20A 548

CIV-110

	CIV-110
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 106464	FOR COURT USE ONLY
NAME: Michael R. Weinstein	
FIRM NAME: FERRIS & BRITTON, APC	.
STREET ADDRESS: 501 West Broadway, Suite 1450	ELECTRONICALLY FILED
CITY: San Diego STATE: CA ZIP CODE: 92101	Superior Court of California,
TELEPHONE NO.: 619-233-3131 FAX NO.: 619-232-9316	County of San Diego
E-MAIL ADDRESS: mweinstein@ferrisbritton.com ATTORNEY FOR (Name): LARRY GERACI and REBECCA BERRY	06/06/2019 at 03:17:00 PM
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	Clerk of the Superior Court
STREET ADDRESS: 330 West Broadway	By Yvette Mapula, Deputy Clerk
MAILING ADDRESS:	
CITY AND ZIP CODE: San Diego, California 92101	
BRANCH NAME: HALL OF JUSTICE	
Plaintiff/Petitioner: LARRY GERACI	
Defendant/Respondent: DARRYL COTTON	
	CASE NUMBER:
REQUEST FOR DISMISSAL	37-2017-00010073-CU-BC-CTL
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 action. (Cal. Rules of Court, rules 3.760 and 3.770.)	on or of any party or cause of action in a class
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	
	's Complaint without prejudice ONLY
	3 Complaint, Without projudice, Orez 1.
 (Complete in all cases except family law cases.) The court didx did not waive court fees and costs for a party in the clerk. If court fees and costs were waived, the declaration on the back of this for. 	is case. (This information may be obtained from the m must be completed).
Date: June 6, 2019	2
MICHAEL R. WEINSTEIN	what Mbeinstein
(TYPE OR PRINT NAME OF X ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)
	party without attorney for:
action, or cross complaints to be dismissed	iff/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 Attorney or	party without attorney for:
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).	iff/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	e):
6 Dismissal not entered as requested for the following reasons (specify): 1	. Item 1a must be completed.
th	. Item 2 incorrect. Fee waiver on file for a party tale case.
7. a. Attorney or party without attorney notified on (date): 08/14/2019	
b. Attorney or party without attorney not notified. Filing party failed to prov	vide
a copy to be conformed means to return conformed co	opy Gn
Date: 06/14/2019 Clerk, by	Y. Mapula , Deputy Page 1 of 2

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Plaintiff/Petitioner: LARRY GÉRACI
Defendant/Respondent: DARRYL COTTON

CASE NUMBER: 37-2017-00010073-CU-BC-CTL

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 co	rrect.	
Date:	1	R
(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION) (SIGNATURE)		