

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Eve Peek Fichtner (SBN 173583)/ Michael J. Davis (SBN 299196)
ATKINSON, ANDELSON, LOYA, RUUD & ROMO
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FOR COURT USE ONLY

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ATTORNEY FOR (Name): Petitioner, Davis Joint Unified School District

SUPERIOR COURT OF CALIFORNIA, COUNTY OF YOLO

STREET ADDRESS: 1000 Main Street

MAILING ADDRESS: 1000 Main Street

CITY AND ZIP CODE: Woodland 95695

BRANCH NAME: Yolo Superior Court

PLAINTIFF/PETITIONER: Davis Joint Unified School District

DEFENDANT/RESPONDENT: Beth Bourne

REQUEST FOR DISMISSAL

CASE NUMBER: CV2023-2077

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) [X] Without prejudice

b. (1) [] Complaint (2) [X] Petition

(3) [] Cross-complaint filed by (name):

on (date):

(4) [] Cross-complaint filed by (name):

on (date):

(5) [] Entire action of all parties and all causes of action

(6) [] Other (specify):*

2. (Complete in all cases except family law cases.)

The court [] did [X] 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: November 16, 2023

Michael J. Davis

(TYPE OR PRINT NAME OF [X] ATTORNEY [] PARTY WITHOUT ATTORNEY)

[Handwritten Signature]

(SIGNATURE)

*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:

[X] Plaintiff/Petitioner

[] Defendant/Respondent

[] Cross-Complainant

TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF [] ATTORNEY [] PARTY WITHOUT ATTORNEY)

[Handwritten Signature]

(SIGNATURE)

** 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)

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):

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: Davis Joint Unified School District DEFENDANT/RESPONDENT: Beth Bourne	CASE NUMBER: CV2023-2077
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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)

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PROOF OF SERVICE

(CODE CIV. PROC. § 1013A(3))

STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

I am employed in the County of Sacramento, State of California. I am over the age of 18 years and am not a party to the within action; my business address is 2151 River Plaza Drive, Suite 300, California 95833-4130.

On November 16, 2023, I served the following document(s) described as **REQUEST FOR DISMISSAL** on the interested parties in this action as follows:

Jesse Franklin-Murdock
DHILLON LAW GROUP INC.
177 Post Street, Suite 700
San Francisco, CA 94108
Email: jfranklin-murdock@dhillonlaw.com

ATTORNEYS FOR RESPONDENT

BY MAIL: I placed a true and correct copy of the document(s) in a sealed envelope for collection and mailing following the firm's ordinary business practices. I am readily familiar with the firm's practice for collection and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

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

Executed on November 16, 2023, at Sacramento, California.



Gisele Mitsuk