ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, address and telephone #):* STATE BAR NO: ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
REQUEST FOR DISMISSAL	CASE NUMBER:

NOTICE TO THE PLAINTIFF: If your claim is settled before the date set for trial, or if you decide you do not wish to proceed, complete this form and file it with the clerk, Small Claims Division, 3501 Civic Center Drive, Room 113, San Rafael, CA 94903 prior to the trial date if defendant has been served the Claim of Plaintiff.

If you have served the defendant you must notify him you have dismissed your claim.

TO THE CLERK OF THE SMALL CLAIMS COURT:

Please dismiss this claim ☐ as to all defendants
☐ as to defendant(s) *(Name(s))*

_____

_____

☐ without prejudice
☐ with prejudice

_____ _____
DATE *SIGNATURE*

NOTES:

1. A **"dismissal without prejudice"** means that the claim is closed only because you do not wish to proceed with it at this time, and you are not giving up your right to file a new claim for the same obligation at a later date.

2. A **"dismissal with prejudice"** means that the claim is closed and you can never again file a claim for the same obligation.

3. This form may be signed by an officer or authorized agent for a corporation or a partnership. An owner must sign for a sole proprietorship. Otherwise the plaintiff or each of them must sign.

4. If a Claim for Defendant has been filed, dismissal of Plaintiff's Claim will not operate to dismiss the Claim of Defendant, nor will dismissal of a Claim of Defendant operate to dismiss the Claim of Plaintiff.

5. Do not use this form if a judgment has been rendered. See Small Claims Clerk.