

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 262007 NAME: Sean A. Brady FIRM NAME: Michel & Associates, P.C. STREET ADDRESS: 180 East Ocean Blvd., Suite 200 CITY: Long Beach STATE: CA ZIP CODE: 90802 TELEPHONE NO.: (562) 216-4444 FAX NO.: (562) 216-4445 E-MAIL ADDRESS: sbrady@michellawyers.com ATTORNEY FOR (Name): Lokey Firearms, et al.	FOR COURT USE ONLY Electronically Filed by Superior Court of CA, County of Santa Clara, on 7/22/2020 12:51 PM Reviewed By: A. Nakamoto Case #20CV365840 Envelope: 4641322
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose 95113 BRANCH NAME: Downtown Superior Court	
Plaintiff/Petitioner: Lokey Firearms, et al. Defendant/Respondent: County of Santa Clara, et al.	CASE NUMBER: 20CV365840
REQUEST FOR DISMISSAL	

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): _____ on (date): _____
 - (4) Cross-complaint filed by (name): _____ on (date): _____
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*
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: July 22, 2020
 Sean A. Brady
 (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): 7/22/2020 12:51 PM
 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): 7/22/2020 12:51 PM
 b. Attorney or party without attorney not notified. Filing party failed to provide
 a copy to be conformed means to return conformed copy
 Date: 7/22/2020 12:51 PM Clerk, by A. Nakamoto Deputy

Plaintiff/Petitioner: Lokey Firearms, et al. Defendant/Respondent: County of Santa Clara, et al.	CASE NUMBER: 20CV365840
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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 correct.

Date:

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

▶ _____

(SIGNATURE)

1 **PROOF OF SERVICE**

2 STATE OF CALIFORNIA
3 COUNTY OF SANTA CLARA

4 I, Laura Palmerin, am employed in the City of Long Beach, Los Angeles County,
5 California. I am over the age eighteen (18) years and am not a party to the within action. My
6 business address is 180 East Ocean Boulevard, Suite 200, Long Beach, California 90802.

7 On July 22, 2020, I served the foregoing document(s) described as

8 **REQUEST FOR DISMISSAL**

9 on the interested parties in this action by placing
10 the original
11 a true and correct copy
12 thereof by the following means, addressed as follows:

13 James R. Williams
14 Email: james.williams@cco.sccgov.org
15 Douglas Press
16 Email: douglass.press@cco.sccgov.org
17 Melissa Kiniyalocts
18 Email: melissa.kiniyalocts@cco.sccgov.org
19 Jason Bussey
20 Email: jason.bussey@cco.sccgov.org
21 Hannah Kieschnick
22 Email: hannah.kieschnick@cco.sccgov.org
23 70 West Hedding Street
24 East Wing, 9th Floor
25 San Jose, CA 95110

26 X (BY ELECTRONIC MAIL) As follows: I served a true and correct copy by electronic
27 transmission through One Legal to the emails shown above. Said transmission was
28 reported and completed without error.

X (STATE) I declare under penalty of perjury under the laws of the State of California that
the foregoing is true and correct.

Executed on July 22, 2020, at Long Beach, California.



Laura Palmerin