

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 283370 NAME: Nicole K. Ricotta FIRM NAME: Anticouni & Associates STREET ADDRESS: 201 N. Calle Cesar Chavez, Suite 105 CITY: Santa Barbara STATE: CA ZIP CODE: 93103 TELEPHONE NO.: 805/845-0864 FAX NO.: 805/845-0965 E-MAIL ADDRESS: nicole@anticounilaw.com ATTORNEY FOR (Name): Plaintiffs Laura Dahlin and Annette Eddy	FOR COURT USE ONLY ELECTRONICALLY FILED Superior Court of California County of Santa Barbara Darrel E. Parker, Executive Officer 1/10/2019 1:36 PM By: Elizabeth Spann, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Barbara STREET ADDRESS: 1100 Anacapa Street MAILING ADDRESS: CITY AND ZIP CODE: Santa Barbara, CA 93101 BRANCH NAME: Anacapa Division	
Plaintiff/Petitioner: Laura Dahlin and Annette Eddy Defendant/Respondent: Santa Barbara Outpatient Surgery Center, LP	
REQUEST FOR DISMISSAL	CASE NUMBER: 17CV05251

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

on (date):
on (date):

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: 12/24/18
Nicole K. Ricotta

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

*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.


(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)

** 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).


(SIGNATURE)

Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross Complainant

(To be completed by clerk)

- 4. Dismissal entered as requested on (date): 1/10/2019
- 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): 1/10/2019
- b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed means to return conformed copy

Date: 1/10/2019 Clerk, by /s/ Elizabeth Spann, Deputy Page 1 of 2

Plaintiff/Petitioner: Laura Dahlin and Annette Eddy Defendant/Respondent: Santa Barbara Outpatient Surgery Center, LP	CASE NUMBER: 17CV05251
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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:

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)



(SIGNATURE)

1 **PROOF OF SERVICE**

2 STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA

3 I am employed in the County of Santa Barbara, State of California. I am over the age of 18 years
4 and not a party to this action. My business address is 831 State Street, Santa Barbara, California
5 93101. On January 10, 2019, I served the foregoing document described as **REQUEST FOR
DISMISSAL** on the interested parties in this action:

6 SEE ATTACHED SERVICE LIST

- 7 **BY U.S. POSTAL SERVICE:** This document was served by United States mail. I enclosed
8 the document in a sealed envelope or package addressed to the person(s) at the address(es)
9 above and placed the envelope(s) for collection and mailing, following our ordinary business
10 practices. I am readily familiar with this firm's practice of collecting and processing
correspondence for mailing. On the same day that correspondence is placed for collection
and mailing, it is deposited in the ordinary course of business with the United States Postal
Service at Santa Barbara, California, in a sealed envelope with postage fully paid.
- 11 **BY FACSIMILE:** The document(s) were served by facsimile. The facsimile transmission
12 was without error and completed prior to 5:00 p.m. A copy of the transmission report is
available upon request.
- 13 **BY OVERNIGHT DELIVERY:** The document(s) were served by overnight delivery via
14 FedEx. I enclosed the document in a sealed envelope or package addressed to the person(s)
and the address(es) above and placed the envelope(s) for pick-up by FedEx. I am readily
15 familiar with the firm's practice of collection and processing correspondence on the same day
with this courier service, for overnight delivery.
- 16 **BY E-MAIL OR ELECTRONIC TRANSMISSION:** Based on a court order or an
17 agreement of the parties to accept service by e-mail or electronic transmission, I caused the
documents to be sent to the persons at the e-mail addresses listed above. I did not receive,
18 within a reasonable time after the transmission, any electronic message or other indication
that the transmission was unsuccessful.
- 19 **BY HAND DELIVERY:** The document(s) were delivered by hand during the normal course
of business, during regular business hours.
- 20 (State) I declare under penalty of perjury under the laws of the State of California that the
21 foregoing is true and correct.
- 22 (Federal) I declare that I am employed in the office of a member of the Bar of this Court, at
23 whose direction the service was made. I declare under penalty of perjury under the laws of
the United States of America that the foregoing is true and correct.

24 Executed on January 10, 2019, at Santa Barbara, California.

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26 Tina Vanderhook
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SERVICE LIST

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