

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Michael D. McLachlan SBN 181705 Law Offices of Michael D. McLachlan, APC 10490 Santa Monica Boulevard, Los Angeles, CA 90025 TELEPHONE NO.: 310-954-8270 FAX NO. (Optional): 310-954-8271 E-MAIL ADDRESS (Optional): mike@mclachlanlaw.com ATTORNEY FOR (Name): Plaintiff Richard Wood	FOR COURT USE ONLY
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles
 STREET ADDRESS: 600 S. Commonwealth Avenue
 MAILING ADDRESS:
 CITY AND ZIP CODE: Los Angeles 90005
 BRANCH NAME: Central Civil West

PLAINTIFF/PETITIONER: Richard A. Wood
 DEFENDANT/RESPONDENT: A.V. Materials, Inc. et al.

REQUEST FOR DISMISSAL

Personal Injury, Property Damage, or Wrongful Death
 Motor Vehicle Other
 Family Law Eminent Domain
 Other (specify) : declaratory relief

CASE NUMBER:
 BC 509546


- 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):*

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: February 14, 2014
 Michael McLachlan
 (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:

▶ _____
 (SIGNATURE)

(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).

Attorney or party without attorney for:
 Plaintiff/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):
 - 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: Richard A. Wood DEFENDANT/RESPONDENT: A.V. Materials, Inc. et al.	CASE NUMBER: BC 509546
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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)