

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Thomas Feeney, Esq. S.B.N. 65761 Carbone, Smoke, Smith, Bent and Leonard 505 14th Street, Suite 600, Oakland, CA 94612 TELEPHONE NO. (510) 267-7273 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name) Defendant Husni Alhakim	FOR COURT USE ONLY ELECTRONICALLY FILED <i>Superior Court of California, County of San Francisco</i> 02/01/2017 Clerk of the Court BY: DAVID YUEN Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS 400 McAllister Street MAILING ADDRESS 400 McAllister Street CITY AND ZIP CODE San Francisco, CA 94102 BRANCH NAME Unlimited Civil Jurisdiction	
PLAINTIFF/PETITIONER: Juan Montiel DEFENDANT/RESPONDENT: Husni Alhakim	
NOTICE OF SETTLEMENT OF ENTIRE CASE	CASE NUMBER: CGC15543481
	JUDGE: DEPT.: 206

NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING RELIEF

You must file a request for dismissal of the entire case within 45 days after the date of the settlement if the settlement is **unconditional**. You must file a dismissal of the entire case within 45 days after the date specified in item 1b below if the settlement is **conditional**. Unless you file a dismissal within the required time or have shown good cause before the time for dismissal has expired why the case should not be dismissed, the court will dismiss the entire case.

To the court, all parties, and any arbitrator or other court-connected ADR neutral involved in this case:

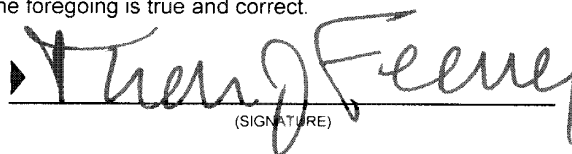
1. This entire case has been settled. The settlement is:
 - a. ☒ **Unconditional.** A request for dismissal will be filed within 45 days after the date of the settlement.
Date of settlement:
 - b. ☐ **Conditional.** The settlement agreement conditions dismissal of this matter on the satisfactory completion of specified terms that are not to be performed within 45 days of the date of the settlement. A request for dismissal will be filed no later than (date):
2. Date initial pleading filed:
3. Next scheduled hearing or conference:
 - a. Purpose:
 - b. ☐ (1) Date:
 - (2) Time:
 - (3) Department:
4. Trial date:
 - a. ☐ No trial date set.
 - b. ☒ (1) Date: February 27, 2017
 - (2) Time: 9:30 a.m.
 - (3) Department: 206

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

Date: February 1, 2017

Thomas Feeney, Esq. SBN 65761

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)


(SIGNATURE)

PLAINTIFF/PETITIONER: Juan Montiel	CASE NUMBER
DEFENDANT/RESPONDENT: Husni Alhakim	CGC15543481

**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF SETTLEMENT OF ENTIRE CASE**

(NOTE: You cannot serve the Notice of Settlement of Entire Case if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):

505 14th Street, Suite 600, Oakland, CA 94612

2. I served a copy of the *Notice of Settlement of Entire Case* by enclosing it in a sealed envelope with postage fully prepaid and (*check one*):

- a. ☐ deposited the sealed envelope with the United States Postal Service.
- b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Settlement of Entire Case* was mailed:

- a. on (*date*): February 1, 2017
- b. from (*city and state*): Oakland, CA 94612

4. The envelope was addressed and mailed as follows:

a. Name of person served:
Cary O. Lindstrom, Esq.
Street address: 65 East Taylor Street
City: San Jose
State and zip code: CA 95112

c. Name of person served:
James F. Lynch, Esq.
Street address: 4176 Wallis Ct.
City: Palo Alto, CA 94306
State and zip code:

- b. Name of person served:

Street address:
City:
State and zip code:

- d. Name of person served:

Debra Dee Lew, Esq.
Street address: P.O. Box 7426
City: San Francisco, CA 94120
State and zip code:

☐ Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

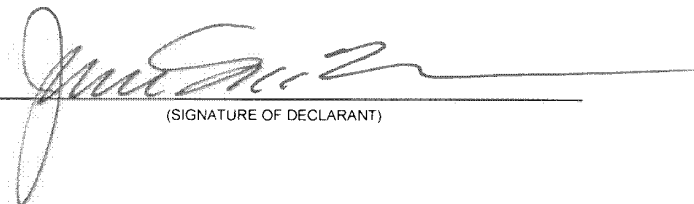
5. Number of pages attached _____.

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

Date: February 1, 2017

Jeannie Scannell-Fraser

(TYPE OR PRINT NAME OF DECLARANT)

▶ 

(SIGNATURE OF DECLARANT)