| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  John Kevin Crowley, Esq. 88189 Attorney at Law  125 S. Market Street, Suite 1200 San Jose, California 95113 TELEPHONE NO.: (408) 288-8100 FAX NO. (Optional): (408) E-MAIL ADDRESS (Optional): jkclaw@pacbell.net ATTORNEY FOR (Name): Plaintiff  SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 N. First Street MAILING ADDRESS: CITY AND ZIP CODE: San Jose, California 95113 BRANCH NAME: Civil  PLAINTIFF/PETITIONER: Mary Crouse  DEFENDANT/RESPONDENT: Charter Court SJC, LP; VP Market Court SJC, LP; VP | County Reviewed By: S. Vera Case #16CV296656 Envelope: 3310956                                |
|---|---|
| Inc.  REQUEST FOR DISMISSAL   | case number:<br>16CV296656  |
| A conformed copy will not be returned by the clerk unless a metalistic This form may not be used for dismissal of a derivative action of 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):  |   |
| (5) Cher (specify):* Each party to bear the Complete in all cases except family law cases.)  The court did did not waive court fees and costs for a party the clerk. If court fees and costs were waived, the declaration on the Date: August 15, 2019  JohnKewinCrowley,Esq  | y in this case. (This information may be obtained from  |
| <ol> <li>TO THE CLERK: Consent to the above dismissal is hereby given.** Date:</li> </ol>   | •   |
| (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 the cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).   | (SIGNATURE)  Attorney or party without attorney for:  Plaintiff/Petitioner  Cross-Complainant |
| (To be completed by clerk)  4. Dismissal entered as requested on (date): 8/26/2019 2:2  5. Dismissal entered on (date): as  6. Dismissal not entered as requested for the following reasons   | to only (name):   |
| 7. a. Attorney or party without attorney notified on (date):  b. Attorney or party without attorney not notified. Filing part  a copy to be conformed means to return conf  Date8/26/2019 2:45 PM Clerk,  | ormed copy /s/ S. Vera  |

| PLAINTIFF/PETITIONER: | Mary Crouse                           | CASE NUMBER: |  |
|-----------------------|---------------------------------------|--------------|--|
| DEFENDANT/RESPONDENT: | Charter Court SJC, LP; VP Management, | 16CV296656   |  |

#### **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 Walved Court Fees**

| 1. The court waived fees and costs in this action for (name):  |   |
|--|---|
| <ul> <li>2. The person in item 1 is (check one below):</li> <li>a not recovering anything of value by this action.</li> <li>b recovering less than \$10,000 in value by this action.</li> <li>c recovering \$10,000 or more in value by this action. (I</li> </ul> | f item 2c is checked, item 3 must be completed.)        |
| 3. All court fees and costs that were waived in this action h  | ave been paid to the court (check one):                 |
| I declare under penalty of perjury under the laws of the State of Cal  | ifornia that the information above is true and correct. |
| Date:  |   |
|  | <b>&gt;</b>   |
| (TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)  | (SIGNATURE)   |
|  |   |

### **PROOF OF SERVICE**

[CCP §§1013, 2015.5]

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I the undersigned, hereby declare that I am over the age of 18 years and not a party to the within action. I am employed in the County of Contra Costa, the County in which the following service occurred. My business address is 2300 Clayton Road, Suite 350, Concord, California, 94520.

On August 26, 2019, I caused a true copy of the following document(s) to be served in this action upon the person(s) set forth below, by the method indicated.

**DOCUMENT(S) SERVED:** 

REQUEST FOR DISMISAL

#### PERSON(S) SERVED:

## **Attorneys for Plaintiff**

John Kevin Crowley, Esq.

125 S. Market Street, Suite 1200

San Jose, CA 95113

**XX** (**BY MAIL**) I caused such envelope with postage thereon fully prepaid to be placed in the United States Mail this day in Concord, California. I am "readily familiar" with the firm's practice of collecting and processing mail. It is deposited with the U.S. Postal Service on that same day in the ordinary course of business.

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

Executed at Concord, California on August 26, 2019

Kimberly Johnson