

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: Michael Postle FIRM NAME: STREET ADDRESS: 3724 Deer Walk Way CITY: Antelope STATE: CA ZIP CODE: 95843 TELEPHONE NO.: (916) 790-4112 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): IN PRO PER <hr/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 813 6th Street MAILING ADDRESS: CITY AND ZIP CODE: Sacramento, 95814 BRANCH NAME: Hall of Justice <hr/> Plaintiff/Petitioner: Michael Postle Defendant/Respondent: Veronica Brill, et al. <hr/> <div style="text-align: center;">REQUEST FOR DISMISSAL</div>	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> FILED/ENDORSED <div style="border: 1px solid black; padding: 5px; display: inline-block;"> APR - 1 2021 </div> By: <u>E. Medina</u> Deputy Clerk </div> CASE NUMBER: 34-2020-00286265
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: April 1st 2021

Michael Postle

(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.

Michael Postle

(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

(To be completed by clerk)

4. ☒ Dismissal entered as requested on (date): 4/1/21
 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:

4/1/21

Clerk, by

[Signature]

Deputy

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