



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN FRANCISCO**

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Case Number: CSM-15-848741

Filing Date: Feb-05-2015 4:46

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DISMISSAL OF ENTIRE ACTION

**EVEN ARUGUETE ET AL VS. MICHAEL CLAYTON**

001C04783802

**Instructions:**

Please place this sheet on top of the document to be scanned.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Eve Aruguete, in pro per c/o: Tom Miller, 725 Washington Street, Suite 300, Oakland, CA 94607 TELEPHONE NO.: (510) 891-0616 FAX NO. (Optional): (510) 839-9857 E-MAIL ADDRESS (Optional): tom@milwaki.com ATTORNEY FOR (Name): Plaintiff, in pro per		FOR COURT USE ONLY <b>FILED</b> San Francisco County Superior Court FEB 05 2015 CLERK OF THE COURT BY: <u>[Signature]</u> Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street, 5th Floor MAILING ADDRESS: CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Small Claims		
PLAINTIFF/PETITIONER: Eve Aruguete DEFENDANT/RESPONDENT: Kathryn L. Felder, Michael Clayton		
REQUEST FOR DISMISSAL		
CASE NUMBER: CSM-15-848741		
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: 1/20/15

Eve Aruguete

(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.

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: 1/20/15(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)

FEB - 5 2015

4. ☒ Dismissal entered as requested on (date): FEB - 5 2015  
 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): FEB - 5 2015  
 b. ☐ Attorney or party without attorney not notified. Filing party failed to provide  
☐ a copy to be conformed ☐ means to return conformed copy

Date: FEB - 5 2015

Clerk, by

P. F. [Signature]  
 Deputy