

Please use this form to dismiss your claim if it is settled before the hearing date. Return this form to the Court.

| | |
|--|-----------------------|
| Short Title: _____ vs. _____ | Case Number: _____ |
| Hearing Date: _____ / _____ / _____ Time: _____ Dept: _____ | _____ |

REQUEST FOR DISMISSAL

TO THE CLERK:

Please dismiss (check one box):

- Entire Action Plaintiff's Claim Only Defendant's Claim Only

as follows (check one box):

- WITH PREJUDICE (You cannot sue the same defendant again for the same cause of action.)
 WITHOUT PREJUDICE (You may sue again on the same cause of action.)

Dated: _____

Signature of Plaintiff

Print Name: _____

If a Defendant's Claim has been filed, the Defendant must also sign to dismiss the entire action.

Dated: _____

Signature of Defendant

Print Name: _____

REQUEST FOR DISMISSAL