

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 290218 NAME: Jonathan Melmed FIRM NAME: Melmed Law Group P.C. STREET ADDRESS: 1801 Century Park East, Suite 850 CITY: Los Angeles STATE: CA ZIP CODE: 90067 TELEPHONE NO.: (310) 824-3828 FAX NO.: (310) 862-6851 E-MAIL ADDRESS: jm@melmedlaw.com ATTORNEY FOR (Name): Plaintiff Cynthia Devall		FOR COURT USE ONLY FILED DEC - 1 2021 K. BIEKER CLERK OF THE COURT SUPERIOR COURT OF CALIFORNIA COUNTY OF CONTRA COSTA By: <u>T. Schrader, Deputy Clerk</u>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Contra Costa STREET ADDRESS: 725 Court Street MAILING ADDRESS: 725 Court Street CITY AND ZIP CODE: Martinez, CA 94553 BRANCH NAME: Wakefield Taylor Courthouse		
Plaintiff/Petitioner: Cynthia Devall Defendant/Respondent: Senior Services of Contra Costa LLC, and Senior Helpers		
REQUEST FOR DISMISSAL		
CASE NUMBER: C21-01203		
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: 11/30/2021

Jonathan Melmed

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

*If dismissal requested is of specified parties only or 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: 11/30/2021

Jonathan Melmed

(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)

DEC - 1 2021

4. ☒ Dismissal entered as requested on (date):
 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

Date:

Clerk, by

T. Schrader

, Deputy

Page 1 of 2

DEC - 1 2021

REQUEST FOR DISMISSAL



BY FAX
 FIRST LEGAL
 200 WEBSTER ST STE 200
 OAKLAND, CA 94612
 415-626-3111

Plaintiff/Petitioner: Cynthia Devall	CASE NUMBER:
Defendant/Respondent: Senior Services of Contra Costa LLC, and Senior Helpers	C21-01203

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)

PROOF OF SERVICE
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

I am over the age of 18 years and am employed in the county of Los Angeles, State of California. I am not a party to this action. My business address is 1801 Century Park East, Suite 850, Los Angeles, CA 90067.

I declare that on the date hereof, November 30, 2021, I served the foregoing document(s) described as:

REQUEST FOR DISMISSAL

By causing a true copy thereof to be served on the following parties and/or individuals:

Ilya Filmus
ifilmus@infinitylawca.com
Infinity Law
1020 Aileen Street
Lafayette, CA 94549

[XX] BY E-MAIL OR ELECTRONIC TRANSMISSION: Pursuant to CCP section 1010.6(e), I caused such document to be served on this date by electronic transmission in accordance with standard procedures and to the email address listed. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful. I declare under penalty of perjury under the laws of California that the above is true and correct. I further declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

I declare under penalty of perjury under the laws of California that the above is true and correct. I further declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

Executed on November 30, 2021, in Los Angeles, California.



Lorie Gutierrez