ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Glenn Hagele, in pro per		FOR COURT USE ONLY	
8543 Everglade Dr			
Sacramento CA 95826-3616		- FRANCISCO	
TELEPHONE NO 916-203-2442 FAX NO (Optional) 916-0	550-1241	FILED/ENDORSED	
E-MAIL ADDRESS (Optional) glenn.hagele@usaeyes.org	550 12 (1		
ATTORNEY FOR (Name) in pro per		200 1000	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENT	0	OCT - 1 2019	
STREET ADDRESS 720 Ninth St, Sacramento CA, 95815		I MA	
MAILING ADDRESS 720 Ninth St CITY AND ZIP CODE SACRAMENTO CA 95815		By: A. WESDWARD	
BRANCH NAME Gordon Schaber Downtown Courthou	ise	Deplyty Class	
PLAINTIFF/PETITIONER GLENN HAGELE		/0"	
DEFENDANT/RESPONDENT BRENT HANSON		,	
REQUEST FOR DISMISSAL			
Personal Injury, Property Damage, or Wrongful Death		CASE NUMBER	
Motor Vehicle Other		06AS00839	
Family Law Eminent Domain			
Other (specify): Defamation and Invasion of Privac	y		
- A conformed copy will not be returned by the clerk unless	s a method of return	is provided with the document	
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)* All causes of action for only s	pecified party Lau	ranell Burch	
2 (Complete in all cases except family law cases)			
Court fees and costs were waived for a party in this case	(This information page	gy be obtained from the clerk. If this box is	
checked, the declaration on the back of this form must be completed? Date Sept. 30, 2010			
Glenn Hagele	1 hour	titrech Vo	
	1 X Gra	To got	
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) *If dismissal requested is of specified parties only of specified causes of action Attorney or party without attorney for			
*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	Plaintiff/Petitione	- -	
	Cross-Complain	•	
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	ttorney or party withou	ut attorney for	
relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i)	Plaintiff/Petitione	er Defendant/Respondent	
or (j)	Cross-Complain	nant	
(To be completed by clerk)	A		
4 Dismissal entered as requested on (date) OCT - 1 201	_		
	s 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 o	onformedcopy	1.0	
Date. OCT - 1 2010 Clerk, by	191	, Deputy	

PLAINTIFF/PETITIONER GLENN HAGELE	CASE NUMBER
DEFENDANT/RESPONDENT BRENT HANSON	06AS00839

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) Glenn Hagele, Plaintiff
2	The	person in item 1 (check one)
	a [s 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 Vo
		ont. 30, 2010
Gle	nn F	Tagele X Slan ITTocle Le
(TYPE	OR PR	RINT NAME OF ATTORNEY PARTY MAKING DECLARATION) (SIGNATURE)