

CIV-110 Request for Dismissal: This form is generally to be used if you have filed a small claims action with the court but prior to your trial date you decide you no longer need to have the case heard in court. Typically this will arise if you have settled the matter with the other party before the trial has been heard by a judge or a judgment has been entered.

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):   ATTORNEY FOR ( <i>Name</i> ): Insert name of court and name of judicial district and branch court, if any:  PLAINTIFF/PETITIONER:  DEFENDANT/ RESPONDENT:	TELEPHONE NO.:	FOR COURT USE ONLY   CASE NUMBER:
<p style="text-align: center;"><b>REQUEST FOR DISMISSAL</b></p> <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <div style="margin-left: 40px;"> <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other                 </div> <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other ( <i>specify</i> ):		
<p style="text-align: center;">- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -</p>		

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*): \_\_\_\_\_ on (*date*): \_\_\_\_\_
  - (4)  Cross-complaint filed by (*name*): \_\_\_\_\_ on (*date*): \_\_\_\_\_
  - (5)  Entire action of all parties and all causes of action
  - (6)  Other (*specify*):\*

Date:

.....  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

**\*If dismissal requested is of specified parties only or 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.**

▶ \_\_\_\_\_  
 (SIGNATURE)  
 Attorney or party without attorney for:  
 Plaintiff/Petitioner         Defendant/Respondent  
 Cross - complainant

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

Date:

.....  
 (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 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         Defendant/Respondent  
 Cross - complainant

*(To be completed by clerk)*

3.  Dismissal entered as requested on (*date*):
4.  Dismissal entered on (*date*): \_\_\_\_\_ as to only (*name*):
5.  Dismissal **not entered** as requested for the following reasons (*specify*):
6.  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 conformed     means to return conformed copy

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy