-------------------------------

**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.
--

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)