

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Adam Blair Corren, SBN: 183067; Spencer D. Sinclair, SBN: 294340
CORREN & CORREN, 5345 N. El Dorado, Suite 7 Stockton, CA 95207
TELEPHONE NO.: 209-478-2621 FAX NO. (Optional): 209-478-3038
E-MAIL ADDRESS (Optional): office@correnlaw.com
ATTORNEY FOR (Name): Plaintiff, Michelle Morgan

FOR COURT USE ONLY
AUG 02 2016
Filed
ROSA JUNQUEIRO, CLERK
By Bslape
DEPUTY
CASE NUMBER: 39201400313386CUOEST K

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Joaquin
STREET ADDRESS: 222 E. Weber Avenue
MAILING ADDRESS:
CITY AND ZIP CODE: Stockton, CA 95202
BRANCH NAME:

PLAINTIFF/PETITIONER: Michelle Morgan
DEFENDANT/RESPONDENT: San Joaquin County Mosquito & Vector, et al.

REQUEST FOR DISMISSAL

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): _____ 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 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: July 27 2016
ADAM BLAIR CORREN, Attorney for Plaintiff
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) _____ (SIGNATURE)
Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**
Date: _____
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) _____ (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): 9/10/16
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): AUG 03 2016
b. Attorney or party without attorney not notified. Filing party failed to provide
 a copy to be conformed means to return conformed copy
Date: AUG 03 2016 Clerk, by Bslape Deputy

PLAINTIFF/PETITIONER: Michelle Morgan
 DEFENDANT/RESPONDENT: San Joaquin County Mosquito & Vector, et al.

CASE NUMBER:
 39201400313386CUOESTK

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: July 27, 2016

Adam Blair Corren, Attorney for Plaintiff

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)



(SIGNATURE)

PROOF OF SERVICE

RE: Morgan v. San Joaquin County MVCD
S.J.C. Case No. 39-2014-00313386-CU-OE-STK

I am employed in the County of San Joaquin, State of California. I am over the age of 18 and not a party to the within action; my business address is 5345 N. El Dorado, Suite 7, Stockton, California 95207.

On July 29, 2016, I served the attached

REQUEST FOR DISMISSAL

by placing a copy of the original thereof enclosed in a sealed envelope addressed as follows:

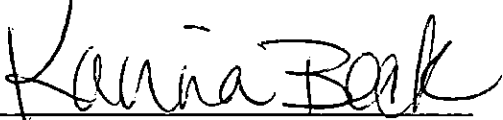
Jackson Lewis LLP
Attn: Attorney Michael Christian
400 Capitol Mall, Suite 1600
Sacramento, CA 95814

BY MAIL

I caused such envelope to be deposited in the mail with postage thereon fully prepaid. I am readily familiar with this firm's practice of collection and processing correspondence for mailing. It is deposited with U.S. postage service on that same day in the ordinary course of business. I am aware that on motion of party served, service is presumed invalid if postal cancellation date or postage meter date is more than 1 day after date of deposit for mailing affidavit.

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

Executed on July 29, 2016, at Stockton, California.


KARINA BECK