

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
 James P. Nevin, Esq. (Bar # 220816)  
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FOR COURT USE ONLY

E-MAIL ADDRESS (Optional):  
 ATTORNEY FOR (Name): Plaintiff YSIDRO LIMON, SR.

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO**  
 STREET ADDRESS: 400 McAllister Street

MAILING ADDRESS:

CITY AND ZIP CODE: San Francisco, CA 94102

BRANCH NAME:

PLAINTIFF/PETITIONER: YSIDRO LIMON, SR.

DEFENDANT/RESPONDENT: AMCORD, INC., et al.

**REQUEST FOR DISMISSAL**

**ELECTRONICALLY FILED**  
*Superior Court of California,  
 County of San Francisco*

**09/28/2022**  
**Clerk of the Court**  
 BY: YOLANDA TABO-RAMIREZ  
 Deputy Clerk

CASE NUMBER: CGC-15-276378

**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: September 28, 2022

James P. Nevin

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Attorney or party without attorney for:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Plaintiff/Petitioner | <input type="checkbox"/> Defendant/Respondent |
| <input type="checkbox"/> 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)

Attorney or party without attorney for:

- |   |   |
|---|---|
| <input type="checkbox"/> Plaintiff/Petitioner | <input type="checkbox"/> Defendant/Respondent |
| <input type="checkbox"/> 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):

**DISMISSAL ENTERED**  
**09/28/2022**  
**By: YOLANDA TABO-RAMIREZ**  
**Deputy Clerk**

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: YSIDRO LIMON, SR.  
DEFENDANT/RESPONDENT: AMCORD, INC., et al.

CASE NUMBER:  
CGC-15-276378

**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)