

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
C. Micheal McClure, Esq. SBN 44091
 Attorney at Law
 24600 Silver Cloud Court, Suite 104
 Monterey, CA 93940
 TELEPHONE NO.: 831-649-6161 FAX NO. (Optional): 831-649-1306

E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name): **Dina Marie Eastwood**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Monterey
 STREET ADDRESS: 1200 Aguajito Road
 MAILING ADDRESS:
 CITY AND ZIP CODE: Monterey, CA 93940
 BRANCH NAME: Monterey

PLAINTIFF/PETITIONER: **Dina Marie Eastwood**
 DEFENDANT/RESPONDENT: **Clinton Eastwood, Jr.**

FILED

SEP 11 2013

CONNIE MAZZEI
CLERK OF THE SUPERIOR COURT
DEPUTY

K. BARTLETT

REQUEST FOR DISMISSAL CASE NUMBER: DR54577

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 11, 2013

C. Micheal McClure, Esq. (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

(SIGNATURE)
 Attorney or party without attorney for: **Dina Marie Eastwood**
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

* 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.

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:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

** 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).

- (To be completed by clerk)
- 4. Dismissal entered as requested on (date): **SEP 11 2013**
 - 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): **SEP 11 2013**
- b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed, means to return conformed copy

Date: **SEP 11 2013** Clerk, by **CONNIE MAZZEI** Deputy **K. BARTLETT**

PLAINTIFF/PETITIONER: Dina Marie Eastwood
 DEFENDANT/RESPONDENT: Clinton Eastwood, Jr.

CASE NUMBER:
 DR54577

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 fees and costs in this action for *(name)*:
2. The person 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 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)