ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): :	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE Personal Injury, Property Damage, or Wrongful Death Motor Vehicle Other Family Law Eminent Domain Other (specify):	CASE NUMBER:
TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. (Attach a copy completed by the clerk.) Date:	
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)
PROOF OF SERVICE	
1. I am over the age of 18 and not a party to this cause. My residence or business address is:	
 I am a resident of or employed in the county where the mailing occurred. I served a copy of the <i>Notice of Entry of Dismissal</i> and <i>Request for Dismissal</i> by mailing them, in a sealed envelope with postage fully prepaid, as follows: I deposited the envelope with the United States Postal Service. I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service. Date of deposit: d. Place of deposit (city and state): e. Addressed as follows (name and address): 	
I served a copy of the <i>Notice of Entry of Dismissal and Request for Dismissal</i> by personally delivering copies as shown below: a. Name of person served: b. Address at which person served:	
c. On (date): d. At (time):	
 I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by electronically serving copies as shown below (complete if electronic service is used based on a court order or agreement of the parties): a. Name of person served: b. Electronic service address of person served: 	
c. On (<i>date</i>): d. At (<i>time</i>):	
e. Electronic service address from which I served the documents:	
Proof of electronic service is attached.	
5. Proof of service on additional parties is attached.	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) Page 1 of 1