

PARTY WITHOUT ATTORNEY (Name and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ EMAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, SMALL CLAIMS, 330 W. BROADWAY, ROOM 225, SAN DIEGO, CA 92101	
PLAINTIFF(S)	
DEFENDANT(S)	
REQUEST FOR DISMISSAL – SMALL CLAIMS	CASE NUMBER _____

To the clerk of the court:

I am the plaintiff defendant in this case and I am asking the court to dismiss *(select one of the following)*:

- all claims I have in this case as to all parties.
- the claim I have in this case as to _____ only.
(name of party)

I am asking the court to dismiss the claim or party above *(select one of the following)*:

- Without prejudice *(disposes of the lawsuit and any claim about the same facts or dispute can only be filed before the legal deadline)*. You may wish to seek legal advice for clarification.
- With prejudice *(disposes of the lawsuit permanently)*. I understand that I am giving up the right to file another claim against defendant(s) about the same facts or dispute. You may wish to seek legal advice for clarification.

Date: _____

Type or Print Name

Signature of Party *(or authorized agent, including title)*

Date: _____

Type or Print Name

Signature of Party *(or authorized agent, including title)*

NOTE: IF A CLAIM OF DEFENDANT HAS BEEN FILED, DISMISSAL OF THE PLAINTIFF'S CLAIM WILL NOT DISMISS THE CLAIM OF THE DEFENDANT, NOR WILL THE DISMISSAL OF A CLAIM OF DEFENDANT DISMISS A PLAINTIFF'S CLAIM.

DO NOT USE THIS DISMISSAL FORM IF JUDGMENT HAS BEEN RENDERED. YOU MAY WISH TO SEEK LEGAL ADVICE.