

SUPERIOR COURT - RICHMOND  
COUNTY OF CONTRA COSTA  
RICHMOND, CA 94805-2140  
(510) 374-3137

PLAINTIFF: FRANCIS HA

VS.

CASE NO.: RS11-0794

DEFENDANT: SHERNAE DANIELLE THOMPSON

\*\*\*\*\* NOTICE \*\*\*\*\*

TO EACH PARTY OR ATTORNEY(S) OF RECORD FOR EACH PARTY HEREIN:

NOTICE IS HEREBY GIVEN THAT THE ABOVE ENTITLED ACTION IS SCHEDULED FOR HEARING ON COURT TRIAL - UNLAWFUL DETAINER AS FOLLOWS:

DATE: 08/01/11 TIME: 8:30 DEPT: 56

ADDITIONALLY, THE ABOVE ENTITLED ACTION IS SET FOR ISSUE CONFERENCE HEARING AS FOLLOWS:

DATE: 00/00/00 TIME: 0:00 DEPT:

FRANCIS HA  
950 TARAVAL  
SAN FRANCISCO CA 94116

SHERNAE DANIELLE THOMPSON  
842 SOUTH 49TH ST.  
RICHMOND CA 94804

I, L. PRITCHETT, certify I am a clerk of the Contra Costa County Superior Court; I am not a party to this cause; on the date below, I served a copy of the foregoing Notice of Trial by depositing said copy enclosed in a sealed envelope with postage prepaid, in the United States Mail at RICHMOND, CA, to the party(ies) as addressed above.

Date: 07/25/11

By: \_\_\_\_\_  
L. PRITCHETT, Deputy Clerk

PLAINTIFF/PETITIONER: FRANCIS HA THOMPSON	CASE NUMBER: RS11-0794
DEFENDANT/RESPONDENT: SHERNAE DANIELLZ	

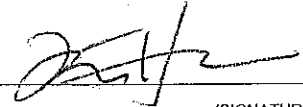
**Declaration Concerning Waived Court Fees**

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for (name): FRANCIS HA
2. The person in item 1 (check one):
  - a.  is not recovering anything of value by this action.
  - b.  is recovering less than \$10,000 in value by this action.
  - c.  is 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 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: 7/25/11

  
 (SIGNATURE)

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY MAKING DECLARATION)

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

TELEPHONE NO.: **415-517-1034** FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS: **RICHMOND CA 94805**

CITY AND ZIP CODE: **RICHMOND BRANCH**

BRANCH NAME:

PLAINTIFF/PETITIONER: **FRANCIS HA**

DEFENDANT/RESPONDENT: **SHERNAE DANIELLE THOMPSON**

REQUEST FOR DISMISSAL

Personal Injury, Property Damage, or Wrongful Death

Motor Vehicle  Other

Family Law  Eminent Domain

Other (specify): **EVICTON**

CASE NUMBER: **RS11-0794**

- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -

FOR COURT USE ONLY

**FILED**

2011 JUL 25 P 2:27

K. TATE, CLERK OF THE SUPERIOR COURT  
 COUNTY OF RICHMOND, CALIF.

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

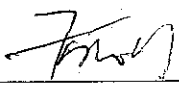
on (date): **7/25/11**

on (date):

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

Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: **7/25/11**



(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

(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:

- 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 the 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)

**JUL 25 2011**

4.  Dismissal entered as requested on (date): **JUL 25 2011**
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

**R. MILLER**

Date: **JUL 25 2011** Clerk, by \_\_\_\_\_

Deputy  
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