

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)  TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS (optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY           CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> 200 South G Street Madera, California 93637 Civil Division	
PLAINTIFF: _____	
DEFENDANT: _____	
<b>REQUEST FOR DISMISSAL IN WHOLE OR IN PART (SMALL CLAIMS)</b>	

**IF YOUR CLAIM HAS BEEN SETTLED, PAID OR YOU NO LONGER WISH TO GO TO COURT, FOLLOW THE INSTRUCTIONS BELOW:**

To prepare this Dismissal of Small Claims Action form and file it with the Small Claims Clerk. You can file it with the Court by sending it first class mail, hand delivered to the Court, or you can fax it to the Court.

To notify the other party of your request for dismissal and to provide them with a copy of the Dismissal of Small Claims form.

**NOTICE TO THE PLAINTIFF REGARDING THE MEANING OF DISMISSAL.**

“Dismissal with .... Prejudice” means that the case is closed, and you can never again claim that the money concerned is owed to you.

“Dismissal without .... Prejudice” means that the case 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 on the obligation (or what remains of it) at a later date.

“Dismissal in part concerning multiple defendants....Means you are requesting to dismiss one of the defendants.

**DISMISSAL OF SMALL CLAIMS**

**TO THE CLERK OF THE COURT:**

Please enter the dismissal of the above entitled action  with or  without prejudice as against **ALL DEFENDANTS.**

Please enter the dismissal of the above entitled action  with or  without prejudice as to only (name):

\_\_\_\_\_Defendant

**I have notified all parties of the request for dismissal by providing them with a copy of the Dismissal of Small Claims Form.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff (or Authorized Agent of the Corporation)